PREVENTIVE CARE

CONTRACEPTION – Oral, Transdermal Patch, Vaginal Ring and Injectable

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

AUTHORITY and PURPOSE:

- Per <u>ORS 689.689</u>, a pharmacist may prescribe and administer injectable hormonal contraceptives and prescribe and dispense self-administered hormonal contraceptives.
- Per <u>ORS 689.645</u>, a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.
- Following all elements outlined in <u>OAR 855-115-0330</u>, a pharmacist licensed and located in Oregon may prescribe oral, vaginal ring, transdermal patch or injectable hormonal contraceptives for the prevention of pregnancy.

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the standardized Contraception Patient Intake Form (pg. 2-3)
- Utilize the standardized Contraception Assessment and Treatment Care Pathway Form (pg. 4-8)
- Utilize the standardized Contraception Prescription Template optional (pg. 9)
- Utilize the standardized Contraception Provider Notification Form (pg. 10)
- Utilize the standardized Contraception Patient Visit Summary Form (pg. 11)

PHARMACIST TRAINING/EDUCATION:

 Completed a Board-approved and Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to the prescribing of contraceptives by a pharmacist.

REFERENCES:

- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2024). US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2024. Retrieved from <u>https://www.cdc.gov/mmwr/volumes/73/rr/pdfs/rr7304a1-H.pdf</u>
- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2024). Summary Chart of US Medical Eligibility Criteria for Contraceptive Use (US MEC), 2024. Retrieved from <u>https://www.cdc.gov/contraception/media/pdfs/2024/07/us-mec-summary-chart-color-508.pdf</u>
- Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2024). US Selected Practice Recommendations (US SPR) for Contraceptive Use, 2024. Retrieved from <u>https://www.cdc.gov/mmwr/volumes/73/rr/pdfs/rr7303a1-H.pdf</u>

RESOURCES:

- <u>CDC US MEC & US SPR Application</u> Available for Apple[™] and Android[™] devices.
- National Family Planning and Reproductive Health Association. (2020). Self-Administration of Injectable Contraception Retrieved from <u>https://www.nationalfamilyplanning.org/file/documents---service-delivery-tools/NFPRHA---</u> Depo-SQ-Resource-guide---FINAL-FOR-DISTRIBUTION.pdf

Contraception Self-Screening Patient Intake Form

(CONFIDENTIAL-Protected Health Information)

		Date of Birth///	Age
•		Name	
	•	Gender Identification (circle) M	/ F / Other
	ouns (circle) She/Her/Hers, He/Him/His, They/Them/Their, Ze/Hi	r/Hirs, Other	
	t Address		
	e () Email Addre	SS	
) Fax ()	
	bu have health insurance? Yes / No Insurance Pi	rovider Name	
•	allergies to medications? Yes / No If yes, please	e list	
		e list	
	ground Information:		
1.	Have you previously had a contraceptive prescribed to you by a	-	□ Yes □ No
2	If yes, when was the last time a pharmacist prescribed a contra	• •	//
2.	What was the date of your last reproductive or sexual health cli pharmacist?	nical visit with a non-	//
Contr	raception History:		1
3.	Have you ever been told by a healthcare professional not to tak	e hormones?	🗆 Yes 🗆 No
	-If yes, what was the reason?		
4.	Have you ever taken birth control pills, or used a birth control p		🗆 Yes 🗆 No
5.	Did you ever experience a bad reaction to using hormonal birth - If yes, what kind of reaction occurred?	control?	🗆 Yes 🗆 No
6.	Are you currently using any method of birth control including p shot/injection? - If yes, which one do you use?	ills, patch, ring or	🗆 Yes 🗆 No
7.	 Do you have a preferred method of birth control that you would If yes, please check one: □ Oral pill □ Skin patch □ Vaginal ring □ Injection □ Other (IUD, implant) 		🗆 Yes 🗆 No
Pregna	ancy Screen:		
8.	Did you have a baby less than 6 months ago, are you fully or ne	arly-fully breast feeding, AND	🗆 Yes 🗆 No
	have you had no menstrual period since the delivery?		
9.	Have you had a baby in the last 4 weeks?		🗆 Yes 🗆 No
10.	Did you have a miscarriage or abortion in the last 7 days?		🗆 Yes 🗆 No
11.	Did your last menstrual period start within the past 7 days?		🗆 Yes 🗆 No
12.	Have you abstained from sexual intercourse since your last me	nstrual period or delivery?	🗆 Yes 🗆 No
13.	Have you been using a reliable contraceptive method consister	tly and correctly?	🗆 Yes 🗆 No
Medi	ical Health & History:		
14.	What was the first day of your last menstrual period?		//
15.	Have you had a recent change in vaginal bleeding that worries y	/ou?	🗆 Yes 🗆 No
16.	Have you given birth within the past 21 days? If yes, how long a	go?	🗆 Yes 🗆 No
17.	Are you currently breastfeeding?		🗆 Yes 🗆 No
18.	Do you smoke cigarettes?		🗆 Yes 🗆 No
19.	Do you have diabetes?		🗆 Yes 🗆 No
20.	Do you have chronic kidney disease?		🗆 Yes 🗆 No
21.	Do you get migraine headaches?		🗆 Yes 🗆 No
	If yes, have you ever had the kind of headaches that start with v		🗆 Yes 🗆 No
	such as flashes of light, blind spots, or tingling in your hand or fa	ace that comes and goes	□ N/A
	completely away before the headache starts?		
22.	Are you being treated for inflammatory bowel disease?		🗆 Yes 🗆 No
23	Do you have high blood pressure, hypertension, or high cholest if it is controlled by medication)	erol? (Please indicate yes, even	🗆 Yes 🗆 No

Contraception Self-Screening Patient Intake Form

(CONFIDENTIAL-Protected Health Information)

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24.	Have you ever had a heart attack or stroke, or been told you had any heart disease?	🗆 Yes 🗆 No		
25.	Have you ever had a blood clot?			
26.	Have you ever been told by a healthcare professional that you are at risk of developing a blood clot?	🗆 Yes 🗆 No		
27.	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?	🗆 Yes 🗆 No		
28	Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.)	🗆 Yes 🗆 No		
29.	Have you had bariatric surgery or stomach reduction surgery?	🗆 Yes 🗆 No		
30.	Do you have or have you ever had breast cancer?	🗆 Yes 🗆 No		
31.	Have you had an organ transplant?	🗆 Yes 🗆 No		
32.	Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)?	🗆 Yes 🗆 No		
33.	Do you have lupus, rheumatoid arthritis, or sickle cell disease.	🗆 Yes 🗆 No		
34.	Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)? - If yes, list them here:	□ Yes □ No		
35.	Do you have any other medical problems or take any medications, including herbs or supplements? - If yes, list them here:	□ Yes □ No		
Patier	nt SignatureDate			
To Be C	Completed by a Pharmacist:			
1. Blo	ood Pressure Reading/ mmHg			
2a. If c	contraception was prescribed/dispensed, please complete the following:			
Dru	ug:			
	Directions:			
	Quantity:			
	Refills:			
He	althcare Provider (if known) contacted/notified of therapy Date//			
2b. If c	ontraception was administered, please complete the following:			
Dru	ug:			
	Directions:			
	Quantity:			
Pro	oduct/Lot: Expiration://			

Injection Sites:

□ Depot Medroxyprogesterone Acetate (DMPA) - IM in □ R deltoid or □ L deltoid

Depot Medroxypr	ogesterone	Acetate (DMP	A) - SQ in 🗌	R anterior thigh	or 🗌 Lanterio	thigh or 🛛	abdomen
Administration Time:	:	AM/PM					

3. Healthcare Provider (if known) contacted/notified of therapy Date ____/____

If contraception was not prescribed/dispensed/administered, please indicate reason(s) for referral:

RPH Signature

Date

Algorithm A: Oral, Vaginal and Transdermal Contraception with Combined Hormonal Contraceptives (CHC) and Progestin Only Pills (POP). RPH must utilize Summary <u>US MEC</u> (v. 2024) & Full <u>US MEC</u> (v. 2024) to make determinations below. In Full US MEC, Appendix D contains classifications for CHCs and Appendix C contains classifications for POPs.

1) Background Information –Each patient must complete a new Review Patient Intake Form Questions #1-2 and use the answ		
Exclusion Criteria: -Previously prescribed contraception by RPh -and - - <u>Has not</u> had a clinical visit with a healthcare provider, other than a pharmacist, for reproductive or sexual health within the 3 years immediately following the initial contraceptive prescription by RPh.		
Does NOT meet Exclusion Criteria	Meets Exclusion Criteria	Refer
 2) Pregnancy Screen- Review Patient Intake Form #8-13 - If YES to AT LEAST ONE question <u>and</u> is free of pregnancy symptoms 	- If NO to ALL of these questions, pregnancy can NOT be ruled out	
Patient is not pregnant	Patient is possibly pregnant	Refer
 3) Medical and Medication History - Review Patient Intake For health & history utilizing the US MEC. Evaluate medications uninteractions with contraceptives. If ALL boxes are labeled 1 or 2 (green) on the US MEC for the type of contraception that RPH plans to prescribe 	orm #15-35 (and med list in pharmacy record). Evaluate medical tilizing the US MEC and any current references for drug-drug -If ANY boxes are labeled 3 or 4 (pink/red) on the US MEC or a significant drug-drug or drug-disease interaction exists for the type of contraception that RPH plans to prescribe	
No Contraindicated Condition(s) or Medication(s)	Any Contraindicated Condition(s) or Medication(s)	Refer
4) Blood Pressure Screen: Assess the patient's self-reported blood pressure or documer pressure. Note: RPH may choose to take a second reading if in	nt the pharmacist's measurement of the patient's current blood nitial report or measurement is ≥ 140/90 mmHg	
CHC + BP < 140/90 mmHg -or- POP + Any BP	CHC + BP ≥ 140/90 mmHg →	consider POP or DMPA
5) Evaluate patient contraception history, preference, and c	urrent therapy for selection of treatment	r IPA
Not currently on birth control	Currently on birth control	
after the pharmacist issues the prescription and must inc ORS <u>743A.066</u> requires prescription drug benefit programs to reimburs		
dispensing of the same contraceptive.	• • • • • • • • • • • • • • • • • • •	
 Address any high blood pressure - Refer for further evalue Discuss the management and expectations of side effects Discuss initiation strategy for initial treatment/change in 	s (bleeding irregularities, etc.) treatment (as applicable). raceptive today; use backup method for 7 days unless patient is	
8) Discuss and provide visit summary to patient and advise t women's health care practitioner per <u>ORS 689.689(2)(b)(D)</u> .	he patient to consult with a primary care practitioner or	

Algorithm B: Injectable Contraception- Depot Medroxyprogesterone Acetate (DMPA). RPh must utilize Summary <u>US MEC</u> (v. 2024) & Full <u>US MEC</u> (v. 2024) to make determinations below. In Full US MEC, Appendix C contains classifications for DMPA.

ake Form a minimum of every twelve months. <u>Exclusion Criteria:</u> -Previously prescribed contraception by RPh -and- - <u>Has not</u> had a clinical visit with a healthcare provider, other than a pharmacist, for reproductive or sexual health within the 3 years immediately following the initial contraceptive	Que	stionnaire) #1-2. Each patient must complete a new Patient		
		Meets Exclusion Criteria	Refe	J) h
Pregnancy Screen- Review questionnaire #8-13 - If YES to AT LEAST ONE <u>and</u> is free of pregnancy symptoms	<u>_</u>	- If NO to ALL of these questions, pregnancy can NOT be ruled out		
Patient is not pregnant		Patient is possibly pregnant	■ Rep	5
dical health & history utilizing the US MEC. Any unexplained of the use of th	inec e US	A vaginal bleeding that worries patient (Patient Intake Form 5 MEC and any current references for drug-drug interactions -If ANY boxes are labeled 3 or 4 (pink/red) on the US MEC or a significant drug-drug or drug-disease interaction exists for the type of contraception that RPh plans to prescribe (e.g., DMPA). Any Contraindicated Condition(s) or Medication(s) lood pressure or document the pharmacist's measurement of		5
BP < 160/100 mmHg		BP ≥ 160/100 mmHg →	PQ	Refer or consider
Discuss plans for follow-up injections of DMPA that sho o If getting IM: stress importance of returning for n o Provide patient with specific calendar date range Caution with use of DMPA > 2 years (due to loss of bon- healthcare provider is advised.	ould next for e m	happen every 3-months. injection within 11-13 weeks of previous injection. next injection.		ler
Initial dose of DMPA IM or SQ		Follow-up (every) 3-month dose of DMPA IM or SQ		
Prescribe and administer (IM or SQ) DMPA or dispense (SQ) DMPA to the patient. Instruct patient that if this injection is not within 7 days of start of their period, then abstain or use backup method for 7 days. If administering DMPA IM or SQ, observe, monitor,	<u>_</u>	 6b) Continue current form of contraception, DMPA, if no change is necessary. Confirm that date of last injection or dispensing was within 11-15 weeks. If > 15 weeks ago, then pharmacist must rule out pregnancy (repeat Step 2, and document), and instruct patient to abstain or use backup method 		
	Initial does of DMPA to the patient's current blood pressure Screen: Assess the patient's current blood pressure Screen: Assess the patient's self-reported condition(s) No Contraindicated Condition(s) or Medication(s) Image: Screen to the management and expectations of side effect or the patient's current blood pressure. Note: RPh may choose for the management and expectations of side effect or the management and expectations of Side Side of Side Side of Side Side Side Side Side Side Side Side	Image: Second	ke Form a minimum of every twelve months. Exclusion Criteria: -Previously prescribed contraception by RPh - and- -Has on that a clinical visit with a health kith care provider, other than a pharmacist, for reproductive or sexual health within the 3 years immediately following the linitial contraceptive prescription by RPh. Does NOT meet Exclusion Criteria Meets Exclusion Criteria regnancy Screen- Review questionnaire #8-13 - If YES to AT LEAST ONE and is free of pregnancy symptoms - If NO to ALL of these questions, pregnancy can NOT be symptoms - If NO to ALL of these questions, pregnancy can NOT be symptoms - If NO to ALL of these questions, pregnancy can NOT be symptoms - Patient is not pregnant Patient is possibly pregnant - Prequice a referrol. Evaluate Bical health & history utilizing the US MEC. Any unexplained vaginal bleeding that worries politent (Patient intack Form #15-35 (and med list in pharmacy record). Evaluate Bical health & history utilizing the US MEC for type of contraception that RPh plans to prescribe and inister (e.g., DMPA). - If ANY boxes are labeled 3 or 4 (pink/red) on the US MEC or a significant drug-drug of true-disease interaction exists for the type of contraception that RPh plans to prescribe (e.g., DMPA). No Contraindicated Condition(s) or Medication(s) Any Contraindicated Condition(s) or Medication(s) No Contraindicated Condition(s) or Medications of is effects (bleeding irregularities, etc.) Discuss plans for follow-up injections of DMPA that should happen every 3-month. BP < 160/100 mmHg	ke Form a minimum of every twelve months. Exclusion Criteria: -Previously prescribed contraception by RPh - and- Has ing that a clinical visit with a healthcare provider, other than a pharmacist, for reproductive or sexual health within the 3 years immediately following the initial contraceptive prescription by RPh. Does NOT meet Exclusion Criteria Meets Exclusion Criteria regnancy Screen- Review questionnair #8-13 - If YES to AT LEAST ONE and is free of pregnancy symptoms - If NO to ALL of these questions, pregnancy can NOT be ruled out Patient is not pregnant Patient is possibly pregnant Patient is not pregnant Patient is possibly pregnant fedical and Medication History - Review Patient Intake Form #15-35 (and med list in pharmacy record). Evaluate roontraceptives. Aute boxes are labeled 1 or 2 (green) on the US MEC for type of contraception that RPh plans to prescribe and inster (e.g., DMPA). -If ANY boxes are labeled 3 or 4 (pink/red) on the US MEC or a significant drug-drug or drug-disease interaction exists (e.g., DMPA). No Contraindicated Condition(s) or Medication(s) Any Contraindicated Condition(s) or Medication(s) Mod Contraining for next injections of DMPA that should happen every 3-months. - 0 BP < 160/100 mmHg

well as guidance on the proper disposal of needles. The patient may complete subsequent selfadministration doses at home after the initial

SEE NEXT PAGE ->

observation. SEE NEXT PAGE ->

Prescribe and administer a 3 month dose *and/or dispense* up to 12 months of desired contraception product. This must be done as soon as practicable after the pharmacist issues the prescription and must include any relevant educational materials.

ORS <u>743A.066</u> requires prescription drug benefit programs to reimburse for 3 months for the first dispensing and 12 months for subsequent dispensing of the same contraceptive.

7) *Discuss* and *provide* visit summary to patient and *refer* the patient to the patient's primary care practitioner or women's health care practitioner per <u>ORS 689.689(2)(b)(C)</u>.

Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

This summary sheet only contains a subset of the recommendations from the USMEC. It is color coded in the left column to match the corresponding questions of the Contraception Patient Intake Form For complete guidance, see: Summary <u>US MEC</u> (v. 2024) & Full <u>US MEC</u> (v. 2024) Note: Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and

Note: Most contraceptive methods do not protect against sexually transmitted diseases (STDs). Consistent and correct use of male and female latex condoms reduces the risk of STDs and HIV.

Key: 1 No restriction (method can be used)

- 1
 No restriction (method can be used)

 2
 Advantages generally outweigh theoretical or proven
- risks

Theoretical or proven risks usually outweigh the

3

4

advantages Unacceptable health risk (method not to be used)

Corresponding to the Contraception Patient Intake Form:

Age Instance Instance Continue Instance Continue Instance Continue Instance Instance <th< th=""><th>Condition</th><th>Sub-condition</th><th>Combined pill, patch or ring (CHC)</th><th>Progestin-Only Pill (POP)</th><th>DMPA (Inj)</th><th>Other Contraception Options Indicated for Patient</th></th<>	Condition	Sub-condition	Combined pill, patch or ring (CHC)	Progestin-Only Pill (POP)	DMPA (Inj)	Other Contraception Options Indicated for Patient
Age19.4919.4919.4919.4919.4919.49Snoking1.4ge<3.5, 21.5 signarties/day				Initiating Continuing	Initiating Continuing	
anoting Smokingand control (A page 23, control 			Menarche to <40=1	Menarche to <18=1	Menarche to <18=2	Yes
3 Age < 35 	Age		<u>></u> 40=2	18-45=1	18-45=1	Yes
Snoking ComparisonDirac 23, c 15 granters (day (a c 2))111 <th< td=""><td></td><td></td><td></td><td></td><td>>45=2</td><td></td></th<>					>45=2	
C)Age 28, 51 (sparter day4111%eProgram(Mot Eligible for contraception)MA*MA*MA*Wata(Mother day for any out-four way in all bleding223%ePotipartur(Mother day factors for VTE2311%e(Mother day factors for VTE2311%e(Mother day factors for VTE2411%e(Mother day factors for VTE2411%e(Mother day factors for VTE342*2*%e(Mother day factors for VTE342*2*%e(Mother day factors for VTE342*2*%e(Mother day factors for VTE3*2*2*%e(Mother day factors for VTE3*2*2*%e(Mother day factors for VTE3*2*2*%e(Mother day factors for VTE3*2*1*1*%e(Mother day factors for VTE3*2*1*1*%e(Mother day factors for VTE3*2*1*1*%e(Mother day factors for VTE3*1*1*1*%e(Mother day factors for VTE3*1*1*1*1*(Mother day factors for VTE3*1*1*1*1*(Mother day factors for VTE3*1*1*1*1*(Mother day factors for VTE3*1*1*1*1*(Mother day factors f						Yes
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bit 21 to 30 days postpartumImage: constraint of the start						
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C)-42 days postpartum 2* 1* 1* 1* Yes a) History of gestational DM only 1 1 1 Yes b) Nor-vascular disease - 2 2 Yes (1) insulin dependent 2 2 2 Yes c) Nephropathy/ retinopathy/ neuropathy4 3/4* 2 3 Yes duration # 2 2 3 Yes Yes duration # 2 2 3 Yes Yes Yes duration # 3/4* 2/4* 3 Yes Yes Yes b) Hemodialysis 4 2/4* 3 Yes		(i) with other risk factors for VTE	3*	1*	2*	Yes
a) History of gestational DM only111Yesb) Non-vascular disease		(ii) without other risk factors for VTE	2*	1*	1*	Yes
b) Non-vascular disease			2*	1*	1*	Yes
Diabetes mellitus (DM)I (i) non-insulin dependent222Ves(ii) insulin dependent3222Ves(ii) insulin dependent32/4*23Ves(iii) consistind factors3/4*23Ves(iii) consistind factors3/4*23Ves(iii) consistind factors3/4*23Ves(iii) consistind factors3/4*23Ves(iii) consistind factors42/4*3Ves(iii) consistind factors42/4*3Ves(iii) consistind factors42/4*3Ves(iii) with aura1*1VesVes(iii) with aura (includes mentrual migraines)2*11Ves(iii) with increased risk for VTE322Ves(iii) systolic 140-159 or diastolic 90-993*1*2*Ves(ii) systolic 2160 or diastolic 90-993*1*2*Yes(ii) systolic 2160 or diastolic 90-993*			1	1	1	Yes
Diabetes mellitus (DM) (i) insulin dependent ¹ 2 2 2 2 Yes C (Nephropathy/ reinopathy/ neinopathy/ and disease or diabetes of >20 years' duration i 3/4* 2 3 Yes Chronic Kidney disease 0 Other vascular disease or diabetes of >20 years' duration i 3/4* 2 3 Yes Chronic Kidney disease 0 Current nephrotic syndrome 4 2/4* 3 Yes 0 Current nephrotic syndrome 4 2/4* 3 Yes 0 Handialysis 4 2/4* 3 Yes 0 Higgrane: 1* 1 Yes Yes 1) without aura (includes menstrual migraines) 2* 1 1 Yes ii) without aura (includes menstrual migraines) 2* 1 1 Yes iii) with aura a) Mort reased risk for YTE 3 2 2 Yes iii) with aura a) Adequately controlled hypertension 3* 1* 2* Yes iii) systolic 140-159 or diastolic 90-99 3* 1* 2* Yes iii) systolic 140-0 dissolic 90-99 3* 1* 2* Yes iii) systolic 140-0 diastolic 90-99 3* 1* 2* Yes iiii) systolic 140-0 dia		·				
c) Nephropathy/ retinopathy/ neuropathy‡ 3/4* 2 3 Yes d) Other vascular disease or diabetes of >20 years' 3/4* 2 3 Yes d) Other vascular disease or diabetes of >20 years' 3/4* 2 3 Yes chronic Kidney disease a) Current nephrotic syndrome 4 2/4* 3 Yes b) Hemodialyis 4 2/4* 3 Yes Yes c) Peritoneal dialysis 4 2/4* 3 Yes d) Nor-migraine 1* 1 1 Yes i) Without aura (includes menstrual migraines) 2* 1 1 Yes i) Without aura (includes menstrual migraines) 2* 2 2 Yes a) Mid; no risk factors 2 2 2 Yes b) Bu with increased risk for VTE 3 1* 2* Yes b) Bu with increased risk for VTE 3 1* 2* Yes (i) ystolic 1240 or diastolic 2009 3* 1* 2* Yes (ii) ystolic 2160 or diastolic 2100‡ 4* 2* 3* Yes						
d) Other vascular disease or diabetes of >20 years' duration‡3/4*23YesChronic Kidney diseasea) Current nephrotic syndrome42/4*3Yesb) Hemodialysis42/4*3Yesc) Pertoneal dialysis42/4*3Yesa) Non-migraine1*11Yesb) Migraine:1*1Yesii) with out aura (includes menstrual migraines)2*11Yesiii) with aura4422Yesiii) with aura4411Yesiii) with aura4411Yesb) Bigraine:31*2*Yesiii) with aura4411Yesb) Bigraine:31*2*Yesiii) with aura4411Yesb) Bigraine:31*2*Yesiii) big big to thio factors222Yesb) Bigraine:31*2*Yes(ii) systolic 140 of passure levels (properly taken measurements):3*1*2*Yes(ii) systolic 140 or distolic 20044*2*3*YesHistory of high blood pressure312Yesblood pressure211Yesf) Multipieris factors for during pregnancy4233YesMultipie risk factors for de. Older age, smoking, diabetes, hypertension, low bl, high	Diabetes mellitus (DM)					
duration# 3/4" 2 3 Yes a) Current nephrotic syndrome 4 2/4" 3 Yes b) Hemodialysis 4 2/4" 3 Yes c) Peritoneal dialysis 4 2/4" 3 Yes b) Migraine 1* 1 1 Yes b) Migraine: 1 1 Yes ii) with out aura (includes menstrual migraines) 2* 1 1 Yes iii) with aura 4* 1 1 Yes Yes a) Mole; no risk factors 2 2 2 Yes Yes b) Bub with increased risk for VTE 3 1* 2* Yes a) Adequately controlled hypertension 3* 1* 2* Yes b) Elevated blood pressure levels (properly taken measurements): () systolic 140-159 or diastolic 90-99 3* 1* 2* Yes blood pressure levels (properly taken measurements): () systolic 140-159 or diastolic 2100‡ 2* 3* Yes i(i) systolic 14			3/4*	2	3	Yes
All Current nephrotic syndrome42/4*3Yesb) Hemodialysis42/6*3Yesc) Pertional dialysis42/6*3Yesa) Non-migraine1*1Yesb) Migraine:1*1Yesi) Without aura (includes menstrual migraines)2*11Yesi) Without aura (includes menstrual migraines)2*11Yesii) With aura4*222Yesa) Mid; no risk factors222Yesb) IBD with increased risk for VTE31*2*Yesb) Elevated blood pressure levels (properly taken measurements):3*1*2*Yes(i) systolic 140-159 or diastolic 90-993*1*2*Yes(i) systolic 140-159 or diastolic 90-993*1*2*Yes(i) systolic 140-159 or diastolic 90-993*1*2*Yes(ii) systolic 140-159 or diastolic 90-993*1*2*Yes(ii) systolic 140-159 or diastolic 90-993*1*2*Yesb) blood pressure during pregnancy211Yes(ii) 2 6 months423Yes(ii) 2 6 months423Yes(ii) 2 6 months412Yes(ii) 2 6 months423Yes(ii) 2 6 months412Yes(ii) 2 6 months423 <td< td=""><td></td><td></td><td>3/4*</td><td>2</td><td>3</td><td>Yes</td></td<>			3/4*	2	3	Yes
Chronic Kidney diseasetb) Hemodialysis42/4*3Yesc) Pertoneal dialysis.4.2/4*3.Yesc) Normigraine.1*.1.1.Yesb) Migraine:			4	⊃ <i>/</i> //*	2	Voc
Headaches c) Peritoneal dialysis 4 2/4* 3 Yes Headaches a) Non-migraine 1* 1 1 Yes b) Migraine:	Chronic Kidney disease‡			,		
Headaches a) Non-migraine 1* 1 Yes b) Migraine:	chronic Maney discuse+			,		
Headachesb) Migraine:Image: Constraint of the second					1	
Headachesi) without aura (includes menstrual migraines)2*11Yesii) with aura4*11Yesiii) with aura4*11Yesiii) with aura222Yesa) Midi; no risk factors222Yesb) IBD with increased risk for VTE31*2*Yesa) Adequately controlled hypertension3*1*2*Yesb) Elovated blood pressureb) Elovated blood pressure4*2*Yes(i) systolic 140-159 or diastolic 210044*2*3*Yes(ii) systolic 2160 or diastolic 210044*2*3*YesWairing pregnancya) Normal or mildly impaired cardiac function:211Yes(i) < 6 months						
Inflammatory Bowel Diseo init with aura 4* 1 Yes a) Mid; no risk factors 2 2 2 3 b) BD with increased risk for VTE 3 1* 2* Yes a) Adequately controlled hypertension 3* 1* 2* Yes b) Elevated blood pressure levels (properly taken measurements):	Headaches		2*	1	1	Yes
Initial mattering Bowel Disease b) IBD with increased risk for VTE322Yesa) Adequately controlled hypertension3*1*2*Yesb) Elevated blood pressure levels (properly taken measurements):			4*	1	1	Yes
b) IBD with increased risk for VTE 3 a) Adequately controlled hypertension 3* 1* 2* Yes b) Elevated blood pressure levels (properly taken measurements):	Inflammatory Rowal Disease	a) Mild; no risk factors	2	2	C	Vac
Hypertension b) Elevated blood pressure levels (properly taken measurements): (i) systolic 140-159 or diastolic 90-99 3* 1* 2* Yes (ii) systolic 140-159 or diastolic 2100‡ 4* 2* 3* Yes (ii) systolic 2160 or diastolic 2100‡ 4* 2* 3* Yes History of high blood pressure during pregnancy 4* 2* 3* Yes Amount of the system of the sy	Inflammatory Bowel Disease	b) IBD with increased risk for VTE	3			res
measurements): i) systolic 140-159 or diastolic 90-99 3* 1* 2* Yes (i) systolic 2160 or diastolic 2100‡ 4* 2* 3* Yes (i) systolic 2160 or diastolic 2100‡ 4* 2* 3* Yes () Vascular disease 4* 2* 3* Yes () Vascular disease 4* 2* 3* Yes Attionage pregnance 2 3* Yes Yes Auring pregnance 3 1 1 Yes Peripartum cardiomyopathethe () < 6 months		a) Adequately controlled hypertension	3*	1*	2*	Yes
Hypertension(i) systolic 140-159 or diastolic 90-993*1*2*Yes(ii) systolic ≥160 or diastolic ≥100‡4*2*3*Yes(ii) systolic ≥160 or diastolic ≥100‡4*2*3*YesC) Vascular disease4*2*3*YesHistory of high blood pressure during pregnancy211YesPeripartum cardiomyopathyt*a) Normal or mildly impaired cardiac function: (i) < 6 months						
Image: Normal or mildly impaired cardiac function:Image: Normal or mildly	Hypertension	,				1
c) Vascular disease4*2*3*YesHistory of high blood pressure during pregnancyA211YesPeripartum cardiomyopathytęa) Normal or mildly impaired cardiac function: (i) < 6 months						
History of high blood pressure during pregnancyA211YesPeripartum cardiomyopathytia) Normal or mildly impaired cardiac function: (i) < 6 months						
blood pressure during pregnancyA211YesPeripartum cardiomyopathytea) Normal or mildly impaired cardiac function: (i) < 6 months	Listen of high	c) Vascular disease	4*	2*	3*	Yes
during pregnancyImage: second se			2	1	1	Voc
a) Normal or mildly impaired cardiac function: (i) < 6 months	-		2	1	T	Tes
Peripartum cardiomyopathy+I2Yes(i) < 6 months	Control Broghand	a) Normal or mildly impaired cardiac function:				
Peripartum cardiomyopathy (ii) ≥ 6 months312Yesb) Moderately or severely impaired cardiac function423YesMultiple risk factors for ASCVD(e.g. older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)3/4*2*3*YesIschemic heart disease‡Current and history of4233YesValvular heart disease‡Ocomplicated211Yesb) Complicated‡44233YesStroke‡History of cerebrovascular accident4233YesThrombophilia‡4*2*3YesYes			4	1	2	Yes
b) Moderately or severely impaired cardiac function 4 2 3 Yes Multiple risk factors for ASCVD (e.g. older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels) 3/4* 2* 3* Yes Ischemic heart disease‡ Current and history of 4 2 3 3 Yes Valvular heart disease‡ Ourcomplicated 2 1 1 Yes Stroke‡ History of cerebrovascular accident 4 2 3 3 Yes Thrombophilia‡ 4* 2* 3 Yes Yes	Peripartum cardiomyopathy‡	(ii) \geq 6 months				
ASCVDHDL, high LDL, or high triglyceride levels)3/4*2*3*YesIschemic heart disease‡Current and history of4233YesValvular heart disease‡a) Uncomplicated211Yesb) Complicated‡44233YesStroke‡History of cerebrovascular accident4233YesThrombophilia‡4*2*3*Yes			4			
ASCVD HDL, nigh LDL, or nigh triglyceride levels) Image: Complex co	Multiple risk factors for	(e.g. older age, smoking, diabetes, hypertension, low	2/4*	2*	2*	Voc
A) Uncomplicated 2 1 1 Yes b) Complicated‡ 4 1 2 Yes Stroke‡ History of cerebrovascular accident 4 2 3 Yes Thrombophilia‡ 4 2* 3* Yes						
Valvular heart disease b) Complicated‡412YesStroke‡History of cerebrovascular accident4233YesThrombophilia‡4*2*3*Yes	Ischemic heart disease‡					
b) Complicated +412YesStroke +History of cerebrovascular accident423YesThrombophilia +4*2*3*Yes	Valvular heart disease					
Thrombophilia‡ 4* 2* 3* Yes						
		History of cerebrovascular accident				
		C = continuation of contracentius methods NA - Not	4*	2*	చ⁺	Yes

+ Condition that exposes a woman to increased risk as a result of unintended pregnancy.

Condition	Sub-condition	Combined pill, patch or ring (CHC)	Progestin-Only Pill (POP)	DMPA (Inj)	Other Contraceptic Options Indicated for Patient
		Initiating Continuing	Initiating Continuing	Initiating Continuing	
	a) Current or history of DVT/PE, receiving anticoagulant	3*	2*	2*	Yes
	therapy (<i>therapeutic dose</i>) b) History of DVT/PE, receiving anticoagulant therapy				
Doon vonous thromhosis	(prophylactic dose)				
Deep venous thrombosis (DVT)	i) higher risk for recurrent DVT/PE	4*	2*	3*	Yes
&	ii) lower risk for recurrent DVT/PE	3*	2*	2*	Yes
Pulmonary embolism (PE)	c) History of DVT/PE, not on anticoag therapy				
	i) higher risk for recurrent DVT/PE	4	2	3	Yes
	ii) lower risk for recurrent DVT/PE	3	2	2	Yes
	d) Family history (first-degree relatives)	2	1	1	Yes
	a) Minor surgery without immobilization	1	1	1	Yes
Surgery	b) Major surgery (i) without prolonged immobilization	2	1	1	Yes
	(ii) with prolonged immobilization	4	1	2	Yes
	a) Varicose veins	1	1	1	Yes
uperficial venous disorders	b) Superficial venous thrombosis (acute or history)	3*	1	2	Yes
Multiple Sclerosis	a) With prolonged immobility	3	1	2	Yes
Multiple Sclerosis	b)Without prolonged immobility	1	1	2	Yes
listory of bariatric surgery‡	a) Restrictive procedures	1	1	1	Yes
	b) Malabsorptive procedures	COCs: 3 P/R: 1	3	1	Yes
	a) Undiagnosed mass	2*	2*	2*	Yes
Breast Disease	b) Benign breast disease	1	1	1	Yes
&	c) Family history of cancer d) Breast cancer:‡	1	1	1	Yes
Breast Cancer	i) current	4	4	4	Yes
	ii) past/no evidence current disease x 5yr	3	3	3	Yes
	a) No graft failure	2*	2	2/3*	Yes
Solid Organ Transplant‡	b) Graft failure	4	2	2/3*	Yes
	a) Acute or flare	3/4* 2 C	1	1	Yes
Viral hepatitis	b) Carrier/Chronic	1 1	1	1	Yes
Cimpleonia	a) Compensated (normal liver function)	1	1	1	Yes
Cirrhosis	b) Decompensated‡ (impaired liver function)	4	2	3	Yes
	a) Benign:				
Liver tumors	i) Focal nodular hyperplasia	2	2	2	Yes
	ii) Hepatocellular adenoma‡	4	2	3	Yes
	b) Malignant‡ (hepatoma) a) Symptomatic:	4	3	3	Yes
	(i) treated by cholecystectomy	2	2	2	Yes
Gallbladder disease	(i) medically treated	3	2	2	Yes
	(iii) current	3	2	2	Yes
	b) Asymptomatic	2	2	2	Yes
History of Chalastasis	a) Pregnancy-related	2	1	1	Yes
History of Cholestasis	b) Past COC-related	3	2	2	Yes
	a) Positive (or unknown) antiphospholipid antibodies	4*	2*	3* 3*	Yes
Systemic lupus	b) Severe thrombocytopenia	2*	2*	3* 2*	Yes
erythematosus‡	c) Immunosuppressive treatment	2*	2*	2* 2*	Yes
	d) None of the above a) On immunosuppressive therapy	2* 2	2* 1	2* 2* 2*	Yes Yes
Rheumatoid arthritis	a) On Immunosuppressive therapy (i) Long-term corticosteroid therapy	Z	L	2*	Yes
	b) Not on immunosuppressive therapy	2	1	2	Yes
Sickle Cell Disease‡	,	4	1	2/3*	Yes
Epilepsy‡	(see also Drug Interactions)	1*	1*	1*	Yes
Tuberculosis‡	a) Non-pelvic	1*	1*	1*	Yes
see also Drug Interactions)	b) Pelvic	1*	1*	1*	Yes
HIV	a) High risk for HIV	1	1	1*	Yes
ee also Drug Interactions)	b) HIV infection	1*	1*	1*	Yes
Antinetaculus Lt	(i) On ARV therapy		reatment, see Drug Intera		Yes
Antiretroviral therapy	a) Fosamprenavir (FPV)	3	2	2	Yes
All other ARVs are a 1 or 2)	(i) Fosamprenavir + Ritonavir (FPV/r)a) Certain anticonvulsants (phenytoin, carbamazepine,	2	2	1	Yes
Anticonvulsant therapy	barbiturates, primidone, topiramate, oxcarbazepine)	3*	3*	1*	Yes
and the the they	b) Lamotrigine	3*	1	1	Yes
	a) Broad spectrum antibiotics	1	1	1	Yes
Antimicrobial	b) Antifungals	1	1	1	Yes
	c) Antiparasitics	1	1	1	Yes
therapy					
Supplements	d) Rifampin or rifabutin therapy a) St. John's Wort	3* 2	3* 2	<u>1*</u> 1	Yes Yes

Contraception Prescription

Optional-May be used by pharmacy if desired

Patient Name:	Date of birth:	
Address:		
City/State/Zip Code:	Phone number:	
Rx		
Drug:		
Quantity:		
Refills:		
Vritten Date:		
Prescriber Name:	Prescriber Signature:	
Pharmacy Address:	Pharmacy Phone:	

Provider Notification

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	ntra	cept	non
00		CCP	

	Contraception
Pharmacy Name:	Pharmacist Name:
Pharmacy Address	·
	Pharmacy Fax:
Dear Provider	(name), () (FAX)
Your patient	(name)/ (DOB) was:
Prescribed and of	dispensed contraception at our Pharmacy on/ noted above. The prescription
issued and dispens	
o Drug:	
•	Directions:
	Quantity:
•	Refills:
Prescribed and a	administered contraception at our Pharmacy on// noted above. The prescription
	stered consisted of:
 Drug: _ 	
•	Directions:
	Quantity:
•	Refills:
NOT prescribed,	, dispensed or administered contraception at our Pharmacy noted above, because:
Pregnancy car	nnot be ruled out.
	dicated they have a health condition that requires further evaluation.
·	
The patient in	dicated they take medication(s) or supplements that may interfere with contraception.
Notes:	
🗆 Their blood pi	ressure reading was/:
□ ≥140/90	mmHg and I am unable to prescribe any combined hormonal contraceptive (estrogen +
progestero	ne) pill, patch, or ring
□ ≥160/10	0 mmHg and I am unable to prescribe any injectable (progesterone only)
•	id not have a clinical visit with a healthcare provider, other than a pharmacist, for reproductive or in past 3 years.
 Division of Medical Eli <u>https://ww</u> Division of Summary (as issued pursuant to the Board of Pharmacy <u>protocol</u> authorized under <u>OAR 855-115-0330</u> . Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2024). US igibility Criteria (US MEC) for Contraceptive Use, 2024. Retrieved from <u>ww.cdc.gov/mmwr/volumes/73/rr/pdfs/rr7304a1-H.pdf</u> Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2024). Chart of US Medical Eligibility Criteria for Contraceptive Use (US MEC), 2024. Retrieved from <u>ww.cdc.gov/contraception/media/pdfs/2024/07/us-mec-summary-chart-color-508.pdf</u>

• Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (2024). US Selected Practice Recommendations (US SPR) for Contraceptive Use, 2024. Retrieved from https://www.cdc.gov/mmwr/volumes/73/rr/pdfs/rr7303a1-H.pdf

Pharmacist Referral and Visit Summary
CONTRACEPTION – Oral, Transdermal Patch, Vaginal Ring or Injectable
Pharmacy Name: Pharmacist Name:
Pharmacy Address:
Pharmacy Phone: Pharmacy Fax:
□ Today you were prescribed (and □ administered) the following hormonal contraception:
Notes:
If you have a question, my name is
Please review this information with your healthcare provider.
or
 I am not able to prescribe hormonal contraception to you today, because: Pregnancy cannot be ruled out. Notes:
You have a health condition that requires further evaluation.
Notes:
You take medication(s) or supplements that may interfere with contraception. Notes:
Your blood pressure reading is:
$\Box \ge$ 140/90 mmHg and I am unable to prescribe any combined hormonal contraceptive (estrogen +
progesterone) pill, patch, or ring
□ ≥160/100 mmHg and I am unable to prescribe any injectable (progesterone only)
Each checked box requires additional evaluation by another healthcare provider. Please share this
information with your provider.
You have not had a clinical visit with a healthcare provider, other than a pharmacist, for reproductive or sexual health in past 3 years.

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Oregon Board of Pharmacy
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