

## Appendix 1.

### Hormonal Contraceptive Self-Screening Questionnaire

Name \_\_\_\_\_ Health Care Provider's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age\* \_\_\_\_\_ Weight \_\_\_\_\_ Do you have health insurance? Yes / No  
 What was the date of your last women's health clinical visit? \_\_\_\_\_  
 Any Allergies to Medications? Yes / No If yes, list them here: \_\_\_\_\_

#### Background Information:

1	Do you think you might be pregnant now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	What was the first day of your last menstrual period?	____/____/____
3	Have you ever taken birth control pills, or used a birth control patch, ring, or injection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you previously had contraceptives prescribed to you by a pharmacist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Did you ever experience a bad reaction to using hormonal birth control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, what kind of reaction occurred?	_____
	Are you currently using any method of birth control including pills, or a birth control patch, ring or shot/injection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, which one do you use?	_____
4	Have you ever been told by a medical professional not to take hormones?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you smoke cigarettes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Medical History:

6	Have you given birth within the past 6 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Are you currently breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you get migraine headaches? If so, have you ever had the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even if it is controlled by medication)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Have you ever had a heart attack or stroke, or been told you had any heart disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Have you ever had a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Have you ever been told by a medical professional that you are at risk of developing a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Have you had bariatric surgery or stomach reduction surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you have or have you ever had breast cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	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 <input type="checkbox"/> No <input type="checkbox"/>
18	Do you have lupus, rheumatoid arthritis, or any blood disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, list them here:	_____
20	Do you have any other medical problems or take any medications, including herbs or supplements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, list them here:	_____

Do you have a preferred method of birth control that you would like to use?

☐ A pill you take each day ☐ A patch that you change weekly ☐ Other (ring, injectable, implant, or IUD)

Internal use only	<input type="checkbox"/> verified DOB* with valid photo ID	<input type="checkbox"/> BP Reading _____/_____
Pharmacist Name _____	Pharmacist Signature _____	
<input type="checkbox"/> Drug Prescribed _____ Rx# _____	-or- <input type="checkbox"/> Patient Referred-circle reason(s)	
Sig: _____ (Pharmacy Phone _____ Address _____)		
Notes: _____	April 2016	

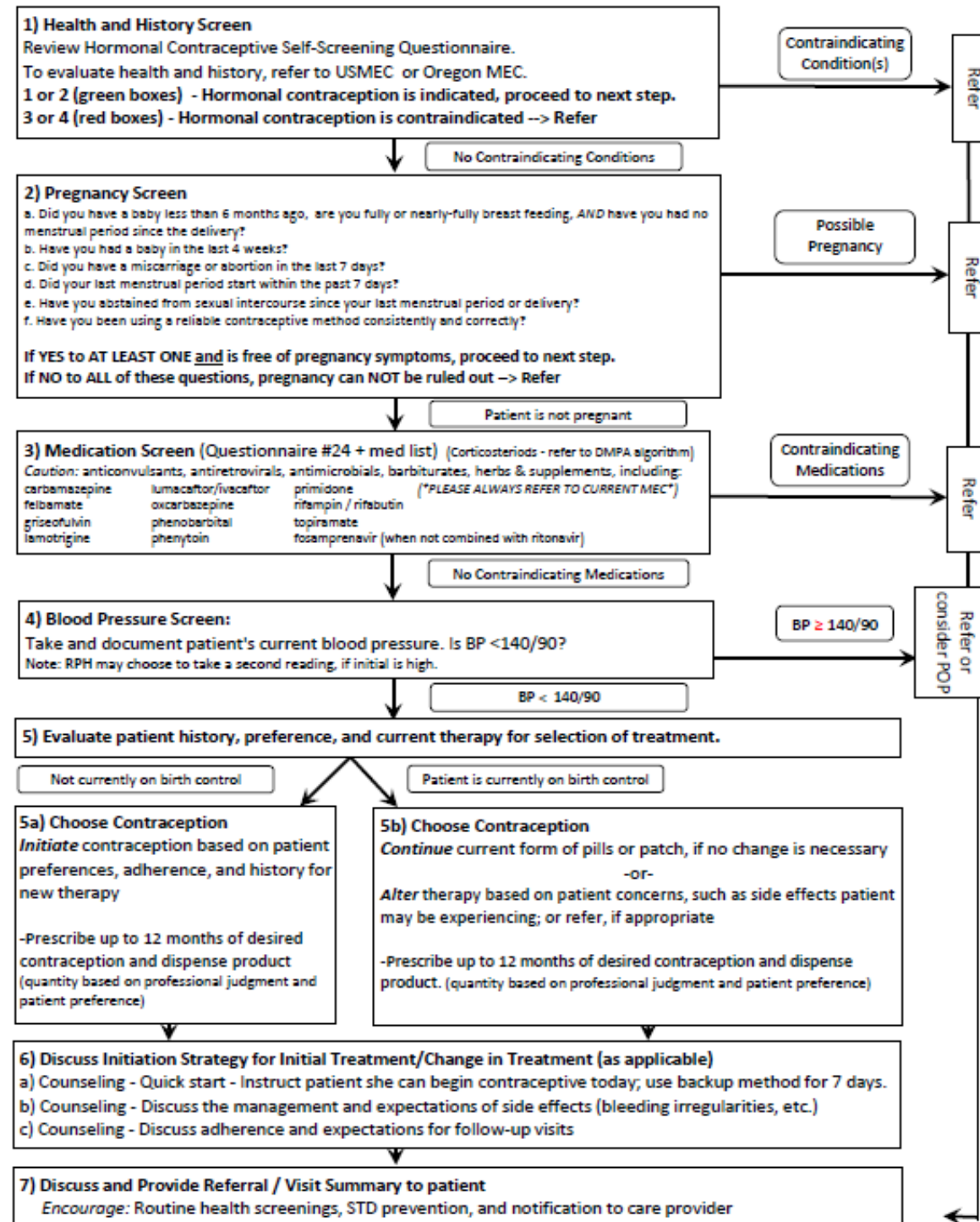
Anderson L, Hartung DM, Middleton L, Rodriguez MI. Pharmacist Provision of hormonal contraception in the Oregon Medicaid population. Obstet Gynecol 2019; 133.

The authors provided this information as a supplement to their article.

©2019 American College of Obstetricians and Gynecologists.

## Appendix 2.

### STANDARD PROCEDURES ALGORITHM FOR PRESCRIBING OF CONTRACEPTIVES (excluding DMPA)



Anderson L, Hartung DM, Middleton L, Rodriguez MI. Pharmacist Provision of hormonal contraception in the Oregon Medicaid population. *Obstet Gynecol* 2019; 133.

The authors provided this information as a supplement to their article.

©2019 American College of Obstetricians and Gynecologists.

### Appendix 3.

#### Interacting ICD-10 codes

Major Category	Condition	ICD-9 Code(s)	ICD-10 Code(s)
Coagulation Disorders	Pulmonary Embolism	See venous embolism	I26*
	Cerebral Venous Thrombosis	437.0, 437.1, 434.1, 434.0	I67.6, I67.82
	Deep Vein Thrombosis		
	Phlebitis and thrombophlebitis	451*	I80*
	Other venous embolism & thrombosis	453*	I82*
	Personal history of a clot		
	Venous thrombosis and embolism	V12.51	Z86.71
	Thrombophlebitis	V12.52	Z86.72
	Portal vein thrombosis	452*	I81*
Stroke or TIA	Cerebral Infarction	433*, 434*	I63*
	Stroke or TIA	435*	G45.8-G45.9
	TIA	V12.54	Z86.73
Cardio-vascular Disease	Myocardial Infarction	410*	I21*
	Ischemic heart disease	411*-414*	I24*-I25*
	Valvular heart disease	424*	I34*-I37*
	Hypertension	401*, 405*	I10*, I11*, I15*
	Hyperlipidemia	272*	E78.0-E78.5
Breast Cancer	Breast cancer	174*	C50*
	History of breast cancer	V10.3	Z86.000
Liver Disease	Gallbladder disease & disorders of biliary	574*, 575*	K80*- K82*
	Benign or malignant liver tumor	211.5, 155.0, 155.2	D13.4, C22*
	Viral hepatitis	070*	B15*-B19*
	Hepatitis and Cirrhosis	571*, 573*	K70*-K75*
Inflammatory Condition	Ulcerative Colitis and Crohn's disease	556*, 555*	K51*, K50*
	Rheumatoid arthritis	714*	M05*-M06*
	Lupus or SLE	710	M32*
	Pregnancy	V22.x*, V23.x	Z33*

Anderson L, Hartung DM, Middleton L, Rodriguez MI. Pharmacist Provision of hormonal contraception in the Oregon Medicaid population. Obstet Gynecol 2019; 133.

The authors provided this information as a supplement to their article.

©2019 American College of Obstetricians and Gynecologists.

Pregnancy History	Pregnancy without delivery		
	Abortion (procedure code)	74.91, 72.79, 69.93, 69.49, 69.01, 69.51	10A*
	Ectopic pregnancy	633*,378	O00*
	Spontaneous abortion	634*, 379, 380	O03*
	Pregnancy with deliver	650*, V27*, 370, 371, 372, 373, 374	O80*, Z37*,Z38*
	Unspecified C-section	370, 371	O82*
Currently Breastfeeding		V24.1	Z39.1
Migraines		346*	G43*
Diabetes (Type 1, Type 2)		250*	E10*, E11*
Tobacco Use		305.1	Z72.0
Bariatric surgery (procedure code)		44.3	0D1*
Sickle cell disease		282*	D57*

### **Interacting medications**

<b>Drug Category</b>	<b>Drug Names</b>
Anti-Seizure	Carbamazepine, Felbamate, Lamotrigine, Oxcarbazepine, Phenobarbital, Phenytoin, Primidone, Topiramate
Anti-infectives	Rifampin, Rifabutin, Fosamprenavir, Griseofulvin
Cystic Fibrosis	Lumacaftor, Ivacaftor

Anderson L, Hartung DM, Middleton L, Rodriguez MI. Pharmacist Provision of hormonal contraception in the Oregon Medicaid population. Obstet Gynecol 2019; 133.

The authors provided this information as a supplement to their article.

©2019 American College of Obstetricians and Gynecologists.