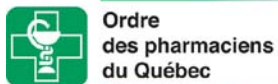


GUIDE to writing a collective prescription for hormonal contraception



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- Ministère de la Santé et des Services sociaux

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Collège des médecins du Québec website:
www.collegedesmedecins.qc.ca/publications.aspx

Legal Deposit

Bibliothèque et Archives nationales du Québec,
2006

ISBN-10: 2-89229-408-8

ISBN-13: 978-2-89229-408-8

ISBN-10: 2-89229-409-6 (PDF version)

ISBN-13: 978-2-89229-409-5 (PDF version)

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2006

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Introduction

In order to improve access to contraceptive methods for women, the Ordre des infirmières et infirmiers du Québec (OIIQ), the Ordre des pharmaciens du Québec (OPQ), the Collège des médecins du Québec (CMQ), the ministère de la Santé et des Services sociaux (MSSS), and the Institut national de santé publique du Québec (INSPQ) have jointly developed a hormonal contraception collective prescription model for nurses and pharmacists. This process was needed to clarify certain administrative details so that women **in good health** would have access, for a **maximum period of six months**, to hormonal contraception in community pharmacies throughout Québec. As a result of this collaboration effort, the target clientele was clearly identified, the duration and preconditions for intervention were specified, and the distinction between the physician or physicians signing the prescription and the responding physician was made clear.

It is recommended that this collective prescription model be adopted by the authorities and professionals concerned, namely the councils of physicians, dentists and pharmacists (CPDP) in health and social services centres (CSSS) and hospital centres (HC), family medicine groups (FMG), and physicians practicing alone or in a group – after consultation with the physicians and nurses concerned, using the ways and means provided for in each institution or private practice setting.

The collective prescription must observe CMQ standards established by regulation¹ and made explicit in a practice guide². Among other things, it must provide for a mechanism whereby the professionals concerned know which physician – responding physician – they should call upon in the event of a problem or need for clarification. The collective prescription for hormonal contraception must indicate the name of the institution (CSSS, HC), FMG, medical clinic or private practice office where it was adopted, as well as the professionals concerned. It must then be transmitted electronically, in PDF format, to the Ordre des pharmaciens du Québec at the following address: ordrepharm@opq.org. This mode of transmission gives Québec pharmacists access to every collective prescription corresponding to the liaison forms they receive.

To facilitate interprofessional collaboration, this guide to writing describes the respective interventions of the nurse and the pharmacist and suggests a liaison form for implementing the collective prescription in community pharmacies. Every CSSS, HC, medical clinic or private practice office must personalize this form to make it official. The nurse signs the liaison form – which has a summarized version of the collective prescription on the reverse side – and writes on it her/his permit number, as well as the name and permit number of the responding physician, then gives it to the person who in turn presents it to the pharmacist.

The professionals concerned by the collective prescription for hormonal contraception must have the required competence, that is, the scientific knowledge, skills and clinical judgment inherent to the activity being practiced. According to need, additional training in hormonal contraception may be required. This training may be offered by experts in the field under the sponsorship of a health institution, by continuing professional development agencies certified by the CMQ, as well as by the OIIQ or OPQ, in collaboration with the INSPQ or not.

Establishing a collective prescription for hormonal contraception is a public health strategy that can help reduce the number of unplanned pregnancies in Québec. It is in keeping with the objectives of the *Programme national de santé publique du Québec 2003-2012*, aimed at reducing the pregnancy rate among adolescents in Québec. This collective prescription also applies in a concrete way the *Act to amend the Professional Code and other legislative provisions as regards the health sector*, usually known as Bill 90³, as it emphasizes close collaboration between various professionals, physicians, pharmacists and nurses in the interests of a common purpose, thus facilitating and broadening access to contraceptive methods.

¹ Regulation respecting the standards relating to prescriptions made by a physician (2005) 137 G.O. 11. 902 (On line: www.cmq.org)

² Collège des médecins du Québec (2005) *Les ordonnances faites par un médecin : guide d'exercice*, Montréal, CMQ (On line : www.cmq.org)

³ Q.S. 2002, c. 33

Hormonal contraception collective prescription model for nurses and pharmacists

Collective prescription	Initiate⁴ hormonal contraception	CP-_____
Reference to a protocol: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Effective date: / /	Expected review date: / /	
Professionals concerned by the prescription and activity sectors:		
Nurses practicing in a network institution or outside an institution (sectors to be specified). Community pharmacists practicing their professions on Québec territory.		
Group of persons or clinical situation concerned:		
Women in good health ⁵ who need hormonal contraception.		
Reserved activities for nurses:		
<ul style="list-style-type: none"> ▪ Assessing the physical and mental condition of a symptomatic person. ▪ Initiating diagnostic and therapeutic measures, according to prescription. 		
Reserved activities for pharmacists:		
<ul style="list-style-type: none"> ▪ Initiating medication therapy, according to a prescription. ▪ Supervising medication therapy. 		
Responding physician:⁶		
The name of the responding physician written on the liaison form for implementing the collective prescription will be determined as follows: (describe the accepted procedure⁷) .		

⁴ In the interests of legal compliance and uniformity to reference documents, the verb “initiate” is used in this guide. Note that the verb “to initiate” means to begin, undertake or start on.

⁵ “Consent to care required by the state of health of a minor is given by the person having parental authority or by his tutor. A minor 14 years or over may give his consent alone to care. If his state requires that he remains in a health or social services establishment over 12 hours, the person having parental authority or tutor should be informed of that fact”. (*Civil Code of Québec, Art. 14*).

⁶ The responding physician is the professional who is called upon by the nurse or pharmacist in the event of a problem or need for clarification. In an institution, the responding physician is any physician designated by the CPDP; outside an institution, the responding physician is one of the cosignatories of the collective prescription.

⁷ Indicate the mechanism used to contact the responding physician, for example, the physician who is on call during the week when the nurse is on duty, the physician who is present during the day when the nurse is on duty, the physician who takes a particular interest in hormonal contraception, etc.

Objective

To prevent pregnancy.

Indication

Allowing a woman in good health with no individual prescription for hormonal contraception to have access to it for a maximum period of six months, and providing her with teaching and counseling services on the subject of hormonal contraception.

Conditions

- The one or more physicians signing the collective prescription establish a calendar with reserved time slots, so as to meet the requirement concerning assessment by a physician within a six-month period.
- The nurse informs the person concerned by the collective prescription that she must meet with a physician within six months in order to receive an individual prescription.
- The nurse offers and, if necessary, directs the person to make an appointment within six months with one of the physicians who signed the collective prescription.
- The nurse must sign and give the person the liaison form for implementation of the collective prescription by the pharmacist.
- Upon receiving the liaison form, the pharmacist must ascertain that it applies to a collective prescription in effect in his possession.
- The collective prescription used to initiate hormonal contraception for six months is not renewable once the said period expires.
- The collective prescription may not be used to renew an individual prescription once it expires.
- The collective prescription may not be implemented twice in immediate successive fashion for one same person.

Contraindications

Do not implement the collective prescription in the presence of contraindications (see table on pages 8 and 9).

Instructions as part of follow-up

In the presence of signs and symptoms, hormonal contraception is discontinued and the patient is assessed by a physician (see table on page 9).

Hormonal contraception contraindications in the context of a collective prescription

Combined oral contraceptives

- Pregnancy.
- < 6 weeks following delivery, if the woman breast-feeds.
- < 21 days following delivery, if the woman does not breast-feed.
- Newly diagnosed high blood pressure (systolic ≥ 140 mmHg, diastolic ≥ 90 mmHg or high blood pressure controlled by medication).
- History of venous thromboembolism, thrombophilia.
- History of venous thromboembolism in an immediate relative (father, mother, brother, sister).
- Ischemic heart disease.
- History of cerebrovascular accident.
- Complicated valve cardiopathy.
- Migraine with aura or coexisting neurological symptoms.
- History of breast cancer or current breast cancer.
- Diabetes with coexisting retinopathy, nephropathy or neuropathy.
- Active liver disease (hepatitis, cirrhosis) symptomatic vesicular condition, history of cholestasis when taking combined hormonal contraceptive.
- Liver tumour (adenoma, hepatoma).
- History of pancreatitis or hypertriglyceridemia.
- Major surgery with prolonged immobilization.
- Hypersensitivity to one of the medication's constituents.
- Women over 35:
 - Who smoke;
 - Who are obese (body mass index > 30);
 - Who present with migraine of any kind;
 - Who have not had a Pap test in the last two years.
- The use of medications or substances that could impede the metabolism of combined oral contraceptives:
 - Anticonvulsants: carbamazepine, oxcarbazepine, primidone, topiramate, phenobarbitol, phenytoine;
 - Antiretrovirals:
 - ✓ Protease inhibitors: amprenavir, atazanavir, lopinavir, nelfinavir, ritonavir, saquinavir ;
 - ✓ Non-nucleoside reverse transcriptase inhibitors: efavirenz, nevirapine;
 - Antibiotic: rifampicine;
 - Other: St.John's wort.

Contraceptive Patch

- Identical to combined oral contraceptive contraindications.
- Women with body mass index ≥ 30 .
- Generalized skin disorder.

Contraceptive Vaginal Ring

- Identical to combined oral contraceptive contraindications.
- Vaginal stenosis.
- Structural anomaly of vagina.
- Utero-vaginal prolapse.

Progesterone-only Oral Contraceptives

- Pregnancy.
- History of breast cancer or current breast cancer.
- Hypersensitivity to one of the medication's constituents.
- Current deep venous thrombosis.
- Current coronary disease.
- Current cerebrovascular accident.
- Active liver disease (hepatitis, cirrhosis).
- Liver tumour (adenoma, hepatoma).
- The use of medications or substances that could impede the metabolism of oral contraceptives:
 - _ Anticonvulsants: carbamazepine, oxcarbazepine, primidone, topiramate, phenobarbital, phenytoine;
 - _ Antiretrovirals:
 - √ Protease inhibitors: amprenavir, atazanavir, lopinavir, neftinavir, ritonavir, saquinavir ;
 - √ Non-nucleoside reverse transcriptase inhibitors: efavirenz, nevirapine;
 - _ Antibiotic: rifampicine;
 - _ Other: St.John's wort.
- Women over 35 who have not had a Pap test in the last two years.

Contraceptive Injection

- Pregnancy.
- History of cancer or current breast cancer.
- Hypersensitivity to one of the medication's constituents.
- Current deep venous thrombosis.
- Current coronary disease.
- Current cerebrovascular accident.
- Active liver disease (hepatitis, cirrhosis).
- Liver tumour (adenoma, hepatoma).
- Diabetes with coexisting retinopathy, nephropathy, or neuropathy.
- Diabetes without complications, but lasting 20 years or more.
- High blood pressure (systolic ≥ 160 mmHg, diastolic ≥ 100 mmHg).
- Heart valve disease.
- A combination of several cardiovascular disease risk factors (old age, smoking, diabetes, high blood pressure).
- Unexplained vaginal bleeding.
- Women over 35 who have not had a Pap test in the last two years.

Signs and symptoms necessitating discontinuance of hormonal contraception and assessment by a physician

Combined oral contraceptives / Contraceptive patch / Contraceptive vaginal ring

- Severe abdominal pain.
- Severe chest pain, possibly accompanied by cough, dyspnea, and pain exacerbated by breathing.
- Severe headache, possibly accompanied by dizziness, a feeling of weakness, numbness, lateralized or not.
- Vision problem (loss of vision, blurred vision, lateralized or not), speech problem.
- Severe pain in a lower limb (thigh or calf).

Progesterone-only Oral Contraceptive

- Severe headache, possibly accompanied by dizziness, a feeling of weakness, numbness, lateralized or not.
- Vision problem (loss of vision, blurred vision, lateralized or not), speech problem.

Contraceptive Injection

- Severe headache, possibly accompanied by dizziness, a feeling of weakness, numbness, lateralized or not.
- Vision problem (loss of vision, blurred vision, lateralized or not), speech problem.

Object of the collective prescription

1. Combined oral contraceptives containing less than 50 ug of estrogens⁸

Monophasics		Multiphasics
Alesse	Minestrin 1/20	Linessa
Brevicon 0.5/35	Min-Ovral	Ortho 7/7/7
Brevicon 1/35	Ortho-Cept	Synphasic
Cyclen	Ortho 0.5/35	Tri-Cyclen
Demulen 30	Ortho 1/35	Tri-Cyclen Lo
Loestrin 1.5/30	Select 1/35	Triphasil
Marvelon	Yasmin	Triquilar

21-pill pack: Take 1 pill daily for 21 days, then stop for 7 days.

28-pill pack: Take 1 pill daily for 28 consecutive days.

Repeat five times.

2. Contraceptive patch

Evra- 1 box (3 patches)

Apply 1 patch weekly for 3 consecutive weeks followed by a 7-day interval of no patch.

Repeat five times.

3. Contraceptive vaginal ring

Nuvaring- 1 ring

Insert the vaginal ring and keep it in place for 21 days; then remove the ring and wait 7 days.

Repeat five times.

4. Progesterone-only oral contraceptive (28-pill pack)

Micronor

Take 1 pill daily for 28 consecutive days.

Repeat five times.

5. Contraceptive injection

Depo-Provera

1 IM (intramuscular) injection every 12 weeks.

Repeat once.

⁸ All names of medications on this page are trade names.

Collective prescription drawn up and signed by one or more physicians practicing in a health institution

Drawing up process

Written by:

Name and title of person(s)

Date

Validated by:

Director of Nursing

Date

Pharmacy Department Head

Date

Approval process

Approved by the CPDP:

Chairperson of CPDP

Date

Nursing interventions applicable to their scope of practice and reserved activities or nurses

Assessing the physical and mental condition of a symptomatic person

- Conducting an assessment of the person's state of health:
 - _ Check-up;
 - _ Contraceptive profile;
 - _ Lifestyle habits;
 - _ Contraindications;
 - _ Blood pressure reading;
 - _ If needed, body mass index measurements, pregnancy test.
- Determine the need for hormonal contraception.
- Provide teaching and counseling on various aspects of hormonal contraception.
- Support the person in her decision-making.

Initiate diagnostic and therapeutic measures, according to a prescription

- Indicate the appropriate hormonal contraceptive, chosen by the person, and provide the teaching.
- Complete the liaison form for implementation of the collective prescription.
- Give the form to the person and tell her that she may go to the community pharmacist of her choice.
- Inform the person of the need to see a physician within six months, offer her an appointment with one of the physicians who signed the collective prescription, and direct her in making the appointment, if necessary.
- According to need, provide follow-up, which includes reminding her that she must meet with a physician in order to obtain an individual prescription.
- In case of signs and symptoms necessitating discontinuance of hormonal contraception and assessment by a physician, direct the person to the attending physician, responding physician, or emergency room, and inform the pharmacist of the stoppage in implementation of the collective prescription.

Pharmacist's interventions applicable to his scope of practice and the reserved activities for pharmacists

Initiating medication therapy, according to a prescription

- Upon receive the liaison form for implementing the collective prescription, ensure that it applies to a collective prescription in the pharmacist's possession.
- Examine the person's pharmacotherapy profile.
- Individualize the collective prescription. If there is a valid reason¹⁰, noted in the record, offer the person a contraceptive product identical to the chosen contraceptive method and in keeping with the collective prescription. Contact the responding physician as needed.
- Prepare the contraceptive and give it to the person.
- Provide the person with the necessary information on the contraceptive given.
- Inform the responding physician of his intervention with the person.

Supervising the medication therapy

- Remind the person of the need to see a physician within six months in order to obtain an individual prescription.
- Intervene appropriately when the person is taking other medications.
- In the presence of signs and symptoms necessitating discontinuance of the hormonal contraception and assessment by a physician, direct the person to the attending physician, responding physician, or emergency room.

¹⁰ By valid reason, we mean circumstances such as a pharmaceutical firm being out of stock, inability to obtain the product quickly when the person's need is urgent, a Health Canada directive to withhold the distribution of a product, or a contraindication to taking the medication for that person, which is unknown to the professional who signed or implemented the collective prescription.

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Contact information of institution

Liaison form for implementing a collective prescription

CP-_____

Name and given name of person

Date

Date of birth

I have assessed the person mentioned above. She is a candidate for taking hormonal contraceptives. None of the contraindications listed in the collective prescription is present. This person has been taught how to use the hormonal contraceptive indicated below (check one product only).

Combined oral contraceptives: 21-pill pack

Combined oral contraceptives: 28-pill pack

Monophasics		Multiphasics
<input type="checkbox"/> Alesse	<input type="checkbox"/> Minestrin 1/20	<input type="checkbox"/> Linessa
<input type="checkbox"/> Brevicon 0.5/35	<input type="checkbox"/> Min-Ovral	<input type="checkbox"/> Ortho 7/7/7
<input type="checkbox"/> Brevicon 1/35	<input type="checkbox"/> Ortho-Cept	<input type="checkbox"/> Synphasic
<input type="checkbox"/> Cyclen	<input type="checkbox"/> Ortho 0.5/35	<input type="checkbox"/> Tri-Cyclen
<input type="checkbox"/> Demulen 30	<input type="checkbox"/> Ortho 1/35	<input type="checkbox"/> Tri-Cyclen Lo
<input type="checkbox"/> Loestrin 1.5/30	<input type="checkbox"/> Select 1/35	<input type="checkbox"/> Triphasil
<input type="checkbox"/> Marvelon	<input type="checkbox"/> Yasmin	<input type="checkbox"/> Triquilar

Contraceptive patch: Evra

Contraceptive vaginal ring: Nuvaring

Progesterone-only oral contraceptive: Micronor

Contraceptive injection: Depo-Provera

Name and given name of nurse

Signature of nurse

Permit number

Telephone

Name of responding physician

Permit number

Telephone

Note: Do not forget to fill in the form on next page. ➡

Summarized version of hormonal contraception collective prescription for nurses and pharmacists

Collective prescription	Initiate hormonal contraception	CP-_____
Reference to a protocol: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Effective date: / /	Expected review date: / /	
Professionals concerned by the prescription and activity sectors:		
Nurses practicing in a network institution or outside an institution (specify sectors). Community pharmacists practicing their professions on Québec territory.		
Group of persons or clinical situation concerned:		
Women in good health who need hormonal contraception.		
Reserved physician ¹¹		
The prescription must be individualized, with the responding physician's name written on the liaison form.		
Physician-signatories of the collective prescription in a health institution		
Chairperson of CPDP	Permit number	Date
Physician-signatories of collective prescription outside a health institution		
Name of physician	Permit number	Date

¹¹ The responding physician is the professional to be called upon by the nurse or pharmacist in the event of a problem or need for clarification. In an institution, the responding physician is any physician designated by the CPDP; outside an institution, he is one of the cosignatories of the collective prescription. Indicate the mechanism used to contact the responding physician, for example, the physician who is on call during the week when the nurse is on duty, the physician who is present during the day when the nurse is on duty, the physician who takes a particular interest in hormonal contraception, etc.