

Protocol for Pharmacies – for Overview Purposes only: The original material resulting from our Delphi survey is available in German. This protocol aiming to verify and document eligibility to HC in women who are already using it but have no or no valid prescription (*ad interim* supply of HC in pharmacies according to the current Swiss law (HMG/TPA)) was translated for overview purposes only.

Clarification/Documentation	Answer Choice(s)
Name and surname / Date of birth or age	_____ / _____

I) Short Clarification

1) What is the reason for the urgent supply of HC without Rx?	<input type="checkbox"/> Rx expired on... <input type="checkbox"/> Rx not available <input type="checkbox"/> HC are usually obtained from the physician <input type="checkbox"/> Foreign Rx <input type="checkbox"/> Other: _____
2a) Have HC been prescribed by a physician within the last 2 years?	<input type="checkbox"/> Yes ^{→ see 2b)} / <input type="checkbox"/> No [#]
2b) Which product do you take, or do you use?	Product name or active ingredient(s): _____ <input type="checkbox"/> CHC / <input type="checkbox"/> Progesterone-only
2c) When did you last take, or use the product?	Date (time, if applicable): _____
2d) Do you tolerate the product well?	<input type="checkbox"/> Yes / <input type="checkbox"/> No [#] _____
3) When was the last gynecological check-up?	Month/Year: _____
4a) When did the last menstrual bleeding start?	Date: _____
4b) Was the last menstrual bleeding as usual?	<input type="checkbox"/> Yes / <input type="checkbox"/> No [#]
Initial Evaluation by the Pharmacist	
5) Can a pregnancy be excluded with a high degree of probability?	<input type="checkbox"/> Yes / <input type="checkbox"/> No [#]
6) Is the detailed clarification advisable?	<input type="checkbox"/> Yes ^{→ see II)} / <input type="checkbox"/> No ^{→ see III) & IV)}

Notes:

II) Detailed Clarification

7a) Does one or more of the following situations apply to you? (tick applicable situation(s) and continue with 7b, respectively with 8a)	<input type="checkbox"/> Age > 35 year <input type="checkbox"/> Smoking <input type="checkbox"/> High blood pressure <input type="checkbox"/> Overweight <input type="checkbox"/> High blood lipids <input type="checkbox"/> Diabetes <input type="checkbox"/> History of blood clots, including 1 st degree relative <input type="checkbox"/> Tendency to thrombosis/Thrombophilia <input type="checkbox"/> Migraine <input type="checkbox"/> Childbirth < 6 weeks <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Vaginal bleeding not clarified <input type="checkbox"/> No ^{→ see 8a)}
7b) Have you already discussed this situation with a physician (regarding HC)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No [#]
8a) What other drugs are you taking or using?	_____ ^{→ see 8b)} / <input type="checkbox"/> None ^{→ see III)}
8b) Drug evaluation by the pharmacist	CYP3A4-inducing drugs: <input type="checkbox"/> Yes / <input type="checkbox"/> No Relevant CI or IA: <input type="checkbox"/> Yes / <input type="checkbox"/> No

Notes:

Abbreviations: CI = Contraindication(s); HC = Hormonal contraceptive(s); HMG/TPA = "Heilmittelgesetz"/Therapeutic Products Act; IA = Interaction(s); CHC = Combined hormonal contraceptive(s); Rx = Prescription; SGGG = Swiss Society for Gynecology and Obstetrics; SS = Pregnancy

III) Information Given to the Woman

- ☐ Recommendation for regular gynecological check-ups if the last gynecological check-up was more than 1 year ago (re-evaluation of contraception, breast examination, cancer smear, etc.)
- ☐ General information on the female cycle
- ☐ Information on the mechanism of action of HC
- ☐ Product information (e.g., instructions; when its effectiveness may be limited, measures in case of forgotten pill, etc.)
- ☐ Information on different contraceptive methods (see e.g., factsheet www.sex-i.ch)
- ☐ Information on sexually transmitted infections/diseases (see e.g., www.lovelife.ch)
- ☐ Information on the detection of thromboses/embolisms (see e.g., information sheet for users of the SGGG)
- ☐ Other: _____

IV) Documentation of the Dispensing Decision

Capability of judgment is given ☐ Yes/ ☐ No

Risk or CI present ☐ Yes/ ☐ No

Supply of HC ☐ Yes* / ☐ No

Referral ☐ Yes§ ☐ No

Notes:

Date & Signature of pharmacist

#=where appropriate: referral to a physician

*=Placeholder for product name and pack size

§=Placeholder for referral information, e.g., physician's name/address