Protocol for Resupply of Hormonal Contraception

The Victorian Community Pharmacist Program

December 2025

OFFICIAL

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Protocol for Resupply of Hormonal Contraception

The Victorian Community Pharmacist Program

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1. About

This Protocol has been developed to provide pharmacists authorised under the Drugs, Poisons and Controlled Substances Regulations 2017 (the Regulations) a clear framework to supply the Schedule 4 poisons documented in this Protocol for the purpose of resupplying hormonal contraception under a structured prescribing arrangement. It is a requirement of the Secretary Approval: Community Pharmacist Program that pharmacists comply with this Protocol when supplying Schedule 4 poisons for patients seeking the resupply of hormonal contraception. It is also a requirement of the Secretary Approval: Community Pharmacist Program that pharmacists have completed the designated pharmacist training course before supplying Schedule 4 poisons.

It should be noted that the supply of hormonal contraception under this Protocol is separate to and operates independently of Regulation 57 which allows for the supply of Schedule 4 poisons to a person without a prescription by pharmacists to allow continuity of treatment.

Pharmacists authorised to supply Schedule 4 poisons under the Regulations must:

- Operate at all times in accordance with the Drugs, Poisons and Controlled Substances Act 1981, the Regulations and all other applicable Victorian, Commonwealth and national laws.
- At all times act in a manner consistent with the Pharmacy Board of Australia's (the Board) Code of Conduct and in keeping with other professional guidelines and policies as set out by the Board as applicable.

Pharmacists are also expected to exercise professional judgment in adapting treatment guidelines to presenting circumstances.

1.1 Definitions and acronyms

Authorised prescribing health practitioner: A health practitioner authorised under the Drugs, Poisons and Controlled Substances Regulations 2017 to issue a prescription. For the purpose of this protocol, these health practitioners are a registered medical practitioner, a registered nurse practitioner, or an authorised midwife (a registered midwife with a scheduled medicines endorsement).

BMI: Body mass index

BP: Blood pressure

COCP: Combined oral contraceptive pill

CST: Cervical screening test

DVT: Deep vein thrombosis

HPV: Human papillomavirus

IM: Intramuscular

LARC: Long-acting reversible contraception/contraceptive

MHR: My Health Record

PCOS: Polycystic ovary syndrome

PE: Pulmonary embolism

POP: Progestogen only pill

STI: Sexually transmissible infection

TIA: Transient ischaemic attack

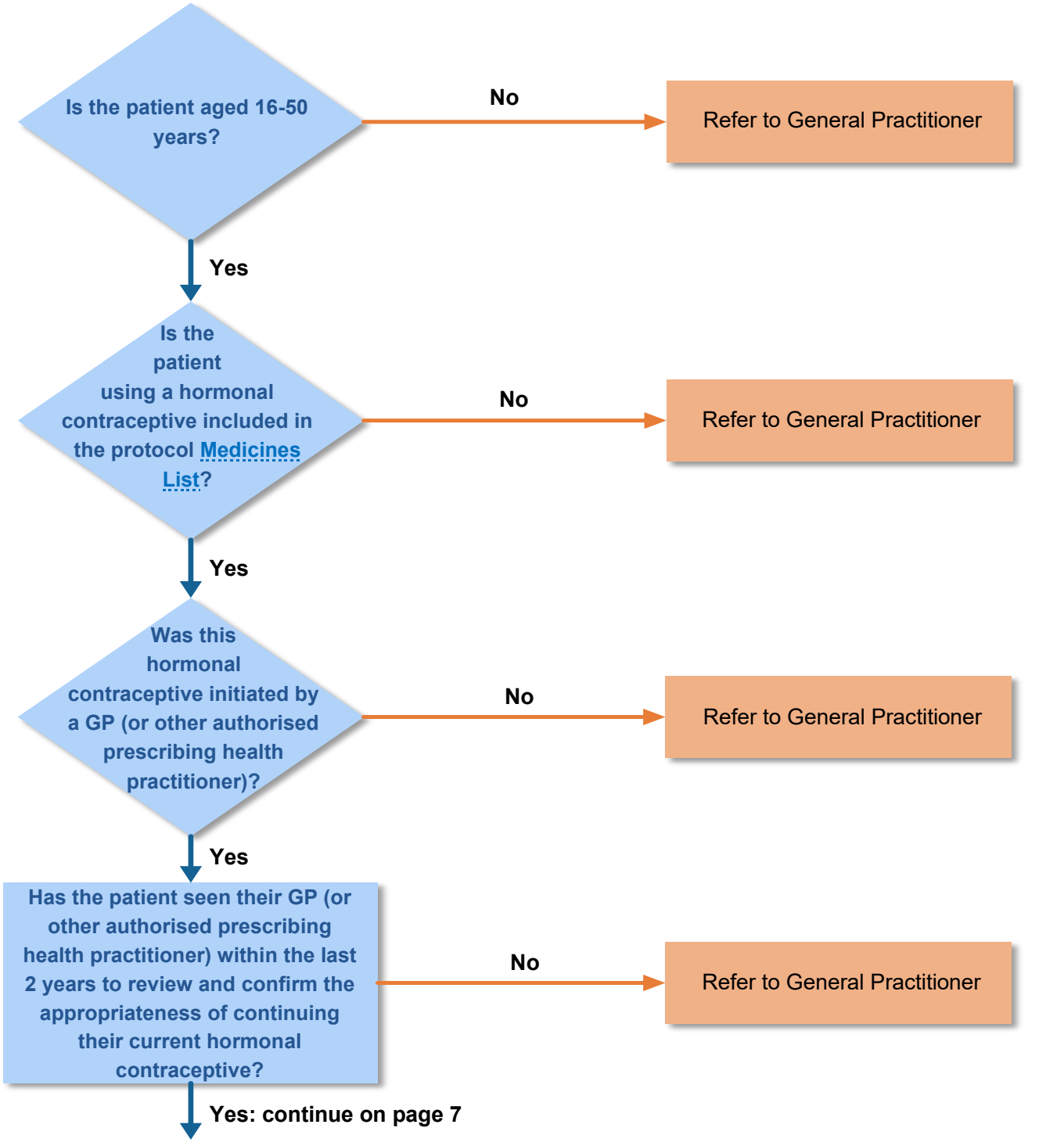
VTE: Venous thromboembolism

2. Protocol for Resupply of Hormonal Contraception

2.1 Key to colours used in this protocol

Where the protocol indicates to “Refer to General Practitioner”, the Pharmacist may refer to a medical practitioner or other authorised prescribing health practitioner as clinically appropriate.

Preliminary enquiries | **Immediate referral** | Pharmacist care and refer | Care provided by Pharmacist



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Has the patient been stabilised on their current hormonal contraceptive?

- Patients aged 16-17 years must be using the same hormonal contraceptive for at least 12 months
- Patients aged ≥ 18 years must be using same hormonal contraceptive for at least 6 months

No → Refer to General Practitioner

Yes

Has the patient been continuously using the hormonal contraceptive:

- **Without a break, OR**
- **Had a break of less than 2 weeks during the preceding 30 days?**

Consider the need for emergency contraception and/or testing to exclude pregnancy (note: pregnancy tests can give a false negative result if unprotected sex was less than 21 days earlier).

No (had a break of ≤ 2-4 weeks) → **If using the OCP or vaginal ring and the patient has had a break of 2-4 weeks in the preceding 30 days**, the patient may be supplied ONE month of treatment AND must be referred to their GP for review.

No (had a break of > 4 weeks) → **If using the OCP or vaginal ring and the patient has had a break of more than 4 weeks in the preceding 30 days**

OR

If the patient is using the depot medroxyprogesterone acetate injection and is late (i.e. 14 weeks since their last injection).

The patient is not eligible for resupply of their hormonal contraceptive under this protocol and must be referred to their GP for review.

Yes

Does the patient consent?*

No → Refer to General Practitioner

*The patient must be physically present in the pharmacy

Yes: continue on page 8

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Assess patient needs to determine whether resupply is safe and appropriate:

- Review MHR, where possible/available
- Check adherence – has the patient previously been prescribed a hormonal contraceptive on the protocol Medicines List by their GP or an authorised prescribing health practitioner, and are they stabilised on this treatment (e.g. recent pharmacy dispensing history)?
  - This protocol allows for one variation in adherence (i.e. the break of up to 4 weeks in the last 30 days for the OCP and vaginal ring) provided there is concurrent referral to the GP for review
- Check satisfaction with current hormonal contraceptive; offer contraceptive counselling to explore other options as appropriate, e.g. LARCs
- Provide sexual and reproductive health counselling, as needed

Resupply is not considered safe or appropriate → Refer to General Practitioner

Resupply is assessed as safe and appropriate

Conduct clinical review

- Current medications
- Medication allergies and/or adverse effects, including with hormonal contraceptive
- Changes in bleeding patterns
- Changes in health that would be a contraindication to ongoing use, e.g. angina, heart attack, stroke/TIA, breast cancer, liver disease, DVT/PE, migraine with aura, new headaches, increased VTE risk (e.g. recent major surgery)
- Smoking/vaping status
- Where clinically relevant, measure or review changes in BP. BP should be measured at least annually. Measurements taken within the last 12 months are acceptable where the patient's health status has not changed.
- Where clinically relevant, review BMI (measure height and weight as necessary). BMI should be measured at least annually. Weight measurements taken within the last 12 months are acceptable where the patient's health status has not changed.
- Confirm hormonal contraceptive is still appropriate and meeting patient's needs, considering:
  - Contraindications
  - Medication interactions
  - Pregnancy and lactation
  - Potential pregnancy

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Do any of the following exclusion criteria apply?

- Requested hormonal contraceptive is now contraindicated (UKMEC 4), requires specialist consideration (UKMEC3) or not appropriate. Considerations may include hypertension, BMI > 35, current breast cancer, increased VTE risk that requires medical review, etc.
- Unexplained and un-investigated symptoms including vaginal bleeding, severe or painful menstrual bleeding, irregular periods, amenorrhoea, or pain/discomfort with sexual intercourse
- Signs and symptoms of PCOS that have not been assessed by an appropriate healthcare provider
- Potentially pregnant

Yes → **Immediate referral to General Practitioner**

No

Do any of the following 'treat and refer' criteria apply?

- STI screening is indicated (Guidance and information on who should be tested can be found at: https://www.health.gov.au/sti/testing)
- CST is indicated (Guidance and information on who should be tested can be found at: https://www.health.gov.au/our-work/national-cervical-screening-program/getting-a-cervical-screening-test/who-should-get-a-cervical-screening-test)
- Possibility of reproductive coercion, sexual abuse or sexual violence

Yes → Treat and concurrently refer to GP

Hormonal contraceptive may still be resupplied by the pharmacist, but concurrent referral to a GP is required

No: continue on page 10

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If appropriate, resupply per structured protocol and dispense hormonal contraceptive:

- Provide one original pack (up to 4 months' supply depending on product).

Note: supply under the Program protocol does NOT include supply provided under Regulation 57

Where applicable

A pharmacist with suitable premises and competency in administration of deep IM injection may administer depot medroxyprogesterone.

Otherwise refer the patient to their GP or relevant health care professional for deep IM administration.

Communicate agreed plan to resupply hormonal contraception:

- Offer general advice about hormonal contraceptive as needed – patient resources/information, reminder of adverse effects
- Provide copy of record of service to patient and their GP (with patient consent)
- Communicate with other health practitioners (if required)
- Reminder that review by GP or authorised prescribing health practitioner is required to occur at least every 2 years

Complete any other clinical documentation required for consultation

3. Clinical Documentation Requirements

The pharmacist must document a clinical record of the consultation that contains:

- Sufficient information to identify the patient (Medicare number and date of birth are usually recorded when dispensing prescriptions)
- Date of treatment
- Name of the pharmacist who undertook the consultation and their Healthcare Provider Identifier-Individual (HPI-I) number
- Consent given by the patient regarding: Program participation, costs, pharmacist communication with other healthcare practitioners (e.g. patient's usual treating GP) and access to the patient's My Health Record for the purpose of checking inclusion/exclusion criteria and uploading information relating to the consultation as required
- The name of the most recent or usual prescriber and the estimated date of the most recent prescription or medical review, or evidence to show all reasonable steps were taken to by the pharmacist to obtain this information from the patient.
- Any information known to the pharmacist that is relevant to the patient's treatment
- Any clinical opinion reached by the pharmacist.
- Actions and management plan taken by the pharmacist
- Particulars of the hormonal contraception supplied to the patient (e.g. medication name, quantity, instructions etc.)
- Any referrals made to a medical practitioner or other healthcare professional
- Information or advice offered to the patient, such as counselling on side effects, how to take and what to do in the event of missed pills.

The pharmacist must share a copy of the record of the service with the patient and, if the patient consents, with the patient's usual treating medical practitioner or medical practice, where the patient has one.
The pharmacist must make a record in the pharmacy software and an IT system approved by the Victorian Department of Health, regarding the supply. This record must be made available to the Department on request.

Supplementary information

The supplementary information below provides additional guidance and information to Victorian pharmacists participating in the Community Pharmacist Program (the Program). It is intended to be used together with the guidelines and other resources referred to here to assist pharmacists in adhering to the management protocol and facilitate delivery of a safe and high-quality hormonal contraception resupply service to the community.

4. Assess patient needs

An assessment of the person's needs must be undertaken to determine whether resupply of hormonal contraception is safe and appropriate.

To determine whether resupply is safe and appropriate, pharmacists must understand the contraindications and precautions of the different hormonal contraceptives. Pharmacists can find further information in the Therapeutic Guidelines and the current versions of the Royal College of Obstetricians and Gynaecologists (RCOG) and the College of Sexual and Reproductive Healthcare (CoSRH) (previously known as FSRH) documentation, including:

- UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)
- FSRH Clinical Guideline: Combined Hormonal Contraception
- FSRH Clinical Guideline: Progestogen-only Pills
- FSRH Clinical Guideline: Progestogen-only Injectables

Check satisfaction with current hormonal contraceptive and offer contraceptive counselling to explore other options as appropriate, e.g. LARCs.

4.1 Sexual and reproductive health counselling

Young people

- Patients under 16 years of age are to be confidentially referred to a general practitioner or sexual health clinic
- Pharmacists should consider whether there may be child protection concerns relating to a request for contraception and report to Child Protection accordingly.
- 1800 My Options is a confidential and free phone line and online service providing information about contraception, pregnancy options and sexual health, and can support patients to find appropriate healthcare providers where necessary: https://www.1800myoptions.org.au/

Females aged 40 years and above

Age-related considerations may affect choice of contraception. For example, an increased likelihood of comorbidities may limit some treatment choices, or the patient may have conditions such as perimenopause where non-contraceptive effects of some hormonal contraceptives may be of benefit.

Ask patients aged 40 years or older if they have reviewed their choice of contraception with a medical practitioner (or other authorised prescribing health practitioner) with regard to age-related considerations. A referral may be appropriate to facilitate consideration of other contraceptive options.

The choice of contraceptive should be reviewed at age 50 and at menopause.

Working with Aboriginal and Torres Strait Islander people

Pharmacists must provide culturally safe, respectful, and collaborative care that supports the sexual and reproductive health of Aboriginal and Torres Strait Islander peoples. Access to care may be influenced by factors such as privacy concerns, community visibility and experiences of racism.

Pharmacists should ensure consultations occur in a private, comfortable and culturally safe space, take a holistic and person-centred approach, and allow adequate time for discussion. To support culturally safe practice, pharmacists providing this service are strongly encouraged to undertake face-to-face cultural safety training tailored to their specific work situation, to maintain and strengthen their capability.

With consent, all Aboriginal and Torres Strait Islander patients should be offered referral to an Aboriginal Community Controlled Health Organisation (ACCHO). A list of Victorian Aboriginal Community Controlled Health Organisation (VACCHO) member Aboriginal Community-Controlled Organisations (ACCOs) is available at: https://www.vaccho.org.au/members/.

For further information, refer to the *Victorian Aboriginal Sexual and Reproductive Health Plan 2022–30* and the *RACGP National Guide to Preventative Health Care for Aboriginal and Torres Strait Islander People*.

Sexual and domestic abuse

- Pharmacists must be aware of the possibility that a woman seeking contraception may be and/or have been subjected to sexual violence or abuse (assault or sexual and reproductive coercion), either within a relationship or outside of a relationship.
- If the pharmacist becomes aware of this during the consultation, they should provide appropriate and non-judgemental support and assistance, including referral to support options depending on the patient circumstances. Do not pressure the patient to disclose or take immediate action unless there is an immediate risk identified.
    - Referral options include to the local hospital, sexual health clinic and/or community-based sexual violence support services. Where appropriate, encourage counselling or GP services for follow up. A list of family violence statewide support services including confidential crisis support, information and counselling in Victoria is available at: https://www.vic.gov.au/family-violence-statewide-support-services
- If required, emergency contraception may be supplied as per standard pharmacy care, or the person may be referred to an appropriate medical practitioner or health service for another method of emergency contraception e.g. insertion of a copper intrauterine device.

Contraceptive options and information for transgender and non-binary people

- Pharmacists should ask clinical questions relevant to female reproductive anatomy (e.g. presence of uterus and ovaries), regardless of assumption of gender. Be aware of mental health impacts of possible gender discrimination, bias, and barriers to contraceptive access.
- Pharmacists should check that transgender (trans) and non-binary people requesting contraceptive care have been engaging with specialist sexual health services to ensure they receive comprehensive and culturally safe sexual health care that is tailored to their individual needs.
    - Sexual Health Victoria offers a range of sexual health services for the lesbian, gay, bisexual, transgender, intersex, queer, and asexual/aromantic community, with information available at https://shvic.org.au/for-you/lesbian-gay-bisexual-transgender-intersex-lgbti

4.2 Patient history

Sufficient information must be obtained from the patient to assess the safety and appropriateness of any recommendations and medicines, including resupply of the hormonal contraceptive, for the patient. Review MHR and previous consultation notes where available and appropriate.

Consider:

- Age
- Current medications (including prescribed medicines, vitamins, herbs, other supplements and over-the-counter medicines), including checking adherence and satisfaction with current hormonal contraception
    - To check adherence with current hormonal contraceptive, consider reviewing MHR or dispensing records to identify authorised prescribing health practitioner and/or dispensing history.
- Medication allergies/adverse effects, including any adverse effects of hormonal contraception
- Changes in bleeding patterns
- Pregnancy and breastfeeding status
- Underlying medical conditions, including new or recently diagnosed medical conditions, which may
    - be a contraindication, e.g. migraine with aura with combined hormonal contraception
    - impact on contraceptive effectiveness and choice
- Smoking status, including vaping (there is an increased VTE risk in smokers over 35 years)
- BP and BMI
- Last STI screen and CST*
- Presence of genitourinary symptoms that may suggest STI:
    - Changes in vaginal discharge
    - Urethral discharge
    - Vulval, genital skin problems or symptoms
    - Lower abdominal pain
    - Dysuria
    - Pain during sex
    - Unusual vaginal bleeding
- HPV vaccination status

* All patients seeking contraception who require an STI screen or have not had a CST in the previous 5 years should be advised to see a medical practitioner for follow-up, and a referral provided if the patient consents. They are still eligible for the hormonal contraceptive resupply service in the Program.

Sexual history

In addition to a standard patient history, pharmacists must also consider taking a brief sexual history from the patient to inform shared decision making and/or appropriateness of hormonal contraception resupply.

The following issues may be considered but may not be relevant to all people: previous use and experiences with contraception, current relationship status, and risk factors for STIs (including STI history of current and/or recent partner if applicable). STI screening is recommended for anyone who is sexually active, particularly those with new or multiple sexual partners, has had unprotected sex, or uncertain partner STI status, consistent with the Australian Government Department of Health and Aged Care guidance available at: https://health.gov.au/sti/testing

Guidance and information on how to take a sexual history is available at: https://sti.guidelines.org.au/sexual-history/

4.3 Examination

The pharmacist should measure or review changes in BP and weight and calculate BMI to determine the person's suitability for continuing their hormonal contraception where relevant (measurements recorded within the previous 12 months are acceptable.

Note that measurement and discussion of weight may be a sensitive topic for some individuals. Reassure the patient that review of weight and BMI are to identify those who would benefit from a review with a medical practitioner for further assessment and selection of a safe and appropriate contraceptive method, e.g. LARCs.

A single elevated BP reading is not enough to classify a person as hypertensive (e.g. also take into consideration activity immediately prior to consultation) and a second BP reading should be taken at the end of the consultation. If BP remains elevated, the patient should be referred to a medical practitioner for further assessment and selection of an appropriate contraceptive method.

Refer the person to GP when:

Pharmacists must refer patients to a medical practitioner (or other authorised prescribing health practitioner) in the following situations:

- The patient is younger than 16 or over 50 years of age
- The requested hormonal contraceptive is not on the protocol Medicines List
- The patient wants to start a new method of hormonal contraception
- The patient is not yet stabilised on their current hormonal contraceptive
- Has had a break of more than 2 weeks in the preceding 30 days of hormonal contraceptive usage, if the OCP or vaginal ring is their current form of hormonal contraceptive
    - If the patient has had a break of between 2 and 4 weeks in the preceding 30 days of hormonal contraceptive use, the pharmacist may supply one month of treatment only, and the patient must be referred for clinical review. Consider the need for emergency contraception and/or pregnancy testing prior to supply.
    - If the patient has had a break of more than 4 weeks in the preceding 30 days of hormonal contraceptive use, the patient is not eligible for resupply under this protocol and must be referred for review and guidance on restarting contraception.
- Depot medroxyprogesterone acetate injection delay: If it has been more than 14 weeks since the patient's last depot medroxyprogesterone injection, the patient is not eligible for resupply under this protocol and should be referred for review and guidance on restarting contraception.
- Requested hormonal contraceptive is now contraindicated or not appropriate. Considerations may include hypertension, BMI > 35, increased VTE risk that requires review, etc.
- Unexplained and un-investigated symptoms including: unexplained vaginal bleeding, severe or painful menstrual bleeding, irregular periods, amenorrhoea, or pain/discomfort with sexual intercourse
- Signs and symptoms of PCOS that have not been assessed by an appropriate healthcare provider
- Potentially pregnant
- STI screening or CST is indicated (although hormonal contraceptive may still be resupplied by the pharmacist)

5. Confirm hormonal contraception resupply and plan are appropriate

Pharmacists must consult the Therapeutic Guidelines, Australian Medicines Handbook and other relevant references to confirm the hormonal contraceptive is appropriate for the patient, including for:

- Contraindications and precautions
- Medication interactions
- Possible pregnancy or lactation

5.1 Excluding pregnancy

If the patient has been using the hormonal contraception consistently and reliably, they can be reasonably assumed not to be pregnant.

However, if the patient has not been using the method reliably and consistently and has had unprotected sex, then there is a risk of pregnancy. Pharmacists should take all reasonable steps and assessment to exclude pregnancy before resupply of hormonal contraception. Otherwise, the patient should be referred to a medical practitioner (or other authorised prescribing health practitioner) for assessment, pregnancy testing, and advice regarding ongoing contraception.

Note that pregnancy tests can give a false negative result if unprotected sex was less than 21 days earlier.

6. Medicines list

The Program authorises the resupply of four types of hormonal contraception: the combined oral contraceptive pill (COCP), progestogen only pill (POP or mini pill), combined hormonal contraceptive vaginal ring, and depot medroxyprogesterone injection, specifically those that are listed in the tables below.

Combined oral contraceptive pills (COCP)

Estrogen dose (micrograms)	Progestogen dose (micrograms)	Brand name examples
Monophasic oral formulations: low-dose estrogen		
ethinylestradiol 20 [NB1]	levonorgestrel 100	Femme-Tab ED 20/100, Loette, Microgynon 20 ED, Micronelle 20 ED
	drospirenone 3000	Bella, Brooke, Rosie, Yana, Yaz
estradiol 1500	nomegestrol 2500	Zoely
Monophasic oral formulations: standard-dose estrogen		
ethinylestradiol 30 [NB1]	levonorgestrel 150	Eleanor 150/30 ED, Evelyn 150/30 ED, Femme-Tab ED 30/150, Lenest 30 ED, Leveth 150/30 ED, Levlen ED, Microgynon 30 ED, Micronelle 30 ED, Monofeme Seasonique [NB2]
	desogestrel 150	Madeline, Marvelon
	dienogest 2000	Valette
	drospirenone 3000	Brooklynn, Isabelle, Petibelle, Rosalee, Yasmin, Yelena
	gestodene 75	Minulet
ethinylestradiol 35	cyproterone 2000	Diane-35 ED, Estelle-35 ED, Juliet-35 ED, Brenda-35 ED
	norethisterone 500	Brevinor, Norimin
	norethisterone 1000	Brevinor-1, Norimin-1, Pirmella
estetrol 14200 (14.2 mg)	drospirenone 3000	Nextstellis
Triphasic: low or standard dose estrogen		
Phase 1 (6 pills): ethinylestradiol 30 + levonorgestrel 50 Phase 2 (5 pills): ethinylestradiol 40 + levonorgestrel 75 Phase 3 (10 pills): ethinylestradiol 30 + levonorgestrel 125		Logynon ED, Trifeme, Triphasil, Triquilar ED
Quadriphasic: low or standard dose estrogen		
Phase 1 (2 pills): estradiol valerate 3000 alone Phase 2 (5 pills): estradiol valerate 2000 + dienogest 2000 Phase 3 (17 pills): estradiol valerate 2000 + dienogest 3000 Phase 4 (2 pills): estradiol valerate 1000 alone		Qlaira

*NB1: First-line choice of COCP is a monophasic formulation containing ethinylestradiol (20 or 30 micrograms) and levonorgestrel (Therapeutic Guidelines).

*NB2: Seasonique is packaged with 84 pills containing ethinylestradiol+levonorgestrel 30+150 micrograms, and 7 pills containing ethinylestradiol 10 micrograms.

Progestogen only pills (POP) oral contraception

Progestogen dose	Brand name examples
Levonorgestrel 30 micrograms	Microlut
Norethisterone 350 micrograms	Noriday
Drospirenone 4 mg	Slinda

Combined hormonal contraceptive vaginal ring

Progestogen dose	Estrogen dose	Brand name examples
Etonogestrel 11.7 mg (120 microg/24 hours)	Ethinylestradiol 2.7 mg (15 microg/24 hours)	NuvaRing

Depot medroxyprogesterone injection

Progestogen dose	Brand name examples
Medroxyprogesterone 150 mg/mL	Depo-Provera, Depo-Ralovera

The following hormonal contraceptives have been excluded from the Program:

- COCPs with a high estrogen dose (50 micrograms of ethinylestradiol or equivalent) - not routinely recommended for contraception due to unacceptable risk of VTE
- Etonogestrel subdermal contraceptive implant
- Levonorgestrel-releasing intrauterine contraceptive devices

7. Communicate agreed plan for hormonal contraception resupply

Offering comprehensive counselling that covers adverse effects, instructions for use and patient expectations where this is required assists to promote effective and ongoing contraceptive use.

Comprehensive advice and counselling (including supporting written information when required) as per the Therapeutic Guidelines, Australian Medicines Handbook, UKMEC, and other relevant references, should be provided to the patient regarding:

- Individual product and medicine use,
- Managing deviations from the intended schedule of their contraceptive method e.g., missed pills/administration and emergency contraception options available if required
- How to manage adverse effects
- When to seek further care and/or treatment
  - The signs of VTE and what to do if it is suspected
  - The importance of reporting new or worsening mood-related symptoms to the pharmacist and usual medical practitioner

7.1 General advice

Patient resources

Where appropriate, individuals may be provided with additional resources to support sexual health. It is the pharmacist's responsibility to ensure the suitability and accuracy of any resources provided, and to ensure compliance with all copyright conditions.

Factsheets and other information suitable for patients on hormonal contraceptives and sexual health include:

- The Victorian Government's Better Health Channel information on 'Contraception - choices', 'Safe sex' and 'Emergency contraception':
  - https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-choices
  - https://www.betterhealth.vic.gov.au/health/healthyliving/safe-sex
  - https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-emergency-contraception

- Sexual Health Victoria (formerly Family Planning Victoria):
  - Reproductive & Sexual Health Clinics, Education and Advocacy (shvic.org.au)

- 1800 My Options helpline and website:
  - Provides information about contraception, pregnancy options and sexual health in Victoria. Phone:1800 696 784, open 9am to 5pm Mon to Fri. https://www.1800myoptions.org.au/

8. Follow up

Pharmacists should advise the patient that they can seek a resupply of their hormonal contraceptive at the pharmacy when they next need a replacement pack or injection.

It is recommended that the patient's BP should be monitored at 12 monthly intervals (where clinically relevant).

Patients are required to review their hormonal contraception with their GP or authorised prescribing health practitioner at least every 2 years.

9. Resources for pharmacists

Therapeutic Guidelines: Sexual and Reproductive Health [digital]

Australian Medicines Handbook: Drugs for contraception

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. The UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) 2016 (Amended September 2019). London: FSRH; 2019 [cited 26 Mar 2025]. Available from: https://www.fsrh.org/Public/Standards-and-Guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec.aspx

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Combined Hormonal Contraception (January 2019, amended October 2023). London: FSRH; 2023 [cited 26 Mar 2025]. Available from: https://www.fsrh.org/Public/Documents/fsrh-guideline-combined-hormonal-contraception.aspx

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Progestogen-only Pills (August 2022, amended July 2023). London: FSRH; 2023 [cited 26 Mar 2025]. Available from: https://www.cosrh.org/Public/Documents/ceu-guideline-progestogen-only-pills.aspx

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Progestogen-only Injectables (December 2024, amended July 2023). London: FSRH; 2023 [cited 26 Nov 2025]. Available from: https://www.fsrh.org/Public/Documents/fsrh-ceu-guidance-progestogen-only-injectables.aspx

Pharmaceutical Society of Australia Women's Sexual and Reproductive Health: Women's sexual and reproductive health (psa.org.au)

Mason E, Black K. Update on long- and short-acting contraceptive methods. Aust Prescr 2025;48:72-81. https://doi.org/10.18773/austprescr.2025.023

Professional Practice Standards 2023
https://www.psa.org.au/practice-support-industry/pps/

Patient Information

Better Health Channel 'Oral contraceptive pills':
https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-choices#oral-contraceptive-pills

Better Health Channel 'Contraceptive - injections':
https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-injections-for-women

Better Health Channel 'Contraception - vaginal ring':
https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-vaginal-ring

Better Health Channel ‘Safe sex’:
https://www.betterhealth.vic.gov.au/health/healthyliving/safe-sex

Sexual Health Victoria:
Reproductive & Sexual Health Clinics, Education and Advocacy (shvic.org.au)

Melbourne Sexual Health Centre: expert sexual health information, advice, testing, treatment and support
https://www.mshc.org.au/

1800 My Options: information about contraception, pregnancy options and sexual health in Victoria
https://www.1800myoptions.org.au/
ph:1800 696 784, Open 9am to 5pm Mon to Fri

Jean Hailes contraception fact sheet:
https://www.jeanhailes.org.au/resources/fact-sheets/contraception