

## STANDING ORDER FOR REPRODUCTIVE HEALTH: CONTRACEPTION, EMERGENCY CONTRACEPTION, AND PREGNANCY TESTS

### I. PURPOSE

This standing order is intended to ensure that Illinois residents can easily access self-administered contraceptive methods, emergency contraception, and pregnancy tests at their local pharmacy to help with family planning and reduce unintended pregnancy.

### II. AUTHORITY AND SCOPE

This standing order has been issued by the Department of Public Health to allow pharmacists licensed in the State of Illinois to dispense the following products as described:

1. **Prescription Contraception:** Dispense no more than a 12-month supply, including prescription emergency contraception, after participating in training and obtaining a patient screening pursuant to the Pharmacy Practice Act, 225 ILCS 85 ("PPA").
2. **Over the Counter (OTC) Products:** Dispense, without the need for additional training or screening, the following: over-the-counter levonorgestrel-based emergency contraception pills, over-the-counter progestin-only contraceptive pills, condoms, and pregnancy tests.

Organizations with a medical staff or other health care providers may rely on those medical professionals to write prescriptions or issue standing orders specific to the personnel who would be expected to administer or dispense contraceptive methods within or through those organizations. Terms used herein, but not defined, have the same meaning given to them in the PPA.

### III. REQUIRED TRAINING FOR PHARMACISTS DISPENSING PRESCRIPTION CONTRACEPTION UNDER THIS STANDING ORDER

Pharmacists who plan to dispense prescription contraception, under this standing order are required to complete training related to patient self-screening risk assessment, patient assessment, contraceptive counseling and education, and dispensation of contraceptives, including prescription emergency contraception. The training must be accredited by the Accreditation Council for Pharmacy Education (ACPE) and approved by the Illinois Department of Financial and Professional Regulation. Approved trainings can be found at <https://dph.illinois.gov/topics-services/life-stages-populations/womens-health-services.html>.

Pharmacists will be required to maintain proof of training and maintain all application licensure requirements pursuant to applicable state laws and regulations.

This training is not required for dispensation of over-the-counter contraceptives, over the counter emergency contraceptives, condoms, or pregnancy tests.

#### **IV. DISPENSING AND COUNSELING PROTOCOL FOR PRESCRIPTION CONTRACEPTIVES**

Pharmacists who dispense prescription contraceptives and prescription emergency contraception under this standing order shall do the following:

- a. Comply with the most current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use as adopted by the U.S. Centers for Disease Control and Prevention (CDC).<sup>1</sup>
- b. Have the patient complete the self-screening risk assessment tool, which is based on the most current version of the United States Medical Eligibility Criteria for Contraceptive Use published by the federal Centers for Disease Control and Prevention. The required self-screening risk assessment tool and the United States Medical Eligibility Criteria for Contraceptive Use Summary Chart can be found attached to this standing order.
- c. Refer a patient to their physician or another health care provider using their professional and clinical judgment when needed, based upon the results of the self-screening risk assessment and patient assessment.
  - i. In such cases, the patient should be given a copy of the encounter and the reason why the contraception could not be prescribed.
- d. Provide counseling and education about all methods of contraception, including methods not covered under this standing order, and their proper use and effectiveness.
  - i. Educational material and counseling should include information on long-acting and reversible contraceptives and prevention of sexually transmitted diseases, and the importance of seeing the patient's primary care provider or reproductive health care provider at least annually to obtain medically appropriate recommended tests and screenings.
- e. Provide patient consultation and counseling in a confidential manner that ensures patient privacy.
- f. Maintain appropriate records as follows:
  - i. Pharmacist training records under this standing order shall be maintained by the pharmacist indefinitely for onsite inspection.
  - ii. The following records shall be maintained in a separate, confidential, and secure patient file on the pharmacy's premises for a period of 5 years:
    1. Completed patient self-assessment
    2. Counseling and educational documentation
    3. Referrals to healthcare providers
  - iii. All files may be paper records or electronic records.

If the pharmacist determines that it is safe to dispense prescription contraception to the patient, the pharmacist has authority to do so. The only prescription contraceptives, including prescription emergency contraception, that may be dispensed under this standing order are those self-administered orally, transdermally (e.g., patch), vaginally (e.g., vaginal ring), topically (e.g., vaginal gel), and via injection, each of which must be approved by the United States Food and Drug Administration. The pharmacist may dispense up to 12 months of a self-administered prescription contraceptive.

The pharmacist may also dispense prescription internal condoms under this standing order without additional training or the patient self-screening risk assessment tool required.

**V. DISPENSING OF FDA-APPROVED, OVER-THE-COUNTER REPRODUCTIVE HEALTH PRODUCTS**

Over-the-counter reproductive health products, including but not limited to: over-the-counter levonorgestrel-based emergency contraception pills, over-the-counter progestin-only contraceptive pills, condoms, and at-home, urine-based pregnancy tests, may be dispensed pursuant to this Standing Order. No pharmacist training or additional screening is required to dispense FDA-approved, over the counter reproductive health products referenced in this section.

**VI. REVIEW**

This standing order will be reviewed annually and may be updated if there is relevant new science about contraceptive methods or administration as necessary.

*Sameer Vohra*

06/24/2026

\_\_\_\_\_  
**Physician's Signature**

**Date**

Sameer Vohra MD, JD, MA

\_\_\_\_\_  
**Physician's Name (Print)**

License No.: 036135164

NPI No.: 1841585783

Effective Date: June 24, 2026

Expiration Date: June 23, 2027

## APPENDIX

Appendix A: Job Aid: Pharmacist Dispensed Contraception in Illinois

Appendix B: Standard Procedures Algorithm for Illinois RPh Dispensing of Contraceptives

Appendix C: Contraceptive Self-Screening Questionnaire

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

Appendix E: Approved Training Options for Pharmacists Dispensing Prescription Contraception

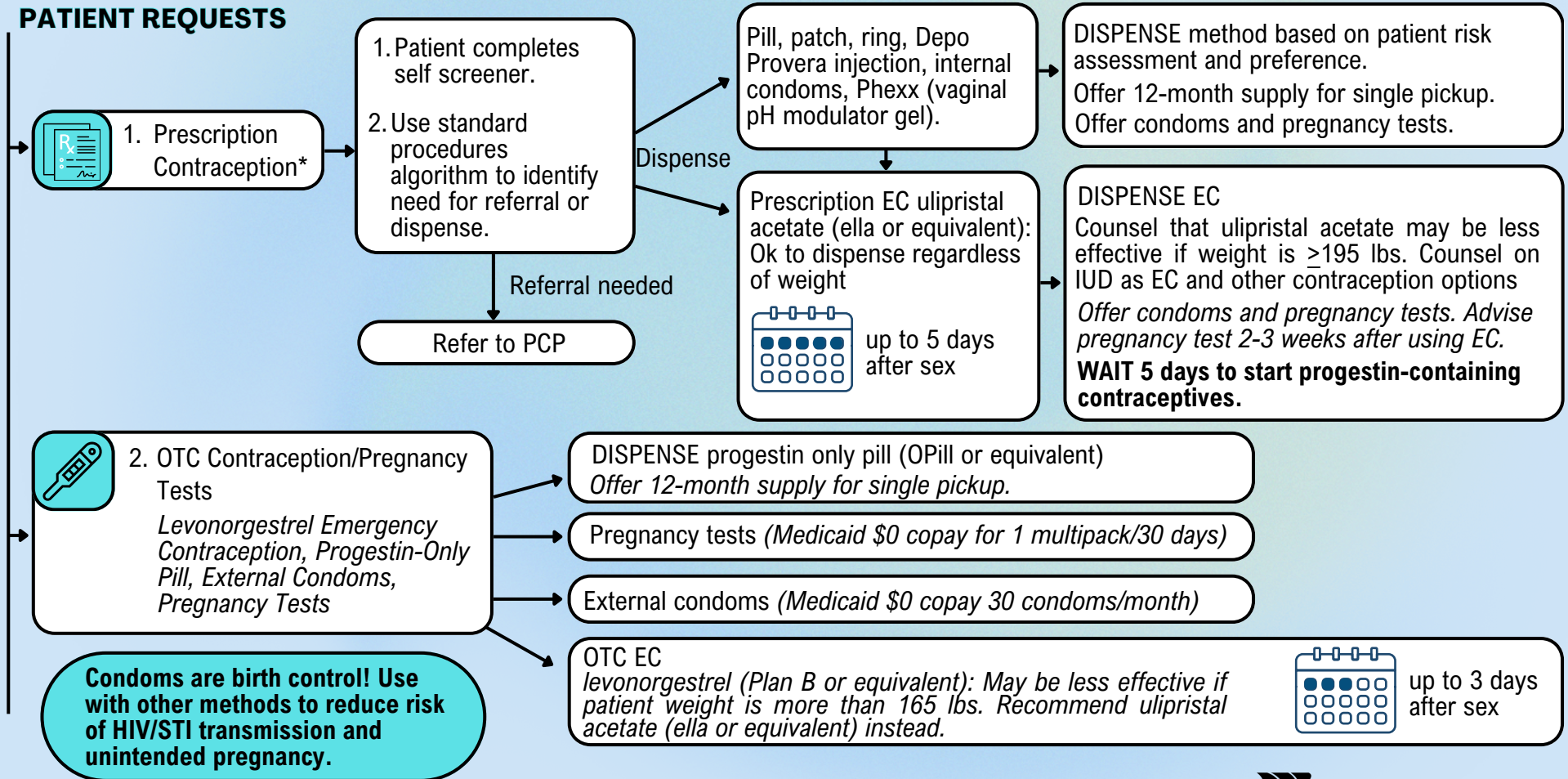
# JOB AID: PHARMACIST DISPENSED CONTRACEPTION IN ILLINOIS



- \* Keep and use this guidewhen dispensing prescription contraception, including emergency contraception (EC), over the counter (OTC) contraception, and pregnancy tests.
- \* All methods, including OTC medication, condoms, and pregnancy tests, are covered by Medicaid. Private insurance coverage will vary.



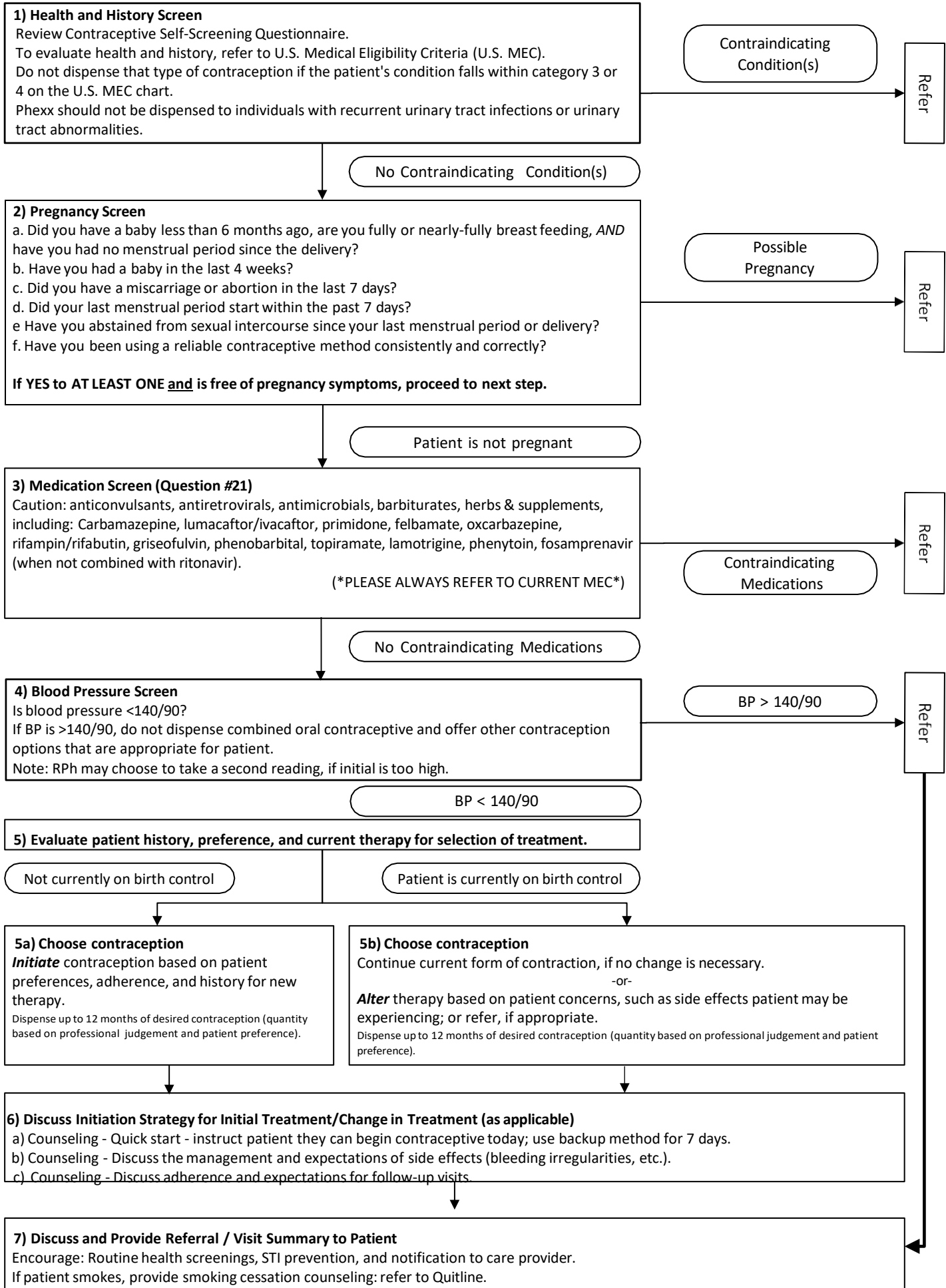
## PATIENT REQUESTS



\* Must complete approved training on IDPH website to be able to dispense prescription methods.

\* Not medical or legal advice. Brand names used herein for clarity and do not indicate preference. Use professional judgment to refer patient to primary or gynecological provider if needed.

# STANDARD PROCEDURES ALGORITHM FOR ILLINOIS RPH DISPENSING OF CONTRACEPTIVES



## Contraceptive Self-Screening Questionnaire (form updated May 2026)

Name \_\_\_\_\_ Health Care Provider's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Do you have health insurance? Yes / No

What was the date of your last women's health clinic visit? \_\_\_\_\_

Any allergies to medications? Yes / No If yes, list them here: \_\_\_\_\_

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

- Pill you take each day  
  Patch that you change weekly  
  Vaginal ring that you change monthly  
 Other (circle: injectable, gel, or need emergency contraception)

**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? Have you previously had contraceptives prescribed to you by a pharmacist?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 21 days? If yes, how long ago?	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 have 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 frequent or recurrent urinary tract infections or have urinary tract abnormalities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	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:	
22	Will you be immobile for a long period? (e.g. flying on a long airplane trip, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Internal use only*

verified DOB with valid photo ID

BP Reading \_\_\_\_/\_\_\_\_

Pharmacist Name \_\_\_\_\_ Pharmacist Signature \_\_\_\_\_

Drug Dispensed \_\_\_\_\_ Rx# \_\_\_\_\_ -or-  Patient Referred (indicate reason in notes)

Sig: \_\_\_\_\_

Pharmacy Phone \_\_\_\_\_ Address \_\_\_\_\_

Notes: \_\_\_\_\_



# Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)



Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a. Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
	b. Elevated blood pressure levels (properly taken measurements)												
	i. Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*	
	ii. Systolic ≥160 or diastolic ≥100 <sup>†</sup>	1*		2*		2*		3*		2*		4*	
Inflammatory bowel disease (ulcerative colitis or Crohn's disease)		1		1		1		2		2		2/3*	
	c. Vascular disease	1*		2*		2*		3*		2*		4*	
Ischemic heart disease <sup>‡</sup>	Current and history of	1	2	3	2	3	3	2	3	4			
Liver tumors	a. Benign												
	i. Focal nodular hyperplasia	1		2		2		2		2		2	
	ii. Hepatocellular adenoma <sup>‡</sup>	1		2		2		3		2		4	
Malignant <sup>‡</sup> (hepatocellular carcinoma)		1		3		3		3		3		4	
		1		1		1		1		1		1	
Malaria		1		1		1		1		1		1	
Multiple risk factors for atherosclerotic cardiovascular disease (e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)		1		2		2*		3*		2*		3/4*	
Multiple sclerosis	a. Without prolonged immobility	1		1		1		2		1		1	
	b. With prolonged immobility	1		1		1		2		1		3	
Obesity	a. Body mass index (BMI) ≥30 kg/m <sup>2</sup>	1		1		1		1		1		2*	
	b. Menarche to <18 years and BMI ≥30 kg/m <sup>2</sup>	1		1		1		2		1		2*	
Ovarian cancer <sup>‡</sup>		1		1		1		1		1		1	
Parity	a. Nulliparous	2		2		1		1		1		1	
	b. Parous	1		1		1		1		1		1	
Past ectopic pregnancy		1		1		1		1		2		1	
Pelvic inflammatory disease	a. Current	4	2*	4	2*	1		1		1		1	
	b. Past												
	i. With subsequent pregnancy	1	1	1	1	1		1		1		1	
ii. Without subsequent pregnancy	2	2	2	2	1		1		1		1		
Peripartum cardiomyopathy <sup>‡</sup>	a. Normal or mildly impaired cardiac function												
	i. <6 months	2		2		1		2		1		4	
	ii. ≥6 months	2		2		1		2		1		3	
b. Moderately or severely impaired cardiac function	2		2		2		3		2		4		
Postabortion (spontaneous or induced)	a. First trimester abortion												
	i. Procedural (surgical)	1*		1*		1*		1*		1*		1*	
	ii. Medication	1*		1*		1*		1/2*		1*		1*	
	iii. Spontaneous abortion with no intervention	1*		1*		1*		1*		1*		1*	
	b. Second trimester abortion												
	i. Procedural (surgical)	2*		2*		1*		1*		1*		1*	
	ii. Medication	2*		2*		1*		1*		1*		1*	
iii. Spontaneous abortion with no intervention	2*		2*		1*		1*		1*		1*		
c. Immediate postseptic abortion	4		4		1*		1*		1*		1*		
Postpartum (nonbreastfeeding)	a. <21 days					1		2		1		4	
	b. 21 days to 42 days												
	i. With other risk factors for VTE					1		2		1		3*	
	ii. Without other risk factors for VTE					1		1		1		2	
c. >42 days					1		1		1		1		
Postpartum (including cesarean delivery, breastfeeding, or nonbreastfeeding)	a. <10 minutes after delivery of the placenta	2*		2*									
	b. 10 minutes after delivery of the placenta to <4 weeks	2*		2*									
	c. ≥4 weeks	1*		1*									
	d. Postpartum sepsis	4		4									
Pregnancy			4*		4*		NA*		NA*		NA*		NA*

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Rheumatoid arthritis	a. Not on immunosuppressive therapy	1		1		1		2		1		2	
	b. On immunosuppressive therapy	2	1	2	1	1		2/3*		1		2	
Schistosomiasis	a. Uncomplicated	1		1		1		1		1		1	
	b. Fibrosis of the liver <sup>‡</sup> (if severe, see also Cirrhosis)	1		1		1		1		1		1	
Sexually transmitted infections (STIs)	a. Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2*	4	2*	1		1		1		1	
	b. Vaginitis (including Trichomonas vaginalis and bacterial vaginosis)	2	2	2	2	1		1		1		1	
	c. Other factors related to STIs	2*	2	2*	2	1		1		1		1	
Sickle cell disease <sup>‡</sup>		2		1		1		2/3*		1		4	
Smoking	a. Age <35	1		1		1		1		1		2	
	b. Age ≥35, <15 cigarettes/day	1		1		1		1		1		3	
	c. Age ≥35, ≥15 cigarettes/day	1		1		1		1		1		4	
Solid organ transplantation <sup>‡</sup>	a. No graft failure	1	1	1	1	2		2/3*		2		2*	
	b. Graft failure	2	1	2	1	2		2/3*		2		4	
Stroke <sup>‡</sup>	History of cerebrovascular accident	1		2		2	3	3		2	3	4	
Superficial venous disorders	a. Varicose veins	1		1		1		1		1		1	
	b. Superficial venous thrombosis (acute or history)	1		1		1		2		1		3*	
Surgery	a. Minor surgery without immobilization	1		1		1		1		1		1	
	b. Major surgery												
	i. Without prolonged immobilization	1		1		1		1		1		2	
ii. With prolonged immobilization	1		1		1		2		1		4		
Systemic lupus erythematosus <sup>‡</sup>	a. Positive (or unknown) antiphospholipid antibodies	1*	1*	2*		2*		3*	3*	2*		4*	
	b. Severe thrombocytopenia	3*	2*	2*		2*		3*	2*	2*		2*	
	c. Immunosuppressive therapy	2*	1*	2*		2*		2*	2*	2*		2*	
	d. None of the above	1*	1*	2*		2*		2*	2*	2*		2*	
Thalassemia		2		1		1		1		1		1	
Thrombophilia <sup>‡</sup>		1*		2*		2*		3*		2*		4*	
Thyroid disorders	Simple goiter, hyperthyroid, or hypothyroid	1		1		1		1		1		1	
Tuberculosis <sup>‡</sup> (see also Drug Interactions)	a. Nonpelvic	1	1	1	1	1*		1*		1*		1*	
	b. Pelvic	4	3	4	3	1*		1*		1*		1*	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	4*	2*	4*	2*	3*		3*		2*		2*	
Uterine fibroids		2		2		1		1		1		1	
Valvular heart disease	a. Uncomplicated	1		1		1		1		1		2	
	b. Complicated <sup>‡</sup>	1		1		1		2		1		4	
Vaginal bleeding patterns	a. Irregular pattern without heavy bleeding	1		1		2		2		2		1	
	b. Heavy or prolonged bleeding	2*		1*		2*		2*		2*		1*	
Viral hepatitis	a. Acute or flare	1		1		1		1		1		3/4*	2
	b. Chronic	1		1		1		1		1		1	1
<b>Drug Interactions</b>													
Antiretrovirals (ARVs) used for prevention (PrEP) or treatment of HIV <sup>‡</sup>	Fosamprenavir (FPV)	1/2*	1*	1/2*	1*	2*		2*		2*		2*	3*
	All other ARVs are 1 or 2 for all methods												
Anticonvulsant therapy	a. Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1		1		2*		1*		3*		3*	
	b. Lamotrigine	1		1		1		1		1		3*	
Antimicrobial therapy	a. Broad-spectrum antibiotics	1		1		1		1		1		1	
	b. Antifungals	1		1		1		1		1		1	
	c. Antiparasitics	1		1		1		1		1		1	
	d. Rifampin or rifabutin therapy	1		1		2*		1*		3*		3*	
SSRIs		1		1		1		1		1		1	
St. John's wort		1		1		2		1		2		2	

APPROVED TRAINING OPTIONS FOR PHARMACISTS DISPENSING PRESCRIPTION  
CONTRACEPTION UNDER IDPH STANDING ORDER

Oregon State University - Illinois Comprehensive Contraceptive Education for the Pharmacist

- Available here: [https://oregon-state-pharmacy-  
ce.catalog.instructure.com/browse/illinois/courses/illinois-contraceptive-education](https://oregon-state-pharmacy-<br/>ce.catalog.instructure.com/browse/illinois/courses/illinois-contraceptive-education)

Birth Control Pharmacist - Illinois Pharmacist Contraception Services Training

- Available here: <https://birthcontrolpharmacist.com/course/il/>

American Pharmacists Association - Increasing Access to Hormonal Contraceptive Products

- Available here: [https://www.pharmacist.com/Education/Advanced-Training/Hormonal-  
Contraceptive-Products](https://www.pharmacist.com/Education/Advanced-Training/Hormonal-<br/>Contraceptive-Products)