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**REPORT TO LEGISLATURE ON COVERAGE FOR CERTAIN OVER THE
COUNTER ORAL AND EMERGENCY CONTRACEPTIVES
WITHOUT A PRESCRIPTION
2018 ACT 138**

**DELIVERED TO HOUSE HEALTH CARE, SENATE HEALTH AND
WELFARE AND SENATE FINANCE COMMITTEES**

JANUARY 8, 2019

INTRODUCTION

During the 2018 Legislative Session, Act 138 was passed and signed by the Governor. Section 2(a) of Act 138 stated: Each health insurer offering qualified health benefit plans through the Vermont Health Benefit Exchange shall, in consultation with its pharmacy benefit manager, if any, determine how to provide coverage for over-the-counter oral contraceptives and over-the-counter emergency contraceptives in its Exchange and non-Exchange plans without requiring a prescription and without imposing cost-sharing requirements.

MVP ACTIONS

In beginning discussions with its pharmacy benefit manager (PBM), CVS/Caremark, as to how this could be done, MVP contacted Planned Parenthood of Northern New England, the proponent of the bill, to ask about the names of such over-the-counter (OTC) non-emergency oral contraceptives. We were told there are currently none on the market and none under review by the federal drug administration (FDA). MVP's literature search revealed there are one and possibly two companies studying their products for a possible conversion, but an application is not expected to be filed with the FDA until sometime in 2019 at the earliest. The FDA normally takes upwards of a year to review such applications, so a non-emergency oral contraceptive is not expected to be available OTC until sometime in 2020, again, at the earliest.

MVP currently covers OTC *emergency* oral contraceptives with a prescription. MVP was able to identify a system workaround that could be used to pay for *emergency* oral contraceptives without a prescription. Testing and a system work around would need to be done before any implementation. MVP is able to do this without any member cost sharing.

Once an OTC *non-emergency* oral contraceptive is approved by the FDA, MVP and CVS/Caremark would need the name(s) of the OTC oral contraceptive(s) and would need lead time to make system adjustments, and test and implement a work around. MVP will be able to do this without any member cost sharing.

Determining what impact this change would have on premiums is difficult at this time. Any accurate actuarial projection would need to have the cost of the OTC non-emergency oral contraceptives, which there are none approved at this time. However, MVP's general sense is this would not have a material impact on premiums. Once an OTC non-emergency oral contraceptive is approved, MVP will be able to do an actuarial analysis.