

## 12-Month Supply of Contraceptives Backgrounder

The Affordable Care Act has established that health insurance plans must assure affordable access to contraceptive products through private insurance coverage. Plans must cover contraceptive methods and counseling for all women, as prescribed by a health care provider. Plans must cover the services without charging a copayment or coinsurance when they are provided by an in-network provider. Covered contraceptive methods include all Food and Drug Administration-approved contraceptive barrier methods, hormonal methods, implanted devices, emergency contraception, sterilization procedures, as well as patient education and counseling. Health plans have been complying with these requirements and covering contraceptive services as required under the ACA. Yet nothing supports or requires 12-month prescription dispensing.

### 12-Month Supplies of Contraceptives Could Compromise Patient Safety and Efficacy

- ✓ As with all prescription drugs, there is an inherent risk to any long-term use of medication. Side effects and improper use of prescription drugs have a serious and potential life-threatening impact on a patient, which is why it is recommended that consumers confer regularly with their prescribing physician, pharmacist, or other health care provider. Health plans have established protocols with health professionals to help manage these outcomes, including the establishment of a 90-day limit on mail order prescriptions.
- ✓ A one-year dispensing requirement raises concerns with the overall efficacy of a medication that may not be properly stored for a year. This is why, within the private market, health plans strongly advocate that consumers who are on maintenance medications, such as contraceptives, consider the option of a 90-day supply with an auto-refill. In this way, three months of the prescription are dispensed, which helps to avoid the concerns resulting in long-term storage of medications.

### 12-Month Supplies of Contraceptives Could Lead to Waste, Fraud, Abuse, and Increased Costs

- ✓ It is common for patients to switch drug regimens, especially when first prescribed to a new medication. If a patient obtains a 12-month supply of contraceptives and switches dosage or medication or stops taking it after three months, then nine months of medication has been wasted. The medication may not be appropriately disposed of or destroyed, which could lead to fraud and abuse. Health plans would also be required to cover the cost of a new medication, which would lead to higher costs for all consumers
- ✓ In March 2016, the New Jersey Pension and Health Benefits Review Commission recommended that legislators not enact a bill mandating coverage for dispensing a 12-month supply of contraceptives, finding that the bill may generate waste and that a plan participant could terminate coverage prior to the end of a 12 month prescription period.

### 90-Day Supplies of Contraceptives Provide Easy Access to Patients, While Minimizing Travel Burdens

- ✓ Before the 90-day supply is exhausted, a refill can be delivered to the home of the individual, thus maintaining adherence while easing the need to travel to a pharmacy or

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other location to obtain the medication. Since copays are eliminated under the Affordable Care Act, this can ease the strain of access and cost of this medication while meeting the health needs of the insured.