



NORTH CAROLINA MEDICAID – COVERAGE OF PLAN B[®]

PROPOSAL

North Carolina's Medicaid and "Be Smart" Family Planning Waiver programs should cover over-the-counter (OTC) Plan B[®] without requiring women 18 and over to obtain a prescription.

Plan B[®] is a form of birth control and is a way to prevent pregnancy after unprotected or unwanted sex.

PRECEDENT

As of July 2007, eight states—Hawaii, Illinois, Maryland, New Jersey, New York, Oklahoma, Oregon, and Washington—have already changed their Medicaid policies in order to cover OTC Plan B[®] without a prescription for women over the age of 18.

The majority of these 8 states simply created a new billing procedure that allowed pharmacists to enter a new prescriber ID number (indicating the sale of OTC Plan B[®]) in lieu of the old prescriber's DEA number.¹

CURRENT NORTH CAROLINA MEDICAID POLICY

In August 2006, the FDA approved Plan B[®] for over-the-counter sale without a prescription for women age 18 and older. Women under the age of 18 must still have a prescription to obtain Plan B[®].

NC Medicaid and the "Be Smart" Family Planning Waiver currently cover both prescription Plan B[®] (for women under the age of 18) and OTC Plan B[®] (for women over the age of 18). However, NC Medicaid billing procedures require a pharmacist to submit a prescription for all OTC drugs, including Plan B[®], in order to be reimbursed.²

In order to get coverage of OTC Plan B[®] all NC women on Medicaid are forced to either (1) obtain a prescription from their doctor – a timely barrier as waiting even a few hours let alone days can decrease the effectiveness of Plan B[®], or (2) pay out-of-pocket – a cost-prohibitive barrier as Plan B[®] retails from \$40 - \$80.

¹ "Expanding Medicaid Coverage for EC on the State Level," National Institute for Reproductive Health, June 2007.

² "North Carolina Medicaid Pharmacy Newsletter," Published by EDS, Number 142, January 2007.



Furthermore, NC Medicaid still classifies the entire dual-label Plan B[®] as a legend drug, which means OTC Plan B[®] is not on Medicaid's list of covered OTC drugs (General Clinical Policy No.A-2).³ NC Medicaid's classification of Plan B[®] is inconsistent with FDA ruling and creates additional confusion for Medicaid recipients seeking information on covered drugs.

RATIONALE FOR CHANGE

1. The effectiveness of Plan B is time-sensitive.

- According to the State Center for Health Statistics women on Medicaid are more likely to report an unintended pregnancy (62.4%) than women not on Medicaid (29.4%).⁴
- Plan B[®] can greatly reduce the number of unintended pregnancies and is more effective the earlier it is taken. Requiring women 18 years of age and older on Medicaid to first get a doctor's prescription creates an additional barrier that reduces the effectiveness of Plan B[®].

2. Long-term Cost Savings.

- Every \$1 spent on family planning services (which includes Plan B[®]) saves the federal and state governments \$3 in Medicaid costs for prenatal and newborn care.⁵
- The cost of a Medicaid-funded birth in North Carolina is \$8,753 – which includes the cost of prenatal care, delivery, postpartum care, and one year of medical care for the infant.⁶

3. Medicaid is a critical source of insurance coverage for NC women of reproductive age.

- In 2004-2005, 12%, or 220,000, of North Carolina women of reproductive age (18-44) relied on Medicaid for health insurance, including contraceptive and other vital reproductive services.⁷
- Since January, 2006 there has been an average of 117 Plan B[®] claims per month by women on Medicaid, which represents a real demand for safe and effective emergency contraception.⁸

4. Parity in treatment between Medicaid recipients and the general population.

- Forcing women 18 and over who are covered by NC Medicaid and the “Be Smart” Family Planning Waiver to see a doctor for a Plan B[®] prescription denies them the benefits of non-prescription status and places an additional burden on them that non-Medicaid women no longer experience.

³ “Over-the-Counter Medications,” Division of Medical Assistance, General Clinical Policy No. A-2, Revised Date: May 1, 2007.

⁴ Gross, Kevin H., “Unintended Pregnancies in North Carolina: Results from the North Carolina PRAMS Survey,” Department of Health and Human Services, State Center for Health Statistics, No. 136, November 2002.

⁵ “Contraception Counts,” The Alan Guttmacher Institute, March 2002, available at: http://www.guttmacher.org/pubs/state_data/states/north_carolina.pdf

⁶ Frost, Jennifer J., Sonfield, Adam, and Rachel Benson Gold, “Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services,” The Alan Guttmacher Institute, Occasional Report No. 28, August 2006, available at: <http://www.guttmacher.org/pubs/2006/08/16/or28.pdf>

⁷ “More Reproductive-Age Women Covered by Medicaid – But More Are Also Uninsured,” The Alan Guttmacher Institute, Guttmacher Policy Review, Winter 2007, Volume 10, Number 1, available at: <http://www.guttmacher.org/pubs/gpr/10/1/gpr100124.html>

⁸ Plan B[®] data for NC Medicaid and “Be Smart” Family Planning Waiver provided by NC Department of Health and Human Services, Division of Medical Assistance, June 28, 2007.