

3/10/16 Anne Burmeister.

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Subject: CDC Rec

Rep. Pearson -

Thank you for your advocacy on this issue.

The CDC recommendation for 1 year's worth at a time can be found on page

25 on this report:

<http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf><http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf>

Below is the recommendation from page 25:

Number of Pill Packs that Should Be Provided at Initial and Return Visits • At the initial and return visits, provide or prescribe up to a 1-year supply of COCs (e.g., 13 28-day pill packs), depending on the woman's preferences and anticipated use. • A woman should be able to obtain COCs easily in the amount and at the time she needs them. Comments and Evidence Summary. The more pill packs given up to 13 cycles, the higher the continuation rates. Restricting the number of pill packs distributed or prescribed can result in unwanted discontinuation of the method and increased risk for pregnancy. A systematic review of the evidence suggested that providing a greater number of pill packs was associated with increased continuation (23). Studies that compared provision of one versus 12 packs, one versus 12 or 13 packs, or three versus seven packs found increased continuation of pill use among women provided with more pill packs (209–211). However, one study found that there was no difference in continuation when patients were provided one and then three packs versus four packs all at once (212). In addition to continuation, a greater number of pills packs provided was associated with fewer pregnancy tests, fewer pregnancies, and lower cost per client. However, a greater number of pill packs (i.e., 13 packs versus three packs) also was associated with increased pill wastage in one study (210) (Level of evidence: I to II-2, fair, direct).