



# Contraceptive Coverage for Medicaid

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Access

# Current Coverage

## DVHA Provides Extensive Access to Many Contraceptive Options

- All categories of contraception are currently covered
  - Covered Prescription Categories:
    - › Monophasic, Biphasic, Triphasic, Extended Cycle, Progestin only, Injectable Depot, Vaginal Ring, Long Acting Reversible Contraceptives (LARCs), Topical, Emergency
    - › Some on PDL with PA due to higher net cost
- Currently all products have no cost share to members
- Members allowed to get one-year supply of prescription products
- Covered OTC Categories:
  - Condoms- Female
  - Condoms – Male
  - Emergency Contraceptives
  - Spermicides



# Sample from Preferred Drug List



PREFERRED AGENTS (No PA required unless otherwise noted)	NON-PREFERRED AGENTS (PA required)	PA CRITERIA
<b>BIPHASIC AGENTS</b>		
BEKYREE (desogestrel/ ethinyl estradiol) DESOGESTREL ETHINYL ESTRADIOL KARIVA (desogestrel/ ethinyl estradiol) KIMIDESS (desogestrel/ ethinyl estradiol) NORETHDRONE/ETHINYL ESTRADIOL 0.5/1-35 PIMTREA (desogestrel/ ethinyl estradiol) VIORELE (desogestrel/ ethinyl estradiol)	Azurette (desogestrel/ ethinyl estradiol) Lo Loestrin FE (norethindrone/ ethinyl estradiol/FE) Mircette (desogestrel/ ethinyl estradiol) Necon 10/11-28 (norethindrone/ ethinyl estradiol)	<b>Non-preferred agents:</b> Trial with at least three preferred contraceptive products including the preferred formulation of the requested non-preferred agent
<b>TRIPHASIC AGENTS</b>		
ALYACEN (norethindrone ethinyl estradiol) ARANELLE (norethindrone/ethinyl estradiol) CAZIAN (desogestrel/ ethinyl estradiol) CYCLAFEM (norethindrone/ethinyl estradiol) DASETTA (norethindrone/ethinyl estradiol) ENPRESSE (levonorgestrel/ ethinyl estradiol) LEENA (norethindrone/ethinyl estradiol) LEVONEST (levonorgestrel/ ethinyl estradiol) MYZILRA (levonorgestrel/ ethinyl estradiol) NATAZIA (dienogest/estradiol valerate) NECON 7/7/7 (norethindrone/ethinyl estradiol) NORGESTIMATE ETHINYL ESTRADIOL NORTREL 7/7/7 (norethindrone/ethinyl estradiol) PIRMELLA (norethindrone/ethinyl estradiol) TILIA FE (norethindrone/ethinyl estradiol/FE) TRI-ESTARYLLA (norgestimate/ ethinyl estradiol) TRI-LEGEST FE (norethindrone/ethinyl estradiol/FE) TRI-LINYAH (norgestimate/ ethinyl estradiol) TRI-LO-ESTARYLLA (norgestimate/ethinyl estradiol) TRI-LO-MARZIA (norgestimate/ ethinyl estradiol) TRI-LO-SPRINTEC (norgestimate/ethinyl estradiol) TRINESSA (norgestimate/ ethinyl estradiol) TRINESSA LO (norgestimate/ethinyl estradiol) TRI-PREVIFEM (norgestimate/ ethinyl estradiol) TRI-SPRINTEC (norgestimate/ ethinyl estradiol) TRIVORA (levonorgestrel/ ethinyl estradiol) VELIVET (desogestrel/ ethinyl estradiol)	Cyclessa (desogestrel/ ethinyl estradiol) Estrostep FE (norethindrone/ethinyl estradiol/FE) Tri-Norinyl (norethindrone/ethinyl estradiol)	<b>Non-preferred agents:</b> Trial with at least three preferred contraceptive products including the preferred formulation of the requested non-preferred agent

# Rx Contraceptive Utilization and Spend 2019 Pharmacy Only

Type	Number of Prescriptions	Paid Amount	Net Paid
Oral	20,275	\$ 646,732	\$ 589,478
LARC	404	\$ 378,421	\$ 256,478
Other	5,051	\$ 925,951	\$ 536,531

› Total Prescriptions:  
25,730

› Total Paid: \$ 1,951,105.82  
Net: \$ 1,382,487.47

# Potential Impacts for DVHA

- Eliminating the ability to manage to lowest net cost on the Preferred Drug List
  - Negative impact to rebate program
  - May have to cover non-rebatable drugs (not required by CMS)
- Inability to manage “New to Market” very expensive drugs would have negative budgetary impact
- DVHA is responsible for managing all aspects of Vermont’s publicly funded pharmacy benefits program and for assuring that Medicaid members receive high-quality, clinically appropriate, evidence-based medications in the most efficient and cost-effective manner possible.

