Advocating for Over-the-Counter Oral Contraceptives
Eleanor Bimla Schwarz, MD, MS; Amy S. Gottlieb, MD; Wendy L. Bennett, MD, MPH

Dr. Schwarz (ebschwarz@ucdavis.edu) is a professor of medicine in the Division of General Internal Medicine at the University of California-Davis. Dr. Gottlieb (Amy.GottliebMD@baystatehealth.org) is a professor of medicine and obstetrics & gynecology at University of Massachusetts Medical School-Baystate and associate dean for faculty affairs at University of Massachusetts Medical School-Baystate. Dr. Bennett (wendy.bennett@jhmi.edu) is an associate professor of medicine in the Division of General Internal Medicine at the Johns Hopkins University School of Medicine.

Oral contraceptives (OCs) are among the most commonly used medications in the United States. OCs offer women many non-contraceptive benefits including reductions in anemia, dysmenorrhea, acne, endometrial, and ovarian cancer.1,2 Although estrogen-containing OCs are associated with an increase in thromboembolic events, the risk of thromboembolism faced by pregnant and postpartum women is far greater.3 As a result, multiple studies have shown OCs to have beneficial effects on all-cause mortality.4 Nonetheless, access to OCs is limited in many communities, and one of every 20 US women of reproductive age experiences an unintended pregnancy each year.5,6

There is growing interest in making OCs over-the-counter (OTC) in the United States. Worldwide, the majority of countries enable women to access OCs without a physician’s prescription.7,8 Among U.S. women, surveys show widespread support for OTC access to OCs.9 Multiple medical organizations have now endorsed OTC access to OC, including the American Medical Association (AMA), the American College of Obstetrics and Gynecology (ACOG), and now also The Society of General Internal Medicine (SGIM).10 In 2012, SGIM’s “Women and Medicine Task Force” (formerly the “Women’s Health Task Force”) signed on to the national OC OTC Working Group’s Statement of Purpose. In 2016, the Task Force was asked to renew its support and, as part of that process, SGIM’s Council approved listing both the “Women and Medicine Task Force” and SGIM as signatories to the OCs OTC Working Group’s Statement of Purpose (see http://ocsotc.org/statement-of-purpose/).

In making the decision to support OTC access to OC, SGIM reviewed the current evidence that strongly favors the benefits of OTC status for OCs over the potential for harm. The main concern about the safety of OTC access to OCs is whether women can self-screen for contraindications to use. Although OCs are safe for most women of reproductive age, some chronic conditions increase risk for medical complications or reduce the effectiveness of the pill. The U.S. Centers for Disease Control and Prevention’s Medical Eligibility Criteria for Contraceptive Use provide an evidence-based list of conditions and medications that are considered relative and absolute contraindications to contraceptive methods.11 The only contraindication to use of estrogen-containing OC that cannot be identified without reviewing a woman’s medical history is hypertension; progestin-only pills have even fewer contraindications and are safe for women with hypertension. Several studies have shown that women can accurately screen themselves for contraindications to OC using simple checklists, whether or not the pills contain estrogen.12

Finally, there is evidence indicating that OTC access to OC increases adherence without adversely affecting receipt of preventive health screenings.13 In focus groups, women have reported potential benefits of OTC access, including convenience and privacy.14 Many believed OTC availability of OCs would help to reduce unintended pregnancy and help to destigmatize birth control. However, some women worried that the cost of OTC OCs would be higher if insurance no longer covered them. If costs for an OTC OC remain low, or covered by insurance, public sector cost savings are predicted to be considerable.15

The OCs OTC Working Group’s Statement of Purpose highlights the importance of conducting research on the implications of making OCs OTC and sharing study findings with regulatory specialists considering a switch to OTC status. The Statement supports policies that will “expand coverage of OTC birth control without a prescription in all public and private insurance plans; ensure adolescents have full access to OTC contraceptives; ensure pharmacies and retail outlets have proactive measures in place to guarantee an individual’s religious or moral beliefs do not interfere with people’s access to contraception; train health educators, including pharmacy staff, to answer consumers’ questions about OTC OCs; and expand access to the full range of contraceptive methods, especially for people who have a harder time obtaining the contraception they want and need.”

In keeping with SGIM’s mission to “lead excellence, change, and innovation in clinical care, education, and research in general internal medicine to achieve health care delivery,” our full support of efforts to bring OC OTC is warranted. continued on page 2
References


