**FEHB Program Carrier Letter**
**All FEHB Carriers**

**U.S. Office of Personnel Management**
**Healthcare and Insurance**

**Letter Number 2022-05**

**Date: March 15, 2022**

Fee-for-service [5] Experience-rated HMO [5] Community-rated HMO [5]

# Subject: Contraceptive Coverage in the FEHB Program

This Carrier Letter outlines and reaffirms the expectations for coverage of contraceptive care in the FEHB Program, based on ACA requirements, related HRSA guidelines, as well as FEHB formulary requirements.

Any conflicting guidance on contraceptive coverage from previous FEHB Carrier Letters is superseded by this letter.

## Background

Coverage for contraceptive care in the FEHB Program must comply with the provisions in the Patient Protection and Affordable Care Act (ACA). Carriers are responsible for covering, without cost sharing, preventive services recommended with an "A" or "B" rating by the United States Preventive Services Task Force (USPSTF), as well as immunizations recommended by the Advisory Committee on Immunization Practices (ACIP), and women's health services specified in guidelines supported by the Health Resources and Services Administration (HRSA). The HRSA-supported guidelines address coverage for contraceptive care.

In addition to ACA-required coverage of preventive services, Carriers must have a safe and clinically effective formulary that includes a range of medications in a broad distribution of therapeutic drug classes, including contraceptive drugs, to serve the healthcare needs of the FEHB population.

## Coverage for Contraception

The currently applicable HRSA-supported Women's Preventive Services Guidelines (HRSA Guidelines) state that contraceptive care for adolescent and adult women should include the full range of contraceptive methods approved, granted, or cleared by the U.S. Food and Drug Administration (FDA). "Contraceptive care" includes provision of contraceptives and related screening, education, counseling, and follow-up care.

The Departments of Labor, Health and Human Services, and the Treasury have issued Frequently Asked Questions (FAQs) Part 51, which reiterate the requirement that coverage for contraceptive care should not be subject to any cost sharing requirements. Consistent with this guidance, it is acceptable to impose cost sharing for a brand-name drug while covering the generic equivalent with no cost sharing. In such cases, branded contraceptives must also be covered with no cost sharing through an exception process.

The FAQs provide additional details on unacceptable forms of medication management. Under the ACA, it is not permissible to require that individuals first try and fail contraceptive methods within the same or another FDA class. In addition, the exception process to get coverage without cost sharing should be easily accessible, transparent, and sufficiently prompt.

The FAQs also confirm that the provider's determination of medical necessity should receive deference during the exception process for contraceptive coverage. Medical necessity may include considerations such as side effects, the permanence or reversibility of a contraceptive method, and the ability to adhere to the appropriate use of that form of contraception. These considerations are all determined by the individual's provider.

Consistent with the ACA and the HRSA-supported guidelines, Carriers in the FEHB Program must cover at least one contraceptive from each of the FDA classes on their formulary. Coverage must be with no cost sharing for all methods for adolescent and adult women including, but not limited to, barrier methods, implanted devices, and hormonal methods. Any new

classes of contraception that become approved, granted, or cleared by the FDA would be subject to this same requirement.

Carriers in the FEHB Program must continue to provide coverage without cost sharing for medically necessary branded contraceptives. Coverage without cost sharing in these situations should come without additional utilization management requirements beyond an easily accessible, transparent, and sufficiently prompt exception process. To be sufficiently prompt, Carriers should follow OPM's 24-hour and 72-hour utilization management timeframes for exception processes.

## Brochure Language

Carriers should reflect such coverage by clearly communicating it to members in their brochures using gender-inclusive language. The brochure should make it clear that contraceptive coverage is available at no cost and includes at least one option in all classes of contraception (as well as the screening, education, counseling, and follow-up care). It should be clear in the brochure that no contraceptive is wholly excluded from coverage. The exceptions process described in the brochure should clearly apply to accessing any contraceptive that is not already available without cost sharing on the formulary.

For questions about this Carrier Letter or other aspects of pharmacy operations for the FEHB Program, please write to OPMPharmacy@opm.gov and copy your Health Insurance Specialist.

Sincerely,

Laurie Bodenheimer
Associate Director
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