Resound Research
for Reproductive Health

Over-the-counter hormonal contraception at Texas pharmacies: Assessing Opill® and emergency contraception access

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Reproductive-aged Texans report numerous barriers to obtaining effective contraception, including difficulties finding providers and convenient clinic appointments, taking time off from work or school, and managing caregiving responsibilities.[1] These barriers are most pronounced for uninsured Texans. Over-the-counter (OTC) hormonal contraceptive methods have the potential to help Texans overcome these barriers and address gaps in contraceptive care by providing consistent access to an effective method.

Two OTC hormonal contraceptive methods are currently on the market, and both are approved for sale without age restrictions. Opill® is a progestin-only oral contraceptive pill taken daily to prevent pregnancy. The U.S. Food and Drug Administration approved Opill® for OTC use in July 2023, and it became available in stores in March 2024 in both 1-month and 3-month packages. OTC emergency contraception (OTC EC) is a single-use pill containing levonorgestrel that can safely prevent pregnancy when taken within 72 hours after unprotected sex or contraceptive failure (e.g., a broken condom or missed pills). OTC EC has been available since 2013 and is currently sold under more than a dozen brand names. However, OTC contraceptive methods can only support Texans' reproductive healthcare needs if they are available, accessible, and affordable.

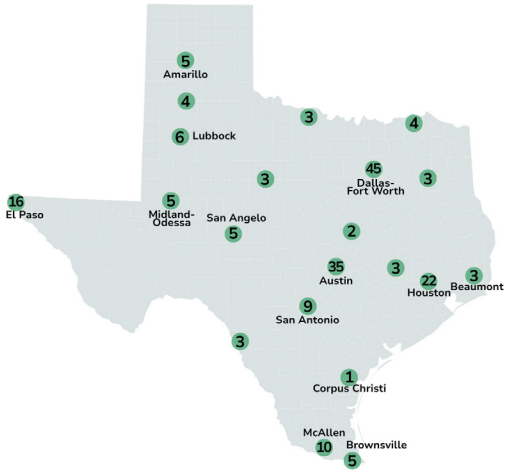
To assess Opill® and OTC EC access across Texas communities, we conducted an in-person secret shopper survey of 192 pharmacies between July and December 2024, shortly after the release of Opill®. In this brief, we examine how the availability, accessibility, and affordability of these methods vary across different types of pharmacies and in communities that may have greater need: those with higher levels of poverty and lower rates of insurance coverage. Our findings highlight barriers that need to be addressed to ensure equitable access to OTC contraceptive options for all Texans.

Results

We visited multiple locations in different areas of Texas and collected data from four types of pharmacies:[2]

- 44% were retail chain pharmacies (e.g., Walgreens, CVS)
- 22% were mass retailers (e.g., Target, Walmart, Costco)
- 19% were grocery stores (e.g., HEB, Kroger)
- 15% were independent retailers (<10 franchises nationwide)

Number and location of Texas pharmacies visited



Availability: Both Opill® and OTC EC were widely available in Texas pharmacies. Opill® was less available in areas with higher levels of poverty and lower rates of insurance coverage.

We considered Opill® and OTC EC *available* if they were sold at the pharmacy, regardless of whether the product was in stock at the time of the visit, to capture the product's longer-term availability rather than it being temporarily out of stock.[3] If a pharmacy did not sell Opill® or OTC EC, that product was deemed *not available.*

Both OTC methods were widely available across pharmacies, with Opill® sold in 83% of the 192 pharmacies visited and OTC EC available in 86% of the pharmacies (Figure 1). Availability varied significantly by pharmacy type. Fewer than half (43%) of independent pharmacies sold Opill® and only 54% sold OTC EC. In contrast, Opill® and OTC EC were available at almost all chain pharmacies (94% for Opill®, 100% for OTC EC) and mass retailers (93% for Opill®, 90% for OTC EC) and at approximately three-quarters of grocery stores (81% for Opill®, 75% for OTC EC) we visited. Overall, we identified 13 brands of OTC EC sold across all types of Texas pharmacies, and chain and mass retail pharmacies were more likely to offer a wider selection of OTC EC options compared to independent and grocery store pharmacies.

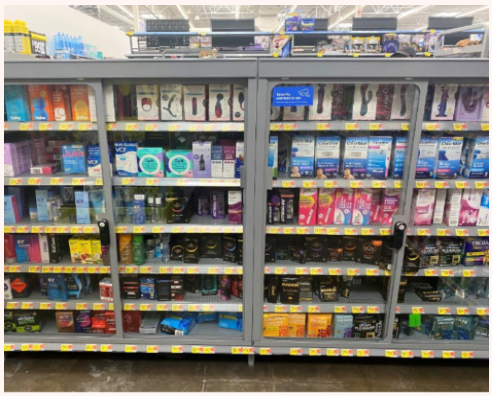
Opill® was less available in areas where residents may experience the greatest barriers to healthcare. Overall, 65% of pharmacies in very high poverty areas (>22% of women living on incomes <100% of the Federal Poverty Level [FPL]) sold the product, compared to 96% in low poverty areas (<8% living on incomes <100% FPL). Opill® was also less likely to be sold at pharmacies located in zip codes with a high proportion of uninsured women compared to a low proportion of uninsured women (72% vs. 96%, respectively) (Figure 2). However, the availability of OTC EC products did not vary by zip code poverty level or insurance coverage, suggesting more consistent availability across Texas communities.

Accessibility: Opill® and OTC EC were available and easily accessible in about half of pharmacies; Opill® was more easily accessible than OTC EC.

We categorized Opill® and OTC EC as *easily accessible* if the product was located on a shelf and could be carried to the checkout counter without additional assistance from staff; this included products locked in a plastic security box (Image 1). We considered the product to be *accessible with barriers* if it required additional assistance from store staff to access because it was stored in a locked display case on the shelf (Image 2) or behind the counter. If the item was sold at the store but was out of stock when data was collected, we considered the product *available, but accessibility unknown.*

Image 1: locked in plastic security box

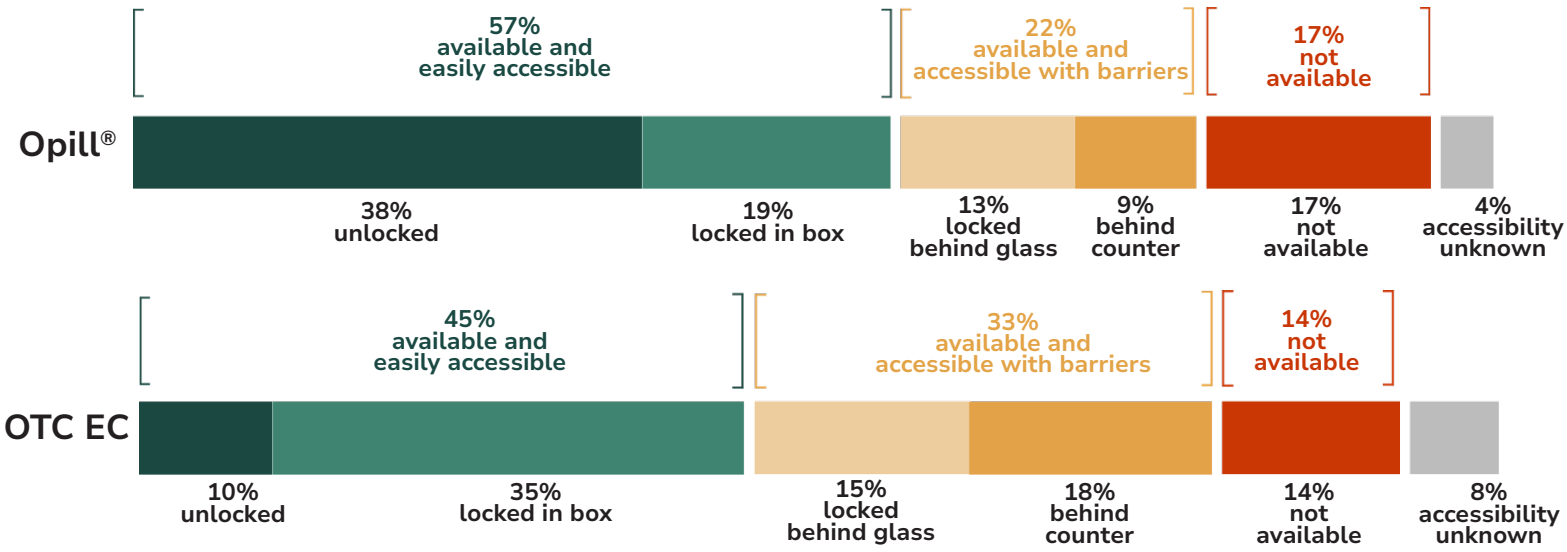
Image 2: locked in display case on the shelf



Among the 192 pharmacies visited, Opill® was typically more accessible compared to OTC EC. Opill® was available and easily accessible (sold in the store and either unlocked or locked in a security box on the shelf that could be easily carried to check-out) in 57% of pharmacies, while OTC EC was available and easily accessible in 45% of pharmacies (Figure 1). Opill® was available and accessible with barriers (sold in the store and either locked in a case in the aisle or behind the counter) at 22% of pharmacies, whereas OTC EC was available and accessible with barriers at 33% of locations.

Figure 1: Despite wide availability of both Opill® and OTC EC in Texas pharmacies, product accessibility varied

total pharmacies (n=192)

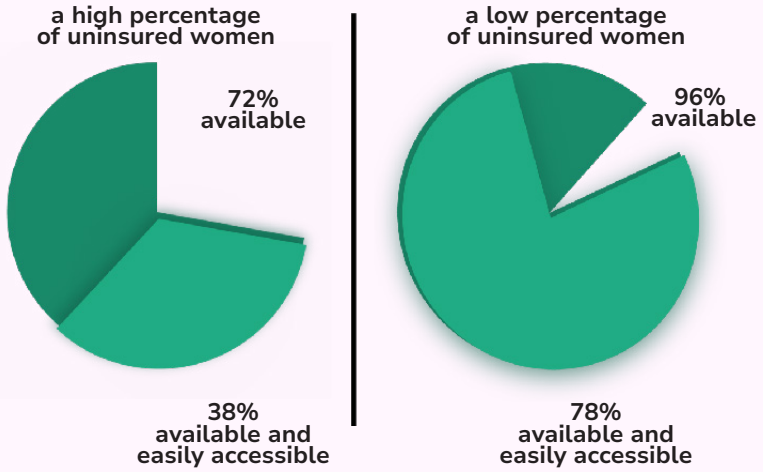


Both products were most commonly available and easily accessible at chain pharmacies (68% for Opill®, 69% for OTC EC) and least available and less easily accessible at independent pharmacies (21% for Opill®, 20% for OTC EC).

Pharmacy neighborhood characteristics were associated with the accessibility of Opill® but not OTC EC. Opill® was more likely to be available and easily accessible at pharmacies located in zip codes with a low percentage of uninsured residents (78%) (Figure 2) and in low poverty areas (78%), compared to pharmacies in areas with a high percentage of uninsured residents (38%) or in high poverty areas (35%).

Additionally, at locations where the accessibility of both products was known (n=136), Opill® was significantly more likely to be easily accessible within the pharmacy when compared to OTC EC.

Figure 2: Opill® is less available and less accessible at pharmacies in communities with more uninsured women



Affordability: Prices of both OTC hormonal methods may be higher than many women living on low incomes can afford

The price for a 1-month supply of Opill® ranged from $18.96 to $59.99, with a median price of $19.99. The price for a 3-month supply of Opill® ranged from $45.45 to $87.93, with a median price of $49.99. Prices for OTC EC products ranged from $5.99 to $59.99. Among OTC EC products, the brand name Plan B had the highest median cost ($49.99), while the median price for the other brands was $34.99. The median prices of both Opill® and OTC EC products were consistent across zip codes regardless of poverty level or uninsured rates.

Conclusions and Policy Implications

Both Opill® and OTC EC were widely available in Texas pharmacies. Nearly all chain pharmacies and mass retailers carried the products. However, Opill® was less available in communities with higher levels of poverty and lower rates of insurance coverage at the time of our study, which could reflect delayed rollout of the method.

Many Texans seeking OTC contraception are likely to encounter difficulties with the products' accessibility - difficulties that appear to be greater for those living in communities with higher levels of poverty and lower rates of insurance coverage. Opill® and especially OTC EC were often locked in glass cases or located behind the counter. These differences may be related to the fact that retailers have had more than a decade to develop practices to deter theft of OTC EC relative to Opill®, given the product's recent release.[5]

While there was limited variability in product pricing across locations, the cost may not be affordable: nearly 80% of uninsured women in the U.S. reported being unable to afford a $20 monthly contraceptive method.[6]

Several strategies could address these challenges:

Availability: Independent pharmacies make up 30% of all Texas pharmacies, and those in our study sold Opill® and OTC EC less frequently than other pharmacy types. These findings are similar to other reports and may be due to lack of awareness of the products or misinformation about product regulatory status.[7,8] Outreach to independent pharmacies could provide essential information about OTC contraceptive methods and promote awareness of these options so they are more widely available.[9]

Accessibility: Retail practices that make OTC contraceptives more difficult to access by placing them in locked cases or behind the counter heighten stigma and privacy concerns - particularly for people less than 18 years of age - and discourage those with these concerns from buying the products.[10] Stocking OTC methods on the shelf in ways that do not require staff assistance to obtain them could expand the products' potential reach to consumers needing time-sensitive contraceptive care.

Affordability: Eleven states have implemented laws requiring insurance plans to cover OTC contraceptives, including Opill® and OTC EC, but Texas is not one of them.[11] Passing an OTC coverage requirement in Texas could make the products more affordable. To ensure this policy benefits the largest number of insured Texans, this could also be accompanied by efforts to widely disseminate information about the policy change (e.g., via press, advertising, insurance documents, etc.), as well as making coverage simple and easy to understand both for the customer and the pharmacy distributing the method.[12]

However, this policy will not make the methods more affordable to the thousands of reproductive-aged Texans who are uninsured and may be more likely to use OTC products like Opill®.[4] Other approaches, such as community distribution of free methods or offering significantly reduced pricing, would alleviate the cost barriers for those with fewer economic resources.

Methods

Data and Sample. Between June and December 2024, we conducted a secret shopper survey on Opill® and OTC EC availability and accessibility among 192 pharmacies in 22 metro areas in Texas. We selected pharmacies using a multi-step approach to ensure broad coverage across Texas and to capture variation in geographic access and local market conditions. (See map on page 1.) Within visited areas, we sampled zip codes to reflect a range of household income levels, ensuring socioeconomic diversity in the sample. Research assistants visited pharmacies in person to collect information about the products; where possible, they visited two different pharmacies in the same zip code. We determined poverty levels and the proportion uninsured among women ages 18-44 years old at the zip code level over a three-year period (2019-2023) using the National Historical Geographic Information System NHGIS data from IPUMS.[13]

Zip code uninsured level was based on the proportion of women aged 19–44 years who were uninsured in each zip code and categorized based on the interquartile distribution observed in our data: very high (≥30% uninsured), high (19–29%), moderate (12–18%), and low (<12%).

Zip code poverty level was measured using the percentage of women aged 18–44 years with an income below 100% of the federal poverty level (FPL) and categorized based on the interquartile distribution: very high (>22%), high (11-22%), moderate (8-12%), and low (<8%).

Statistical Analysis. We used chi-squared tests to assess associations between product accessibility and pharmacy type and zip code characteristics. At pharmacy locations where the accessibility of both products was known, we used a McNemar test to compare accessibility of Opill® to OTC EC products. We used Kruskal-Wallis tests to assess the association between median product prices and zip code and pharmacy characteristics. All results included were statistically significant at $p<0.05$. We conducted all analyses using Stata version 18.

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