**Clinical Chats Official Podcast Transcript**

**Title:** An Overview of OPill

**Speaker:** Anitra Beasley, MD, MPH

**Duration:** 00:15:39

**Katherine Atcheson (**[**00:05**](https://www.rev.com/transcript-editor/shared/TuO3Ey2zrnPZ5A3l7eEm5ejjrXeEdgvPKRsM_9zTMLWiIBJPcrmPK3qobDcbIW2zkKMQEsF1CjTK765TzmXul8wJpzA?loadFrom=DocumentDeeplink&ts=5.04)**):**

Hello and welcome to Clinical Chats, a podcast for sexual and reproductive healthcare professionals. Clinical Chats, formerly known as the Family Planning Files, is a program from the Clinical Training Center for Sexual and Reproductive Health, or CTCSRH, formerly known as the National Clinical Training Center for Family Planning, or NCTCFP and is funded by the Office of Population Affairs in order to enhance the knowledge of Title X clinicians and other staff. In today's podcast we'll be discussing the recent announcement from the FDA, that OPill has been approved to be the first over-the-counter hormonal contraceptive oral pill available in the US and what this means for both patients and clinicians. Joining our conversation today is Anitra Beasley, MD, MPH. Dr. Beasley is an associate professor in the Department of Obstetrics and Gynecology at Baylor College of Medicine, where she also completed her medical degree. Dr. Beasley also completed a fellowship in family planning care at Columbia University of New York, where she also received her MPH. Welcome to the podcast, Dr. Beasley. We're so excited to speak with you today.

**Dr. Anitra Beasley** **(**[**01:19**](https://www.rev.com/transcript-editor/shared/zHGXvmOhLnBiEvmNHpz8hns4v46eZDFW2cJ2IV03R52h2kTtjC7pxTEPBpmuE1uvfQvHE_PrMC80bSC6EiojhXectEU?loadFrom=DocumentDeeplink&ts=79.71)**):**

Thank you so much for having me. I really appreciate this invitation and opportunity to talk about the OPill.

**Katherine Atcheson** **(**[**01:26**](https://www.rev.com/transcript-editor/shared/o1KpuzgTi8SdwaUOsseONf-B1aJmEorgZsEFWejoM16nj9jvddDX-IolqgUqfLi0qxpDUW8M38jgBf9G1aJJe3PwEe0?loadFrom=DocumentDeeplink&ts=86.58)**):**

So, to start with, for our listeners, can you explain what OPill is compared to other hormonal contraceptive pills?

**Dr. Anitra Beasley** **(**[**01:35**](https://www.rev.com/transcript-editor/shared/BP1wuIXy1DLu2WSpDLt5mMuKQnmzVXQzFJNpLo8c4eOU_UsEWIUUH3SjATW7__wzw0H2_9aWj0beWB0TO2dvNEeUia8?loadFrom=DocumentDeeplink&ts=95.58)**):**

Absolutely. But let's take a little step back. First, as many people in the audience already know, hormonal contraceptive pills contain either both an estrogen and a progestin or just a progestin-only as their hormonal component. And the estrogens and the progestins have different roles in preventing pregnancy. For many years, only one progestin-only pill was available in the United States. We now have two types of progestin-only pills, one with the progestin norgestrel, which is the hormone that is actually in the OPill and the other with drospirenone. So, what the OPill is, is a progestin-only oral contraceptive pill and all of the hormonal contraceptive pills on the market apart from OPill are by prescription only.

**Katherine Atcheson** **(**[**02:33**](https://www.rev.com/transcript-editor/shared/9I9e0e1NxPcDbNcR1iAwqUHO3sDS9JcxzPsN6HlsDZaJDl0tEwfTh4d58yBh9o7H_Vkne_kR1J4FlRZUMX9oPSGk0LA?loadFrom=DocumentDeeplink&ts=153.21)**):**

And do we know what some of the reasons were for the FDA in particular approving OPill for over-the-counter use? You mentioned that it is progestin-only as opposed to those other hormonal contraceptive options.

**Dr. Anitra Beasley** **(**[**02:47**](https://www.rev.com/transcript-editor/shared/_T6czv881CopSZP6EOlNMRfjeg3u7N0GCUroZjMie41CxEQb3yVTJjPtX8lH41Ek4Y4t5-j2O3WdnrhFFoHm8o56LNY?loadFrom=DocumentDeeplink&ts=167.58)**):**

Yeah, it's more of a maybe not such a why not, but why not before. Progestin-only pills made with the same hormone as the OPill have been successively used to prevent pregnancy for decades. From that, we know that they are incredibly safe and effective. But unlike estrogen containing pills, there are few and almost no contraindications for using progestin-only pills, especially the ones made with norgestrel. And so, I think that that is the reason why it was selected as the pill to go up in front of the FDA and why it was approved, just because of the safety and efficacy that we know.

**Katherine Atcheson** **(**[**03:35**](https://www.rev.com/transcript-editor/shared/QnA9Vs3kYtaz8HocgIq2qVwXQLhJoPnCBcK28VIj2IPHlxCU7k9SsmMKe_o290TDpqzaM2jI9XntfBJLoAwhrQ3RlJI?loadFrom=DocumentDeeplink&ts=215.67)**):**

Based on the FDA approval and recommendations, are there any regulations or guidance on who can access the OPill over the counter, such as age restrictions or anything like that?

**Dr. Anitra Beasley (**[**03:49**](https://www.rev.com/transcript-editor/shared/ZHKc7Nezk2hHD_AxgK4zvb0yuIUGPuSIrq4vYUoY7OpK2SrF1aBM0i2PJzJDxque_J4TFGj3mOy91zzciykogO62P8E?loadFrom=DocumentDeeplink&ts=229.56)**):**

No. There were no age restrictions put on the OPill by the FDA. So, everyone who desires to use the OPill should be able to obtain it over the counter without difficulty.

**Katherine Atcheson (**[**04:02**](https://www.rev.com/transcript-editor/shared/w_euy_aAYVb04Qc4YxObz40YtMWSHH2A1tKiYbVKeADkdklLeADC2nn2WowUC1-2es3yR4dLctNU9hiakDpop48YBSk?loadFrom=DocumentDeeplink&ts=242.16)**):**

Do we know what the cost might be for OPill or when consumers can expect to start seeing it on the store shelves?

**Dr. Anitra Beasley (**[**04:10**](https://www.rev.com/transcript-editor/shared/Brl6ux0BedvLQZ1P_N40lyTNznfhVX6tPVq08MyPJocumQULZFsqzo7chQxW8AyPXXCdMJZiiYcz9aUzIh3l-7YkYBA?loadFrom=DocumentDeeplink&ts=250.65)**):**

Kind of. The expectation is that it won't be available until the first quarter of 2024. So, people should not run out looking for it right now because it won't be there. And with respect to cost, I don't know. But from what I have read, the manufacturer is really wanting to make sure that the pills are affordable and with respect to the cost and also with respect to some programs to help people access the medication.

**Katherine Atcheson (**[**04:42**](https://www.rev.com/transcript-editor/shared/QEAJqhFAjJzxHl6_aypWzTttwtr7CBIfSQcCqmNx-M3PKF-lfoZojVukOrts18Vruqkxba9jRSIPph2Gv4nNZM34N5A?loadFrom=DocumentDeeplink&ts=282.81)**):**

And so, moving more into some of the pharmacology around OPill, you mentioned that there are very few contraindications for those who can safely take OPill, but would you elaborate on what those conditions might be or when a patient should stop using OPill?

**Dr. Anitra Beasley (**[**05:03**](https://www.rev.com/transcript-editor/shared/DdiXYM1Aq9AZT1FCP-3v-YbC01YhVzqzk11d8V_uVY7HnM9dUbYWXgJipyIjw_12fgugp0M9Fdhm4K2i7QtzVYFZ7KA?loadFrom=DocumentDeeplink&ts=303.18)**):**

Yeah, so there are, like I said, just a few contraindications. Some of those might be with people with current breast cancer or who have had breast cancer in the past five years. People with severe liver disease such as cirrhosis, people with a history of bariatric surgery; but that's more so just because the medication can't be absorbed as well. And people that have certain types of liver tumors, some rheumatic diseases, people who are on medications that may interact with progestins, true, not many, but that would be something to think about.

**Katherine Atcheson (**[**05:44**](https://www.rev.com/transcript-editor/shared/I_I2I-Avw3vHvCUzbbqiwjTD-pHsMIduribaeYYgHSUXk2k5JLSCiMnP-Khs1WbNAF0FvAc6kCInn5yt6ddViOH0wRY?loadFrom=DocumentDeeplink&ts=344.67)**):**

And what should patients do if they accidentally miss taking their OPill that day? And is it safe to take emergency contraception alongside the OPill?

**Dr. Anitra Beasley (**[**05:57**](https://www.rev.com/transcript-editor/shared/wfV-jYnR0Jd8YWRL3fpIC45X1U1xDlmtMys83PMTHWHBbE-0G5m-aXPptGbckZSETYgxdeiU5V3R927wUrZKUoKzimw?loadFrom=DocumentDeeplink&ts=357.12)**):**

Yeah, so this is going to be a big one. So, if you miss your OPill, you should take it as soon as you can, even if that means taking two pills in one day. But the thing with the OPill or pills that are made with the same hormone, their half-life is shorter than some other pills. So, if you miss a dose of your OPill by even just as much as a few hours, you need to start over. You are no longer protected. And so, you need to use backup medication, or you could use emergency contraceptive pills. But if you only miss one pill, then just using a backup method for a couple days should be fine as you get back on track.

**Katherine Atcheson (**[**06:44**](https://www.rev.com/transcript-editor/shared/8GfGs2u-RwhYu0nyXYXLMvA6T19zWjmA5btinpuZFcgM164H1gR6xPCB9Shte2IJ8y3pWoSdyTDtDK4IhsQqQmwsWLs?loadFrom=DocumentDeeplink&ts=404.04)**):**

And if a patient desires to get a progestin-only contraceptive method via prescription, perhaps because it's cheaper, is that still possible?

**Dr. Anitra Beasley (**[**06:55**](https://www.rev.com/transcript-editor/shared/avwTVkkixQAK8sX9mOInj3fZHNbbGbldk1sx98eiGQOKmfhzzLaZTkzdlfcr150Iz-t7pmJQFSCNTM6C1cfRturm4AE?loadFrom=DocumentDeeplink&ts=415.71)**):**

That we don't know, but I will say that there are a lot of medications that you can get over the counter and you can still get with a prescription. For example, I can prescribe prescription strength ibuprofen, whereas you could just take a few pills that you can buy over the counter. So there certainly are examples of medications that are over the counter and by prescription. Second thing I would say is that there are many different types of contraceptive pills that may have the same ratio of hormones, either progestin-only or estrogen plus a progestin that are available. So, for example, if I'm prescribing, let's say an estrogen containing pill to my patient, I could find a whole bunch with 20 micrograms of ethanol, estradiol, and X amount of the exact same progestin. So, I imagine that those are not going to go away just because the OPill is over the counter. But I can't say for sure, but that would be what I think is going to happen.

**Katherine Atcheson (**[**08:08**](https://www.rev.com/transcript-editor/shared/E5dQMDSAqKC91NS-YgKpfUc9WkotA0KLrglCflVXB56-GZktItw_M5em5dadDAvpHVHLuuaA2_aABH2jQrwbZrli2IU?loadFrom=DocumentDeeplink&ts=488.13)**):**

Looking at a little bit more “big picture” and population-wise, what will having over the counter hormonal birth control options mean for health equity and access throughout the country?

**Dr. Anitra Beasley (**[**08:23**](https://www.rev.com/transcript-editor/shared/dZh-NeWIEX9bC-U8rblEa5xPkvXOtx9ALDO2L98mSBbConabhoognNaEJzyzqqQlJeiqqfNm4vBTHCjerqgr4iX7Ejk?loadFrom=DocumentDeeplink&ts=503.31)**):**

I don't want to be grandiose and be like, it'll be revolutionary and life changing, but I think it will be very meaningful. Right now, if you think about what's available over the counter, they tend to be, or don't tend to be, they are non-hormonal methods. They are coitally dependent methods, which makes them not useful at all if you don't actually have them around at the time. And they tend to overall be a little less effective, especially if you're not using them perfectly. And I would say none of us are perfect. So, most of us probably don't use things like that perfectly each and every time. So I think that this is going to make access to having a more effective method that is not dependent on using it just at the time of having sex, available to people without having to talk to their physician or other clinician to be able to buy something over the counter, to use it when they are in a relationship and when they are not in a relationship.

**Dr. Anitra Beasley (**[**09:34**](https://www.rev.com/transcript-editor/shared/pIYci8ZxbTIv3N4VMf1T5yhNHXxHuDn5FaAA1tveDNd9NirCg5KfJJhvL9CIXCR6Nv3RsPkgFhEQaeBCQ-8Dw80RXpk?loadFrom=DocumentDeeplink&ts=574.47)**):**

Not meaning that you can take a pill one day and not take a pill another day, but if you're like, hey, I'm in this relationship for these three months and I am no longer partnered or no longer sexually active and I want to take a break for a few months, you have the flexibility of doing that without having to talk to anyone at all. As we've talked about a little bit early as well, since this pill is so safe and effective, there really wasn't before and isn't a reason why you should have to talk to a provider for you get the medicine so you can be independent and access something very easily.

**Katherine Atcheson (**[**10:15**](https://www.rev.com/transcript-editor/shared/ExBhG9QEHySR7tEIEgTryQpyfpJXOkdbyi57V05c1I0SNsBz6DmaMk4oLacVBvj2rsvVcB6ZZa0EVfHCUmTTGQKO4OE?loadFrom=DocumentDeeplink&ts=615.69)**):**

So, this announcement came out mid to late July. So, if you're listening to this podcast, it was just a few weeks ago, we're still learning so much about what this rollout is going to involve. Dr. Beasley, is there some good resources or good places that clinicians could go to learn more about pill both for themselves and for any clients or patients who come to them with questions?

**Dr. Anitra Beasley (**[**10:42**](https://www.rev.com/transcript-editor/shared/0FRT87tJytcjl2DpDPcYTdlns7UFhn1GWm_YNGKCIKFkbShxg9b6jQS-iAPjYy0nTRxf8vtt_DECrr7jYEGyCbme-SQ?loadFrom=DocumentDeeplink&ts=642.78)**):**

Yeah, absolutely. But I think that the OPill is, it's nothing new. So, most clinicians who prescribe contraceptives are going to be very familiar with the OPill or the mini pill. It's probably a pill that they've been prescribing during their entire career. So, I think that that's really important. It's like it's not new. You already know this. You already can do this. It just means that the patients picking up this pill over the counter, they may be talking to you, or they may not be talking to you. But I think the same sources that you get for most of your information are going to have articles or tips or things like that.

**Dr. Anitra Beasley (**[**11:26**](https://www.rev.com/transcript-editor/shared/jpFTmAa-la2IL-jtsAo_5D5DPJyTciwZSklmQYnbb6yheu_ezAEgdGCKgJ3X1aVITw5PeGDdNGFggKjcImV3J9V19Oc?loadFrom=DocumentDeeplink&ts=686.1)**):**

I'm sure Bedsider will have something, my favorite thing UpToDate will have something. The manufacturer's website is also going to have something, even though I tell my patients not to play Dr. Google, that's going to be there. But I mean, it really is a safe and effective medication that we already know a whole bunch about. And I think that's probably going to be one of the things that is really important to connect with patients. This isn't something incredibly new, it isn't something experimental. It isn't something that they just tested for a couple of minutes and then rolled out. This is the same medication that you've been getting by prescription for a really long time.

**Katherine Atcheson (**[**12:09**](https://www.rev.com/transcript-editor/shared/j31MZQDecAceeyRJEeqr4hZ3dbPdbfcblhZEuJozZqZrIi3VS0733O10iPSEdjg3pPYwYVcbY_wiNU7BLtZAL7GrTg8?loadFrom=DocumentDeeplink&ts=729.27)**):**

Well, this has been a wonderful conversation, but before you go, we talked a little bit about this, but if you could give our clinician listeners one takeaway from our podcast about OPill coming to market and what it means, what would you say?

**Dr. Anitra Beasley (**[**12:26**](https://www.rev.com/transcript-editor/shared/pFXpuoVjFe3Rv63um2M8ZrmVbJ-tIPq7S4YnfIjXqlDcMqufNSP1dttgmgYM6Q2Fufhwebs3-U8mmrAbPNOz9lux2GI?loadFrom=DocumentDeeplink&ts=746.85)**):**

I would say this is big because of equity, as we've talked about before, and independence. You asked me to say something quickly, but of course I'm not going to. We've got a lot of people that don't have great access to healthcare in this country, and I think it's going to be great for people who don't have the care that they deserve or for also people who may not want people to know that they are sexually active. I think this is going to be great for perhaps teenagers and things like that who don't want to be on their parents' insurance or don't care where they can take control of their ability to have children and not have children.

**Katherine Atcheson (**[**13:12**](https://www.rev.com/transcript-editor/shared/VJG5KcLyoQIO0_qxcF83HB0c8A24Ta-9T2Mn8ik0qUuXX93mA0ElFiWt9bHes_dt4Pt7Da880JEliVwrystMS5EfxDs?loadFrom=DocumentDeeplink&ts=792.48)**):**

Well, thank you so much for joining us today, Dr. Beasley, and for sharing your time and expertise with our listeners. If you'd like to hear more from Dr. Beasley about the latest in contraceptive news and developments, the Virtual National Reproductive Health Conference from CTCSRH is taking place from September 11th through the 13th online and there are still open registration places. For previous podcast episodes. Search for Clinical Chats or subscribe to our show on iTunes, Google Podcasts, Spotify, or wherever you listen to podcasts. For a transcript of this podcast as well as other online learning activities and continuing education opportunities, please visit our website at www.ctcsrh.org. While you're there, you can sign up to receive our newsletter, Clinical Connections at the top of the page. You can also follow the Clinical Training Center for Sexual and Reproductive Health on Twitter @ctcsrh, all lowercase, and on LinkedIn.

**Katherine Atcheson (**[**14:16**](https://www.rev.com/transcript-editor/shared/3IkF3qsaNVpJB2WUtfHhnSVVbY7dAu9rEVPyCkjlRz6-DE83f8zzjIHygR3rTiLJM8jVk74-N3GWntmyLFl6Znl8q3A?loadFrom=DocumentDeeplink&ts=856.8)**):**

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