Introduction

Long-acting reversible contraceptive (LARC) methods such as intrauterine devices (IUDs) and contraceptive implants are safe and highly effective forms of contraception [1 [1]]. Although these methods are cost-effective for women over time [2 [1]], the acquisition costs of these devices are significantly higher than all other contraceptives. Insurance coverage of LARC has improved in recent years, making these methods more affordable for many women. However, the underlying pricing inequity continues to pose coverage and reimbursement challenges. These challenges are particularly salient for safety-net family planning providers who offer these methods?or who would offer these methods but cannot afford to do so. In turn, these obstacles create access barriers for women seeking LARC methods, especially low-income or uninsured women. Both patients and providers identify cost as the most significant barrier to accessing LARC methods [3-5 [1]].

Purpose of this guide

This guide aims to explain the landscape of LARC public and commercial insurance coverage [2] and serve as a resource for providers navigating stocking [3], reimbursement [4], and other scenarios that create barriers to the provision of these methods. The guide is intended to help alleviate financial challenges so that providers are better able to offer the full range of contraceptive methods and minimize out-of-pocket costs or delays in care for their patients. This guide is not intended to endorse LARC methods over other types of contraception, no is it intended to endorse any one commercial product or program. Quality family planning care is patient-centered: respectful of and responsive to individual preferences, needs, and values [6 [1]]. Choosing the most appropriate method, or whether to use a method at all, is an individualized process influenced by women's preferences and concerns, reproductive goals, and medical histories.