### Long-Acting Reversible Contraception

NC Medicaid covers all currently FDA-approved long-acting reversible contraceptive (LARC) methods (Mirena™, Nexplanon™, Paragard™, Skyla™, Liletta™).

The Physician Drug Program is the preferred method to avoid wastage of devices and to have devices immediately available when requested by patients.

1. **Physician Drug Program ("buy and bill") – preferred method**
   - The practice purchases the device from the manufacturer or a wholesaler and bills Medicaid for the device and the insertion at the time of insertion.
   - Pros: Device is available at the time the patient requests it; no wastage
   - Cons: Reimbursement may not be sufficient to cover cost of some devices
   - Refer to the NC DMA Fee Schedule for the Physician Drug Program for reimbursement rates.

   This is the preferred method because the provider stocks the device, so that it is available at the time the patient is in the office requesting LARC. Medicaid pays for the device only after the patient has received it – no risk of wastage of Medicaid funds and easier access for patients.

   Because the provider is reimbursed for the device, this is considered a “provider fee” rather than a pharmacy fee. The current challenge is that Medicaid rates to providers are frozen, but the cost of these devices goes up periodically.

   Long-acting reversible contraceptive (LARC) device cost and Medicaid reimbursement* for “buy and bill”:

<table>
<thead>
<tr>
<th>Product</th>
<th>Cost to provider per individual unit</th>
<th>NC Medicaid Physician Drug Program reimbursement rate**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirena™ IUD</td>
<td>$810.51</td>
<td>$737.78</td>
</tr>
<tr>
<td>Nexplanon™ implant</td>
<td>$771.52</td>
<td>$692.00</td>
</tr>
<tr>
<td>Paragard™ IUD</td>
<td>$739.00</td>
<td>$775.51</td>
</tr>
<tr>
<td>Skyla™ IUD</td>
<td>$650.32</td>
<td>$670.22</td>
</tr>
<tr>
<td>Liletta™ IUD</td>
<td>$600.00</td>
<td>$655.88</td>
</tr>
</tbody>
</table>

   *This information is current as of 2/11/16, based on published NC DMA Physician Drug Program Fee Schedule and per each device’s healthcare professional website. Rates and prices are subject to change.

2. **Outpatient Pharmacy Program ("retail", “point-of-sale”, “specialty” pharmacy) – alternate method**
   - The practice orders the device from a specialty pharmacy for a specific patient.
   - Pros: the practice does not have to pay up front for the device.
   - Cons: the device has to be ordered in advance of the patient visit for insertion; potential wastage if device is ordered but not inserted as it cannot be used for another patient or returned.

   There are two reasons that this is the less preferred method: first, the device has to be ordered through a specialty pharmacy and delivered to the provider’s office for placement, so the device may not be available at the time the patient presents to the office. Second, Medicaid pays for the device at the time it is dispensed by the pharmacy, creating a risk of wastage if the patient does not return to the provider’s office to receive the device. Because it has been labeled by the pharmacy for a specific patient, it cannot be reused for another patient per FDA regulations.

   Medicaid reimburses the provider separately for the insertion of the device, regardless of how it was obtained.