

**“UPDATE ON CONTRACEPTION”**

JENNEFER A. RUSSO, MD, AND  
MITCHELL D. CREININ, MD  
(AUGUST 2010)

**Cost is a deterrent to IUD use**

I think the advice offered by Dr. Russo and Dr. Creinin—that we should increase use of the intrauterine device (IUD)—is timely and accurate. The one thing missing from their discussion is any mention of the cost of the devices. The levonorgestrel-releasing intrauterine system (LNG-IUS) (Mirena) recently increased in cost by 40%, placing it out of reach of most patients. It now costs more than most insurance plans reimburse, especially Medicaid. Before this cost increase, I was purchasing and inserting about five units monthly. I am not willing to subsidize the cost of the IUD myself. Of course, one can purchase the identical IUD from Canada at half the cost, if one is willing to risk prosecution by state and federal officials, as well as civil and criminal penalties.

Ronald E. Ainsworth, MD  
Paradise, Calif

**Want to increase IUD use? Remove the financial risk**

I appreciate the concise and informative review of IUD use. However, the authors seem to have missed the 10,000-lb elephant in the room: The current cost to my solo practice for one Mirena LNG-IUS is \$820. If I were to insert 10 to 15 of these devices each month, the cash flow required to support this endeavor would quickly run



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dry. Nor can I afford the financial risk of nonpayment.

The solution to the low utilization rate of IUDs in the United States is simple: Remove the financial risk and make the IUD a pharmacy benefit.

Anthony R. DeSalvo, MD  
Warren, Ohio

**» Dr. Russo and Dr. Creinin respond: Cost is a barrier to universal IUD access**

*We appreciate the insightful comments of Dr. Ainsworth and Dr. DeSalvo. Our report focused on decreasing barriers to IUD placement in adolescent and nulliparous patients specifically. Although cost was not an issue we addressed in that report, we recognize that it is a barrier to universal IUD access. Financial pressures are only exacerbated by the recent increases in cost.*

*In Pittsburgh, where we practice, we have successfully lobbied almost*

*all of our insurance companies to increase their reimbursement rates for IUDs in response to the recent price hikes. We believe that additional IUDs will come to the US market within the next decade, and we hope their availability will alleviate these financial burdens.*

*Steepest price increases by pharmaceutical companies decrease access to their products for those most in need. At the same time, it is important for us as a medical community to be aware of the medical and legal risks of inserting unapproved IUDs.*

**Instant Quiz Answer**



**NSAIDs.**

**In a Cochrane review of medications for the treatment of heavy menstrual bleeding, NSAIDs were more effective than placebo, but less effective than danazol, LNG-IUS, or tranexamic acid for reducing heavy menstrual bleeding.<sup>1</sup>**

**Reference**

1. Lethaby A, Augood C, Duckitt K, Farquhar C. Nonsteroidal anti-inflammatory drugs for heavy menstrual bleeding. Cochrane Database of Systematic Reviews. 2007;4:CD000400.

See page 12 for the Quiz.



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**1 E-mail**  
obg@qhc.com

**2 Fax**  
973-206-9251

**3 Mail** OBG Management  
7 Century Dr., Suite 302  
Parsippany, NJ 07054

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