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USAGE AND COSTS PROFILE OF LONG-TERM CONTRACEPTION USERS AT A HEALTH PLAN OPERATOR IN THE BRAZIL

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OBJECTIVE

To evaluate the profile of health resource utilization and costs linked to contraception in users of Etonogestrel Contraceptive Implant (ETN-IMP) and Levonorgestrel Intrauterine System (LNG-IUS).

METHODS

- ✓ The study was designed as a retrospective cross-sectional study of women using **ETN or LNG-IUS** (2021-2022).
- ✓ The costs and use of resources related to contraception were evaluated using secondary data extracted from the computerized system of a health insurance (Midwest, Mato Grosso do Sul, Brazil);
- ✓ in three time cuts: **90 days before the procedure (90B)**, **moment of insertion (M0) and 90 days after (90A)**.
- ✓ Descriptive statistical analyzes with categorical variables reported as frequencies and non-normal continuous variables as median with interquartile range (IQR).
- ✓ The comparison between the two means was analyzed by t-test and medians was analyzed using the Mann-Whitney test. All statistical tests were performed with SSS.

RESULTS

ETN-IMP

100 patients

Mean age = 29 (± 7,4) years

Cost of method = R$ 59.611,00

LNG-IUS

100 patients

Mean age = 33 (± 8,30) years

Cost of method = R$ 84.198,00

- ✓ The **cost of method (29.20%; p=0.01) and the total cost of using resources (36.75%; p>0.001)** were lower in the ETN-IMP group compared to the LGN-IUS.
- ✓ Significant differences were observed in relation to costs in the three time periods analyzed (**90B: p=0.01; M0: p<0.001; 90A: p<0.001)**, influenced by different frequencies in the use of medical and diagnostic or therapeutic services.

	LNG-IUS (n = 100 patients)	ETN-IMP (n = 100 patients)	Dif. %
Mean ages	33 (±8,3) years	29 (±7,4) years	
Cost of method	R$ 84.198,00	R$ 59.611,00	-29,20%; p = 0,01
Total cost of using resources	R$ 63.061,64	R$ 39.885,02	-36,75%; p>0.001)
Time periods analyzed – total cost of stage			
90 days before the procedure (90B)	R$ 20.800,19	R$ 17.276,39	-16,94%; p=0,01
moment of insertion (M0)	R$ 27.081,33	R$ 18.459,52	-31,84%; p<0.001
90 days after (90A)	R$ 15.180,12	R$ 4.149,11	-72,67%; p<0,001

CONCLUSION

- ✓ Expanding unrestricted access to modern LARC methods leads to reduced use of health resources and the costs associated with contraception. This first real-world study from the perspective of the brazilian private healthcare system demonstrates that the incorporation of cost-effective technologies can allow for a more efficient budget allocation.

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