

Documenting Long-Acting Reversible Contraceptive (LARC) Coverage Across Canada

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ABSTRACT

Understanding historical variations in Canadian long-acting reversible contraceptive (LARC) coverage is a necessary first step in quantifying the relationship between shifts in LARC access/uptake and a range of related outcomes, including but not limited to rates of unintended pregnancy and sexually transmitted infections, particularly among higher risk groups. Until 2024, LARC coverage in Canada varied from province to province with considerable heterogeneity in coverage across provinces, yet coverage data were not previously compiled. These data are necessary to facilitate high-quality analyses on the impacts of coverage. We aimed to bridge this gap by conducting a policy scan of Canadian LARC coverage. We found that every province had some level of coverage for LARCs prior to 2024, but coverage ranged from full coverage for the entire population to specific coverage for certain sub-populations. These data are designed to support future investigations of the implications of provincial LARC funding.

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INTRODUCTION

Long-acting reversible contraceptives (LARCs) are a family of highly effective birth control devices, including intrauterine devices (IUDs) and subdermal implants. LARCs are appropriate for women of all ages and have been recognized as the leading method for pregnancy prevention around the world, given they are the most effective contraceptive to prevent pregnancy. (Black et al., 2015; Reis et al., 2018; Wilkes et al., 2020).

Literature indicates that LARC use is increasing in Canada and abroad (Branum, 2015; Law et al., 2016; Walsh-Buhi & Helmy, 2018). However, quantifying LARC use in Canada is difficult at the population level. Canadian estimates of LARC prevalence stem largely from the Canadian Community Health Survey (CCHS) and a cross-sectional survey conducted by Black et al. (Black et al., 2009; Government of Canada, 2020) The CCHS collects information from individuals about their health care services, health status and determinants of health in Canada which includes contraceptive practices, yet the CCHS only provides estimates based on a sample of the population and does capture this information in every survey cycle. The 2015-2016 CCHS data showed that 3.6% (95% CI: 3.0 - 4.3) of sexually active women aged 15 to 24 reported use of LARCs (Government of Canada, 2020). This is a large increase from 2006, when Black et al.'s large Canadian cross-sectional survey (n= 3253) reported a prevalence of IUD use of 0.5% to 1.8% among sexually active women aged 15 to 19 and 20 to 29 (Black et al., 2009). However, these are the most recent population-level estimates of Canadian LARC use, as the results from the 2024 Canadian Sexual and Reproductive Health Survey are not yet available. Results from this survey will be important given rapidly expanding access and individual-level uptake over time.

Cost has been identified as a major barrier to accessing LARCs, with out-of-pocket costs for IUDs (for example) averaging \$500 (Health Canada, 2024). These access barriers are likely distributed unevenly across the Canadian population, disproportionately burdening people of lower socioeconomic position in the absence of coverage. Until February 2024, LARC coverage in Canada varied from province to province. Select provincial programs like the Ontario Health Insurance Plan Plus (OHIP+) removed cost barriers for therapeutics like LARCs for people under 25, but Canada has historically seen considerably provincial heterogeneity in the presence of contraceptive coverage.

Understanding historical variations in Canadian LARC coverage is a necessary first step in quantifying the relationship between shifts in LARC access/uptake and a range of related outcomes, including but not limited to rates of unintended pregnancy and sexually transmitted infections, particularly among higher risk groups. However, coverage data were not previously compiled. We aimed to bridge this gap by conducting a policy scan of Canadian LARC coverage.

METHODS

To document LARC coverage across Canada, we conducted a policy scan summarizing LARC coverage by province. Policy scans are important to summarize provincial policies, highlight disparities between provinces policies, and facilitate research about the policy when data are made publicly available (Spencer et al., 2024a). We relied on consultation with experts in the field and a paper by Spencer et al. to construct the methods for this policy scan (Spencer et al., 2024b). Information collected and summarized from the policy scan includes: LARC coverage availability, date that LARC coverage policy was implemented or amended, eligibility for LARC coverage, amount subsidized, and type of LARC included in the policy (copper IUD, hormonal IUD, or subdermal implant).

The policy scan was conducted in three steps; a pre scan, search and extraction, and finally charting the data in excel (See Figure 1). All searches were conducted in English language only.

Step 1: Pre-scan

The first step of this policy scan included a “pre-scan”. The “pre-scan” involved searching specified search terms to identify publicly available documents and websites describing LARC coverage in each province. For example, searching “Nova Scotia Health Care Coverage for Contraception” in Google generates search results that include; Nova Scotia Legislature Bill 73 – Free Birth Control Act, Pharmacy Association of Nova Scotia Birth Control Management Assessing and Prescribing, Nova Scotia Health Birth Control Pills, Nova Scotia Healthcare services available from pharmacists, and many news articles (Pharmacy Association of Nova Scotia, n.d.; Nova Scotia, n.d.; Nova Scotia, n.d.; Nova Scotia Legislature, 2021). This search identified legislative documents, provincial government websites, and health authority websites that all provide information about contraceptive coverage in Nova Scotia.

Step 2: Search and Data Extraction

The second step of the policy scan searched previously identified documents, websites, and media information that identified LARC policy details, and the details were recorded in Excel. The following details shown in Table 1 were extracted and recorded in Excel.

Step 2a: Search Government and Health Authorities Websites

First, each provincial website was searched with the following search terms: Contraceptive, Sexual Health, Long-Acting Reversible Contraceptive, Intrauterine device, Contraception, Copper IUD, Reproductive Health, Birth Control, Family Planning, and Birth Prevention. The results of these searches were used to identify provincial policies and programs and capture the information displayed in Table 1. Next, the Health and Health Services section of each provincial website were searched and explored to identify provincial policies and programs and capture the information displayed in Table 1.

Step 2b: Search Any Other Websites Identified in Step 1

Other websites identified in step 1 were searched with the following terms: Contraceptive, Sexual Health, Long-Acting Reversible Contraceptive, Intrauterine device, Contraception, Copper IUD, Reproductive Health, Birth Control, Family Planning, and Birth Prevention. The results of these searches were used to identify provincial policies and programs and capture the information displayed in Table 1.

Step 2c: Media Information

Media sources were searched with amended search terms for each province; the amended terms were based on findings from step 2a and 2b. The search terms used within the media sites were based on drug and contraceptive programs identified in earlier steps. For example, within Nova Scotia there was 3 programs identified: Family Pharmacare Program, Department of Community Services Pharmacare Benefits and the Compassionate Contraceptives Program. Based off these identified programs the search terms for media sites included program-specific terms: Nova Scotia Pharmacare Program Contraceptive, Compassionate Contraceptives Program, and Halifax Sexual Health Clinic. The results of these searches were used to capture the information displayed in Table 1 and identify any other contextual information.

Step 3: Chart the Data

Finally, the details identified in step 2 were summarized in a table by province shown in Table 2 in the results section below.

RESULTS

The policy scan was conducted between January 2025 and March 2025. The findings are summarized in Table 2. Overall, the majority of provinces and territories had some sort of LARC coverage, either province-wide programs that provide some level of coverage to at least a sub-population or smaller programs located in a specific clinics or areas in the province. In this policy scan we aimed to capture reliable start dates for LARC coverage programs however, we could not reliably capture timing, but we captured a cross-sectional look at LARC coverage across Canada. Figure 2 provides a visualization of the variation in LARC coverage across the country. Province-wide LARC coverage details are described further below and listed from east to west.

Newfoundland and Labrador

The pre-scan identified 11 different websites and 2 documents for further searches. In total, there were 79 searches within the 11 different websites. The scan found that there was 1 program within Newfoundland and Labrador that cover LARCs: The Newfoundland and Labrador Prescription Drug Program. At the time of the scan, a provincial-wide program called the Newfoundland and Labrador Prescription Drug Program provided prescription coverage (including IUDs and subdermal implants) to specific sub-populations and subsidization was based on income (Newfoundland and Labrador, n.d.).

Prince Edward Island

The pre-scan identified 7 different websites and 1 document were identified for further searches. In total, there were 31 searches within the 7 different websites. The scan found that there were 5 programs within PEI that covered LARCs: Children in Care Drug Program, Family Health Benefit Drug Program, Financial Assistance Drug Program, Generic Drug Program, and Women's Wellness Program. At the time of the scan, the Children in Care Drug Program, the Financial Assistance Drug Program, the Family Health Benefit Drug Program, and the Generic Drug Program, are all province-wide programs that provided subsidized or free contraceptives (including IUDs and Subdermal Implants) to specific sub-populations in PEI (see Table 2 for further details) (Impact Ethics, 2021; Prince Edward Island, 2020, 2021b, 2021a, 2023). In addition, a province-wide program called the Women's Wellness Program provided free IUDs to any patient who wanted an IUD and lacked insurance coverage. (Impact Ethics, 2021; Prince Edward Island, 2024)

Nova Scotia

The pre-scan identified 7 different websites (1 health site, 3 government sites and 3 different media sites) for further searches. In total, there were 64 searches within the 7 different websites. The scan found that there were 3 programs within Nova Scotia that covered LARCs: Family Pharmacare Program, Department of Community Services Pharmacare Benefits, and the Compassionate Contraceptives Program. At the time of the scan, the Nova Scotia Family Pharmacare Program, a province-wide program, subsidized prescription costs (including for IUDs and Subdermal Implants) based on income and family size (Nova Scotia Family Pharmacare Program, n.d.). Another province-wide program, called the Department of Community Services Pharmacare Benefits, provided low cost (\$5) or free prescriptions (including IUDs and Subdermal Implants when the website was assessed) to sub-populations in Nova Scotia such as residents who needed Income Assistance, or the Disability Support Program, or were children in the care of child welfare (Nova Scotia Department of Community Services Pharmacare Benefits, n.d.; Ross, 2014). Finally, a non-province-wide program, called the Compassionate Contraceptives Program provided free contraceptives (IUDs and Subdermal Implants) to those in need (Halifax Sexual Health Centre, n.d.; Global News, n.d.-a).

New Brunswick

The pre-scan identified 5 different websites for further searches. In total, there were 44 searches within the 5 different websites. The scan found that there was 1 program within New Brunswick that covered LARCs: New Brunswick Prescription Drug Program. At the time of the scan, a province-wide program called the New Brunswick Prescription Drug Program provided prescription subsidization (including IUDs and Subdermal Implants) based on income to New Brunswick residents and who had an active Medicare card and did not have private insurance (Government of New Brunswick, 2014).

Quebec

The pre-scan identified 20 different websites and 1 document for further searches. In total, there were 195 searches within the 20 different websites. The scan found that there were 2 programs within Quebec that covered LARCs: Public Prescription Drug Insurance Plan and Youth Clinics. In Quebec, everyone must have a prescription insurance plan. If lacking a private plan, one must register for the Public Prescription Drug Insurance Plan. At the time of the scan, the program subsidized prescription costs (including IUDs and Subdermal Implants) to specific sub-populations (see Table 2 for more details). In addition, at the time of the scan, certain Youth Clinics around Quebec provided free contraception for those aged 14 to 24 years (Quebec, 2022).

Ontario

The pre-scan identified 8 different websites (3 health sites, 3 government sites, and 2 different media sites) for further searches. In total, there were 70 searches within the 8 different websites. The scan found that there were 3 programs within Ontario that covered LARCs: OHIP+, Sexual Health Clinics, and Ontario Drug Benefit program. At the time of the scan, the Ontario Drug Benefit program, a province-wide program, provided LARC (IUD) coverage for specific sub-populations (for further details on specific sub-populations covered and percentage covered see Table 2) and coverage was dependent upon age and income (Ontario, n.d.; Ontario, n.d.). OHIP+ is another province-wide program that covered 100% of prescription drug costs (including IUDs and Subdermal Implants) to the entire population under 25 years of age in Ontario (Ontario, n.d.). Finally, Sexual Health Clinics around the province provided low-cost birth control, however this service and its availability may have varied by location. Further information on this program is provided in Table 2 (Ontario Sexual Health Clinics, n.d.).

Manitoba

The pre-scan identified 14 different websites for further searches. In total, there were 93 searches within the 14 different websites. The scan found that there were 2 programs within Manitoba that covered LARCs: Manitoba Prescription Birth Control Program and Manitoba Pharmacare Program. At the time of the scan, a province-wide program called the Manitoba Pharmacare Program, provided prescription subsidization (including IUDs and Subdermal Implants) based on income to those who were eligible for Manitoba Health coverage and their prescriptions were not covered by other provincial or federal programs (Province of Manitoba, n.d.). On October 1st, 2024, a province-wide program titled the Manitoba Prescription Birth Control Program was implemented and provided free IUDs and Subdermal Implants to those who had an active Manitoba Health Card and were not eligible for 100% coverage through federal or other provincial drug programs (Province of Manitoba, n.d.).

Saskatchewan

The pre-scan identified 11 different websites and 1 document for further searches. In total, there were 86 searches within the 11 different websites. The scan found that there were 4 programs within Saskatchewan that covered LARCs: Supplementary Health Benefits, Drug Cost Assistance, Children's Drug Plan, and Family Health Benefit. At the time of the scan, all 4 programs in Saskatchewan covered a percentage of prescription costs (including IUDs and Subdermal Implants) and were all province-wide programs that targeted specific sub-populations (for further details on specific sub-populations covered and percentage covered see Table 2) (Government of Saskatchewan, n.d.; Government of Saskatchewan, n.d.; Government of Saskatchewan, n.d.; Government of Saskatchewan, n.d.).

Alberta

The pre-scan identified 8 different websites for further searches. In total, there were 54 searches within the 8 different websites. The scan found that there were 2 programs within Alberta that covered LARCs: Sexual and Reproductive Health Clinics, and Alberta Adult Health Benefit. At the time of the policy scan, a provincial-wide program called the Alberta Adult Health Benefit provided prescription subsidization (including IUDs and Subdermal Implants) based on income to specific sub-populations in Alberta (Alberta, 2025). There is multiple Sexual and Reproductive Health Clinics around Alberta that provided free contraception to sub-populations in Alberta (Alberta Health Services, n.d.).

British Columbia

The pre-scan identified 12 websites and 1 document for further searches. In total, there were 153 searches within 12 different websites. The scan found that there were 5 programs within British Columbia that covered LARCs: BC PharmaCare Program, Fair PharmaCare Plan, First Nations Health Benefits (Plan W), Income Assistance (Plan C), and Fraser Health Youth Clinics. At the time of the scan, the Fair PharmaCare Plan, First Nations Health Benefits (Plan W), and Income Assistance (Plan C) provided prescription cost coverage (including IUDs and Subdermal Implants) to specific sub-populations province-wide (B.C. Ministry of Health, n.d.; Health, n.d.-b, n.d.-a). In addition, the Fraser Health Youth Clinics provided free contraception to those under 19 years of age who attend the clinic (Fraser Health, n.d.). Finally, on April 1st, 2023, a province-wide program titled the BC PharmaCare Program began providing free LARCs to residents who were registered within the Medical Service Plan (Blue Cross, n.d.; Province of British Columbia Health, n.d.).

Nunavut

The pre-scan identified 8 websites and 2 documents for further searches. In total, there were 23 searches within 8 different websites. The scan found there was 2 programs within Nunavut that covered LARCs: Extended Health Benefits and free IUDs. At the time of the

policy scan, information regarding covered prescription drugs and subsidization details are unclear for the Extended Health Benefits program (Government of Nunavut, n.d.). In addition, at the time of the scan, free IUDs were provided to those who were Nunavut Land Claims Beneficiaries and JBNQA Beneficiaries, which were Nunavut-specific categories (IRespectMyself, n.d.).

Northwest Territories

The pre-scan identified 6 websites and 2 documents for further searches. In total, there were 26 searches within 6 different websites. The scan found that there was 1 program within the Northwest Territories that covered LARCs: Extended Health Benefits. At the time of the policy scan, a territory-wide program called the Extended Health Benefits targeted low-income families and provided prescription subsidization (including IUDs and Subdermal Implants) based on income to specific sub-populations (Government of the Northwest Territories., n.d.).

Yukon

The pre-scan identified 9 websites and 3 documents for further searches. In total, there were 37 searches within 9 different websites. The scan found that there was 1 program within Yukon that covered LARCs: The Children's Drug and Optical Program. At the time of the policy scan, a territory-wide program called the Children's Drug and Optical Program provided low-income families with children subsidized prescriptions (including IUDs) and subsidization was based on the family's income. (Yukon, 2022)

Non-Insured Health Benefits Program (NIHB)

The Non-Insured Health Benefits Program provided prescription coverage (including IUDs and Subdermal Implants) to Canadian First Nations individuals who were registered under the Indian Act, or an Inuk recognized by an Inuit land claim organization, or a child less than 2 years old who parent is an NIHB-eligible client (Government of Canada, 2019).

CONCLUSION

The policy scan found that every province had some level of coverage for LARCs prior to 2024, with most coverage targeting specific sub-populations such as low-income families. Program coverage ranges from full coverage to the entire population or to certain sub-populations in need. For example, the Sexual and Reproductive Health Clinics in Alberta provide free contraception to specific sub-populations whereas the Manitoba Prescription Birth Control Program provides LARC coverage to all Manitobans that have a Manitoba Health Card (Province of Manitoba, n.d.; Alberta Health Services, n.d.).

We found considerable provincial variation in sub-populations covered under most programs. Individuals also typically need to apply for the programs, which is important: requiring approval adds extra barriers to access, particularly for marginalized communities, who must first be aware of the program's existence; navigating the application process can be an additional deterrent. As such, provincial-level programs are not as broadly available as they may seem to be.

We aimed to capture reliable start dates for LARC coverage programs however within the policy scan. However, we could not reliably capture timing of the program/coverage implementation due to the lack of publicly available information thus this policy scan is largely cross-sectional as of March 2025. Yet, the British Columbia Ministry of Health had publicly available documents that provided insights into changes of the BC Pharmacare programs over time that allowed us to reliably capture LARC coverage timing. Future studies in this area should revisit this and expand the data into a longitudinal dataset and could engage with senior public servants across Canada to capture timing and build a historical record.

LARC coverage is changing rapidly across Canada. British Columbia and Manitoba have recently implemented broad population-level programs to provide full coverage for LARCs. Likewise, in 2024, the Government of Canada has begun to make efforts to provide broad LARC coverage at the population-level as they implemented single-payer coverage for contraceptives like LARCs through the national universal pharmacare program (Canada, 2024). These are positive changes and will improve access to highly effective forms of contraception for all Canadians. Our policy scan provides the necessary data for evaluating historical (pre-2024) access to LARCs, which is essential in controlling to provincial heterogeneity in any assessment of LARC effectiveness.

EXHIBITS

Figure 1. Flow chart describing the policy scan process.

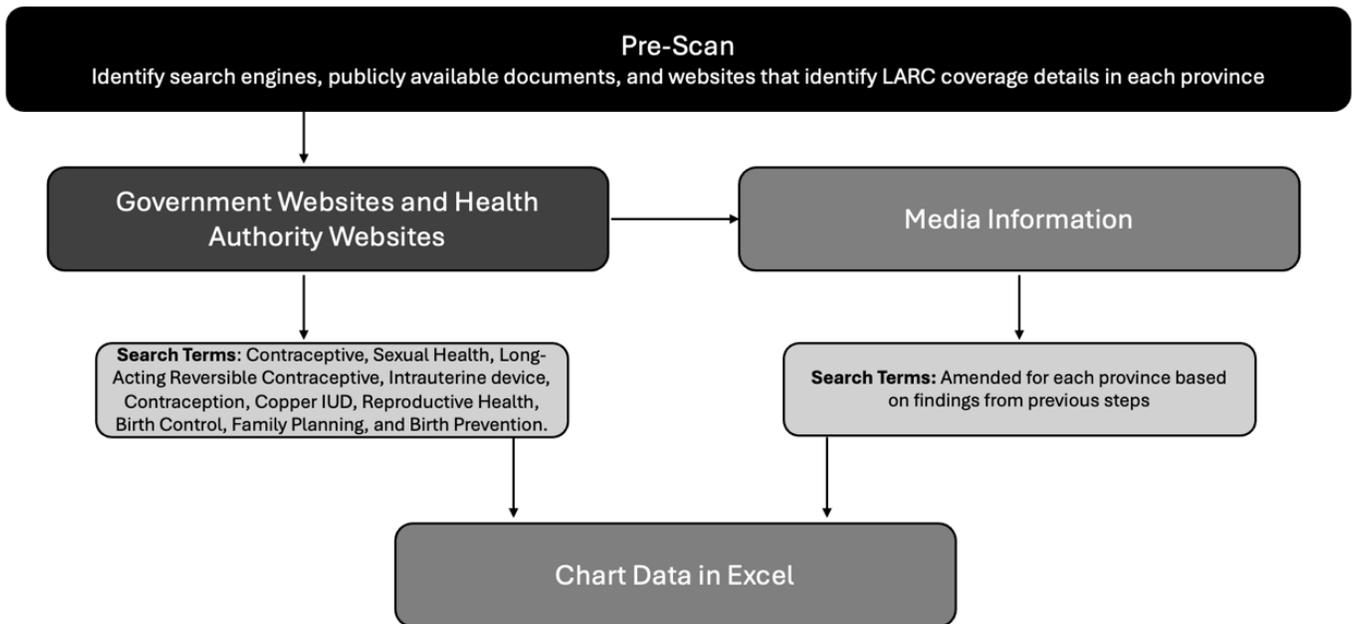


Table 1. Details collected from the policy scan.

Variable Collected	Variable Information
Canadian province and jurisdictions covered by contraception coverage or policy	e.g., Nova Scotia
Source of information	e.g., including website name/link
Date on which website was accessed	e.g., January 1, 2000
Contraception Coverage	Binary indicator (yes/no) of whether a province/jurisdiction had or has any form of contraception coverage in place, regardless of amount and type covered.
Contraception coverage for LARCs	Binary indicator (yes/no) of whether a province/jurisdiction had or has contraception coverage for LARCs in place, regardless of amount covered.
Date contraception coverage or policy began.	e.g, January 1, 2000
Date contraception coverage or policy was amended.	e.g, January 1, 2010
Who is eligible for contraception coverage	e.g, those <25 years of age
Amount Subsidized	e.g., 80% of the cost of an IUD is covered
Types of LARCs covered within the coverage/policy.	e.g., only hormonal IUDs are covered, and copper IUD and subdermal implants are not covered

Figure 2. LARC coverage around Canada (Canada | Create a Custom Map, n.d.).

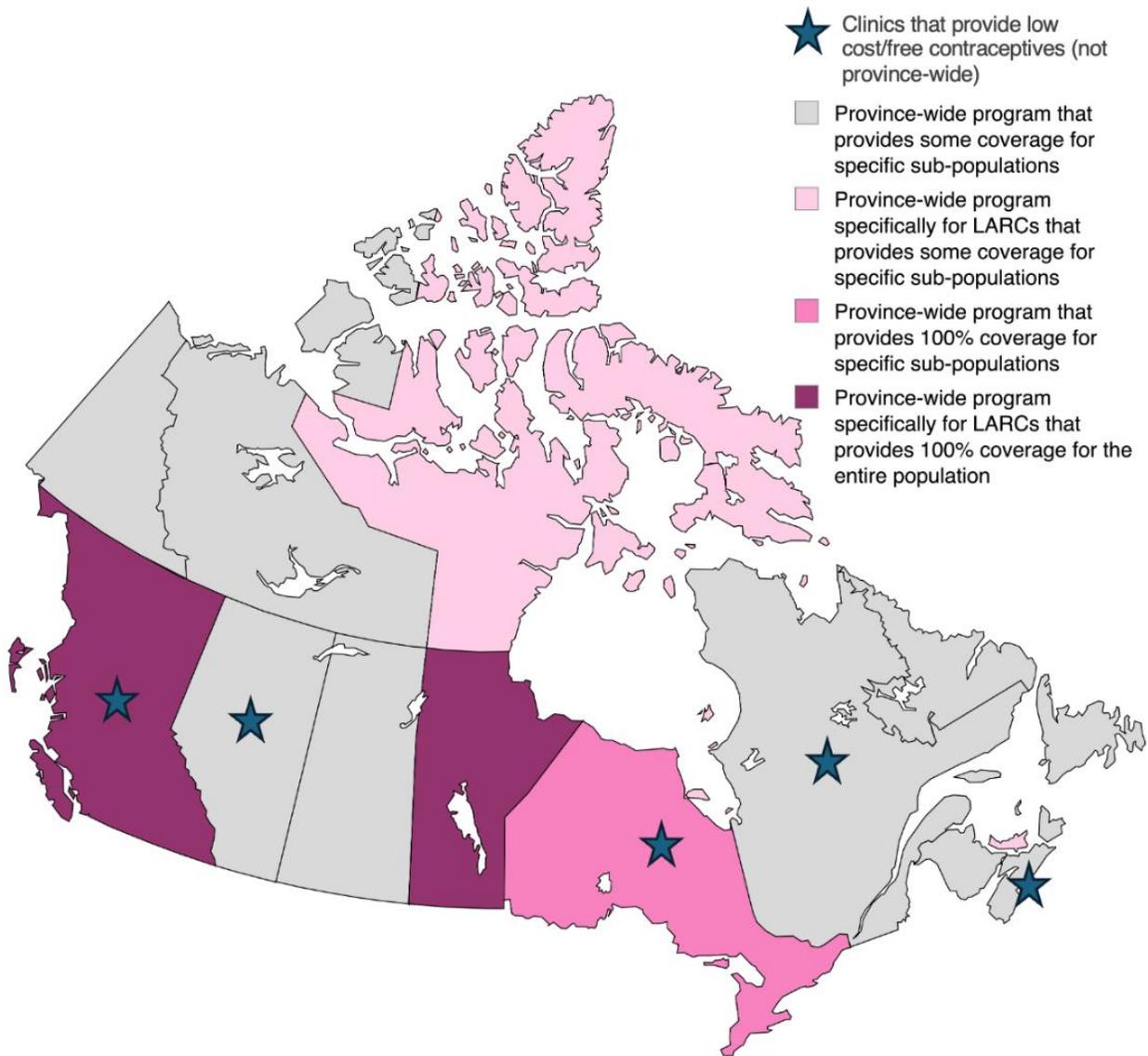


Table 2. Policy scan summary.

Jurisdiction	Program	Source	Date accessed	LARC Coverage Availability (Yes/No)	Date of LARC Coverage Policy Implementation	Date of LARC Coverage Policy Amendment	Who is eligible for LARC Coverage?	Amount Subsidized	Type of LARC included in Coverage
Newfoundland and Labrador	The Newfoundland and Labrador Prescription Drug Program	Government of Newfoundland and Labrador (Newfoundland and Labrador, n.d.)	February 15th, 2025	Unclear	Unclear	Unclear	Low-income families or persons receiving income support.	Subsidization is based on income or is free for those receiving income support benefits.	IUDs and Subdermal Implants
Prince Edward Island	Children in Care Drug Program	Government of PEI (Prince Edward Island, 2023)	February 14 th , 2025	Yes	Unclear	Unclear	Children who in the custody of the Director of Child Protection, and eligible for coverage through PEI Medicare	100%	IUDs and Subdermal Implants
	Family Health Benefit Drug Program	Government of PEI (Prince Edward Island, 2020)	February 14th, 2025	Yes	Unclear	June 1 st , 2023	Families who are eligible for PEI Medicare and a total annual net family income less than \$24,800, plus \$3,000 for each additional child. As of June 1st, 2023, under the joint federal-provincial prescription care initiative, copays for commonly prescribed, eligible medications will be reduced to \$5. (PEI Pharmacare Formulary, n.d.)	Subsidization is based on income and size of family	IUDs and Subdermal Implants
	Financial Assistance Drug Program	Government of PEI (Prince Edward Island, 2021b)	February 14th, 2025	Yes	Unclear	Unclear	Those approved under the social assistance act.	100%	IUDs and Subdermal Implants

Jurisdiction	Program	Source	Date accessed	LARC Coverage Availability (Yes/No)	Date of LARC Coverage Policy Implementation	Date of LARC Coverage Policy Amendment	Who is eligible for LARC Coverage?	Amount Subsidized	Type of LARC included in Coverage
	Generic Drug Program	Government of PEI (Prince Edward Island, 2021a)	February 14th, 2025	Yes	October 1, 2015 (Jamie, 2015)	June 1 st , 2023	less than 65 years of age with no private drug insurance. As of June 1st, 2023, under the joint federal-provincial prescription care initiative, copays for commonly prescribed, eligible medications will be reduced to \$5. (PEI Pharmacare Formulary, n.d.)	Maximum of \$19.95 per prescription.	IUDs and Subdermal Implants
	Women's Wellness Program	Impact Ethics and Government of PEI (Impact Ethics, 2021; Prince Edward Island, 2024)	February 14 th , 2025	Yes	January 2017	Unclear	Any patient who wants an IUD and lacks insurance coverage is eligible.	100%	IUDs
Nova Scotia	Family Pharmacare Program	Government of Nova Scotia (Nova Scotia, n.d.)	January 24 th , 2025	Yes	March 1 st , 2008 (Focus Update_128.Pdf, n.d.)	Unclear	Those who are residents of Nova Scotia with a valid Nova Scotia health card and agree to family income verification through Canada Revenue Agency each year and agree to provide family size information each year.	Subsidization is based on income and size of family	IUDs and Subdermal Implants
	Department of Community Services Pharmacare Benefits	Government of Nova Scotia (Nova Scotia, n.d.)	January 23 rd , 2025	Yes	2001 (Ross, 2014)	Unclear	Those who are residents of Nova Scotia with income assistance clients, disability support program clients, and children in the care of child welfare.	A fee of \$5 per prescription unless person is eligible for a co-pay exemption.	IUDs and Subdermal Implants

Jurisdiction	Program	Source	Date accessed	LARC Coverage Availability (Yes/No)	Date of LARC Coverage Policy Implementation	Date of LARC Coverage Policy Amendment	Who is eligible for LARC Coverage?	Amount Subsidized	Type of LARC included in Coverage
	Compassionate Contraceptives Program	Halifax Sexual Health Centre (Halifax Sexual Health Centre, n.d.)	January 23 rd , 2025	Yes	Unclear	An article published in March 2024 on Global News stated that the clinic can no longer provide free contraception due to lack of funding. (Global News, n.d.-b)	Those who require free contraceptives.	100%	IUDs and Subdermal Implants
New Brunswick	New Brunswick Prescription Drug Program	Government of New Brunswick (Government of New Brunswick, 2014)	February 12 th , 2025	Yes	Unclear	As of April 1, 2015, any New Brunswicker without a private drug plan will have to join the provincial plan. (Atlantic, 2013)	Those who are uninsured New Brunswick residents and who have an active Medicare card	Subsidization is based on income	IUDs and Subdermal Implants
Quebec	Public Prescription Drug Insurance Plan	Government of Quebec (Régie de l'assurance Maladie Du Québec (RAMQ), n.d.)	March 7 th , 2025	Yes	January 1 st , 1997 (<i>DI_file.Pdf</i> , n.d.)	Unclear	Those are eligible if they do not have access to a private plan.	Subsidization is based on income. However, persons with a functional impairment or those under the age of 18 and over the age of 65 or ages 18 to 25, without access to a private plan and in full-time secondary education have access to prescription free of charge.	IUDs and Subdermal Implants
	Youth Clinics	Montreal West Island Integrated University Health and Social Services Centre (<i>Quebec</i> , 2022)	March 7 th , 2025	Yes	Unclear	Unclear	Those aged 14-24.	100%	Unclear

Jurisdiction	Program	Source	Date accessed	LARC Coverage Availability (Yes/No)	Date of LARC Coverage Policy Implementation	Date of LARC Coverage Policy Amendment	Who is eligible for LARC Coverage?	Amount Subsidized	Type of LARC included in Coverage
Ontario	Ontario Drug Benefit program	Government of Ontario (Ontario, n.d.)	February 19 th , 2025	Yes	Program started in 1990 (Ontario, n.d.)	Unclear	Those who are 65 years old and above, or living in a long-term care home, or 24 years of age or younger and not covered by a private insurance plan, or those receiving professional home and community care services, or those receiving benefits from Ontario Works or Ontario Disability Support Program, or those enrolled in the Trillium Drug Program.	Subsidization is based on age and income	IUDs
	OHIP+	Government of Ontario (Ontario, n.d.)	February 19 th , 2025	Yes	January 1 st , 2018	April 1 st , 2019	Those 24 years old or younger and are not covered by a private plan.	100%	IUDs (from 2019 onward) and Subdermal Implants (from 2022 onward)
	SexOual Health Clinics	Government of Ontario & Ottawa Public Health (Ontario, n.d.)	February 19 th , 2025	Yes	Unclear	Unclear	Ottawa residents who are 29 years of age and younger, Indigenous communities, African, Caribbean, and black communities, 2SLGBTQ+, persons engaging in sex work and people who use drugs.	Unclear – website indicates low-cost	IUDs
Manitoba	Manitoba Prescription Birth Control Program	Government of Manitoba (Province of Manitoba, n.d.)	March 5 th , 2025	Yes	October 1 st , 2024	Unclear	Those who have an active Manitoba health card and not be eligible for 100% coverage through federal or other provincial drug programs.	100%	IUDs and Subdermal Implants

Jurisdiction	Program	Source	Date accessed	LARC Coverage Availability (Yes/No)	Date of LARC Coverage Policy Implementation	Date of LARC Coverage Policy Amendment	Who is eligible for LARC Coverage?	Amount Subsidized	Type of LARC included in Coverage
	Manitoba Pharmacare Program	Government of Manitoba (Province of Manitoba, n.d.)	March 5th, 2025	Yes	Unclear	Unclear	Those who are eligible for Manitoba health coverage and their prescriptions are not covered by other provincial or federal programs.	Subsidization is based on income	IUDs and Subdermal Implants
Saskatchewan	Supplementary Health Benefits	Government of Saskatchewan (Government of Saskatchewan, n.d.)	March 3 rd , 2025	Yes	July 1998 (Livingstone et al., 2004)	Unclear	Those who are non-insured and wards of the governments, or inmates of the provincial correctional institutions, residents of special care facilities, and those receiving income support.	There are 3 different plans under the Supplementary Health Benefits. All plans provide free contraception for those under 18 years of age. Other plans provide free of \$2 prescriptions depending upon eligibility.	Unclear what contraceptives are covered
	Drug Cost Assistance	Government of Saskatchewan (Government of Saskatchewan, n.d.)	March 3 rd , 2025	Yes	September 1 st , 1975 ¹³⁸	Unclear	Those who receive the guaranteed income supplement, seniors' income plan, or family health benefit.	Subsidization is based on income	IUDs and Subdermal Implants
	Children's Drug Plan	Government of Saskatchewan (Government of Saskatchewan, n.d.)	March 3 rd , 2025	Yes	July 1 st , 2008 (Government of Saskatchewan, n.d.)	Unclear	Saskatchewan residents 14 years of age and under qualify automatically for the children's drug plan.	The program allows families to pay \$25 per prescription	IUDs and Subdermal Implants
	Family Health Benefits	Government of Saskatchewan (Government of Saskatchewan, n.d.)	March 3 rd , 2025	Yes	July 1998 (Government of Saskatchewan, n.d.)	Unclear	Low-income working families who meet the standards of an income test of are receiving the Saskatchewan employment supplement.	Children are covered and Adults have a \$100 semi-annual family deductible and 35 per cent consumer co-payment thereafter.	IUDs and Subdermal Implants

Jurisdiction	Program	Source	Date accessed	LARC Coverage Availability (Yes/No)	Date of LARC Coverage Policy Implementation	Date of LARC Coverage Policy Amendment	Who is eligible for LARC Coverage?	Amount Subsidized	Type of LARC included in Coverage
Alberta	Sexual and Reproductive Health Clinics	Myhealth Alberta (Alberta Health Services, n.d.-b)	February 26 th , 2025	Yes	Unclear	May 6, 2013 (Alberta Health Services, n.d.-a)	Those who are 29 or younger, or have no Alberta Health Care, or can't afford birth control, or need a translator, or need special services, or have a need for our services that they can't meet elsewhere.	100%	IUDs and Subdermal Implants
	Alberta Adult Health Benefit	Government of Alberta (Alberta, 2025)	February 26 th , 2025	Yes	July 1 st , 2003 (Alberta, 2024)	Unclear	Those who live in Alberta and are not receiving income support, assured income for the severely handicapped, child and youth support program, or Canadian government program for Albertans with Frist Nations or Inuit Status and families' household income must fall below the maximum income based on family size.	Subsidization is based on income	IUDs and Subdermal Implants
British Columbia	BC PharmaCare Program	Government of BC (Health, n.d.-b)	January 29 th , 2025	Yes	June 1 st , 2023 (Blue Cross, n.d.)	Unclear	Residents of BC who are registered for the medical service plan	100%	IUDs and Subdermal Implants
	Fair PharmaCare Plan	Government of BC (B.C. Ministry of Health, n.d.)	January 30 th , 2025	Yes	May 1 st , 2003(<i>Pcaretrends2010-11.Pdf</i> , n.d.)	Unclear	Those who are residents of BC and have medical service plan coverage and give PharmaCare permission to check their income with Canada Revenue Agency	Subsidization is based on income	IUDs and Subdermal Implants
	First Nations Health Benefits (Plan W)	Government of BC (Province of British Columbia, n.d.-a)	January 30 th , 2025	Yes	October 1 st , 2017 (BC Pharmacy Association, n.d.)	Unclear	Those enrolled with First Nations Health Authority	100%	IUDs and Subdermal Implants

Jurisdiction	Program	Source	Date accessed	LARC Coverage Availability (Yes/No)	Date of LARC Coverage Policy Implementation	Date of LARC Coverage Policy Amendment	Who is eligible for LARC Coverage?	Amount Subsidized	Type of LARC included in Coverage
British Columbia	Income Assistance (Plan C)	Government of BC (Government of BC, n.d.-a)	January 30 th , 2025	Yes	1970s (<i>Pharmacare-Trends-2015-16.Pdf</i> , n.d.)	Unclear	Those receiving benefits and income assistance through the ministry of social development and poverty reduction or in the care of ministry of children and family services.	100%	IUDs and Subdermal Implants
	Fraser Health Youth Clinics	Fraser Health (Fraser Health, n.d.)	February 6 th , 2025	Yes	Unclear	Unclear	BC youth up to the age of 19.	100%	Unclear
Nunavut	Free IUDs for Nunavut Land Claims Beneficiaries and JBNQA Beneficiaries	I Respect Myself (IRespectMyself, n.d.)	February 18 th , 2025	Yes	Unclear	Unclear	Those who are Nunavut Land Claims Beneficiaries and JBNQA Beneficiaries.	100%	IUDs
	Extended Health Benefits	Government of Nunavut (Government of Nunavut, n.d.)	March 21 st , 2025	Unclear	Unclear	Unclear	Nunavut residents with a valid Nunavut Health Care Card who are non-indigenous with a specific condition, age 65 and older, or a resident who have exhausted their third-party insurance.	Unclear	Unclear
Northwest Territories	Extended Health Benefits	Government of the Northwest Territories (Government of the Northwest Territories, n.d.)	February 28 th , 2025	Yes	Unclear	September 1 st , 2024 – The program changed to include income criteria and added to current specified disease conditions list. (Tessier-Burns, 2023)	Those who have a valid health care card, not eligible for benefits under the Métis Health benefits policy or Non-Insured Health Benefits Program and filed an income tax return for the previous year.	Subsidization is based on income	IUDs and Subdermal Implants
Yukon	The Children's Drug and Optical Program	Government of Yukon (Yukon, 2022)	February 25 th , 2025	Yes	Unclear	Unclear	Low-income families with children 18 years of age and under.	Subsidization is based on income	IUDs

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