

**Patient Demographic Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Female

**Patient Insurance Information (Please copy and attach the front and back of medical and prescription drug card insurance - Send with request)**

Prescription Insurance: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Subscriber #: \_\_\_\_\_ Group#: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Subscriber #: \_\_\_\_\_ Group#: \_\_\_\_\_

**Policy Holder Information (If different from patient)**

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Relation to Patient: \_\_\_\_\_

**Policy Holder Information (If different from patient)**

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Relation to Patient: \_\_\_\_\_

**Prescriber Information**

Prescriber Name (First, Last): \_\_\_\_\_ Title (please check one)  MD  DO  NP  PA  
 Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ship to address if different from above: \_\_\_\_\_

Group or Hospital: \_\_\_\_\_ Physician Medicaid #: \_\_\_\_\_ License#: \_\_\_\_\_ NPI#: \_\_\_\_\_

Prescriber has been trained in the placement of Mirena  Prescriber has not been trained. Send a Mirena training kit.

**Prescription Information (Patient-Specific Order for specialty pharmacy dispensing) CVS Caremark will ship upon verification of benefits and collection of applicable copay. CVS Caremark will ship to prescriber's office. Prescriber MUST call CVS Caremark at 866-638-8312 to cancel shipment.**

**Rx Mirena (levonorgestrel-releasing intrauterine system)**

ICD-9:  V25.1  626.2  627.0  Other (List ICD-9) \_\_\_\_\_ Date of last menses: \_\_\_\_\_ List Allergies: \_\_\_\_\_

Dispense \_\_\_\_\_ Mirena \_\_\_\_\_ SIG: \_\_\_\_\_ For one time intrauterine placement \_\_\_\_\_ Quantity: 1

Requested Date of Mirena Delivery: \_\_\_\_\_ Scheduled Placement Date: \_\_\_\_\_

Product Substitution Permitted (Signature) Date Dispense As Written (Signature) Date

Supervising Physician Name (Print) Supervising Physician (Signature) Date

**Patient Consent:**

I \_\_\_\_\_ patient/guardian (circle one), give CVS Caremark Specialty Pharmacy permission to bill my insurance company. CVS Caremark does not need to contact me when there is no copayment (\$0 copay). I understand this medication is being ordered by my doctor and will be delivered to and administered in my doctor's office.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Charge Card Information**

I give my consent for CVS Caremark to use my credit card/bank card information to bill for a copay up to \$50 as necessary without contacting me.

American Express  MasterCard  Visa Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ MM/YY

Cardholder Name (printed) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

# The Specialty Pharmacy Program prescription process



To order Mirena®, complete the Prescription Form as follows:

1. Enter the patient and health care provider information in the space provided on the Prescription Form including the patient's pharmacy benefit and medical insurance information.
  - Please ensure that all information is complete
  - Include copies of the patient's benefit/insurance cards
  - Prescriber information (complete this information and then photocopy the form for future use)
2. Complete the prescription section.
  - Indicate appropriate diagnosis code
  - Indicate scheduled placement date, if known (this will help ensure that you receive the Mirena in time to meet the patient's scheduled placement date)
  - Sign the prescription
3. **Request your patient to sign the patient consent section and charge card authorization.**

This will allow the Specialty Pharmacy to bill the insurance company, bill the applicable co-pay and ship the device. Any co-pay of \$50 or less will be automatically billed to the patient's credit card. CVS Caremark will contact patients to gain authorization for co-pays greater than \$50. Patients can contact CVS Caremark at **866-638-8312** five days after the prescription is faxed in to verify co-pays.
4. Provide your patient with the appointment reminder card.
5. Fax the completed Prescription Form to CVS Caremark Specialty Pharmacy at **866-216-1681**, or for questions call their Mirena team at **866-638-8312**.
6. After placement, bill the patient's insurance for the placement procedure and your customary professional services charges only.

To find out more about the Specialty Pharmacy Program or to request prescription forms, contact your Bayer Sales Consultant or visit our Web site.

Visit [www.mirena-us.com/physician](http://www.mirena-us.com/physician) for more information.