

Patient Demographic Information

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip Code: _____
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)

Patient has no insurance and/or does not want insurance billed. Requests Self Pay option Single 4-month 24-month

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.

Notification

By submitting this prescription request form, prescriber and patient are aware that CVS Caremark will ship upon verification of benefits and collection of applicable copay. If there is a zero-dollar copay, patient will not be contacted. CVS Caremark will ship to prescriber's office, and will not contact prescriber before shipping.

Prescription Information (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: To be inserted one time by prescriber. Route intrauterine. Quantity: 1
Requested Date of Mirena Delivery: _____ Scheduled Placement Date: _____

Product Substitution Permitted (Signature) Date Dispense As Written (Signature) Date
For ARNP, NP and PA, collaborative physician agreement is with _____ Date _____
(Print)

Patient Charge Card Information (Optional)

I give my consent for CVS Caremark to use my credit card/bank card information to bill for a copay as necessary without contacting me **UP TO** \$50 \$100 \$150 \$200 Full self pay amount (see self pay flyer)
 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 Request Form including the patient's pharmacy drug benefit and medical insurance information.
 - Please ensure that all information is complete
 - **Include copies of the patient's pharmacy benefit and medical insurance cards**
 - Prescriber information (complete this information and then photocopy the form for future use)
2. Complete the prescription section.
 - Indicate appropriate diagnosis code
 - Sign the prescription
 - For ARNP, NP and PA, identify who your collaborative agreement is with if requested to write prescriptions in your state.
3. **Read the Notification section on the Prescription Request Form and request that your patient provide her charge card authorization.**

This will allow the Specialty Pharmacy to bill the insurance company, bill the applicable co-pay and ship the device. The applicable copay will be automatically billed to the patient's credit card. CVS Caremark will contact patients to gain authorization if the co-pay is above the authorized amount. Patients can contact CVS Caremark at 866-638-8312 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. Bill the patient's insurance for the 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 for more information.