

Mirena Specialty Pharmacy Prescription Request Form

CVS Caremark Specialty Pharmacy Phone: 866-638-8312 Fax: 866-216-1681

Mirena[®]
(levonorgestrel-releasing intrauterine system) 3mg

Patient Demographic Information

Last Name: _____ First Name: _____ MI: _____ SS#: _____
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 #: _____

Policy Holder Information (If different from patient)

Name: _____
Employer: _____
Relation to Patient: _____

Medical Insurance: _____
Phone: _____
Subscriber #: _____ Group #: _____

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: 919-471-2273 Fax: 919-479-0881
Address: 209 E. Carver Street City: Durham State: NC Zip Code: 27704
Ship to address if different from above: _____ DEA #: _____
Women's Health Alliance,
Group or Hospital: Durham Women's Clinic Physician/Medicaid #: _____ License #: _____ NPI #: 1114972346
 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: V25.11 626.2 627.0 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 _____			(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: _____

IMPORTANT NOTICE: This document is intended to be delivered only to the listed addressee, and contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you have received this document and are not the named addressee, you should immediately notify the sender at the address and telephone number above and obtain instructions as to disposal of this document. In no event should this document be read or retained by anyone other than the named addressee, except by expressed authority of the sender to the named addressee.

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.

IMPORTANT SAFETY INFORMATION

Know who is appropriate for Mirena

Mirena is indicated for intrauterine contraception for up to 5 years. Mirena is also indicated to treat heavy menstrual bleeding in women who choose to use intrauterine contraception as their method of contraception. Mirena is recommended for women who have had a child.

Know who is not appropriate for Mirena

Mirena is contraindicated in women with known or suspected: pregnancy; congenital or acquired uterine anomaly including fibroids if they distort the uterine cavity; breast carcinoma; uterine or cervical neoplasia; unresolved, abnormal Pap smear; liver disease including tumors; untreated acute cervicitis or vaginitis, including lower genital tract infections (e.g., bacterial vaginosis) until infection is controlled; postpartum endometritis or infected abortion in past 3 months; unexplained vaginal bleeding; current IUD; acute pelvic inflammatory disease (PID) or history of PID (except with later intrauterine pregnancy); or conditions increasing susceptibility to pelvic infections.

Use with caution in patients with certain conditions

In patients with certain types of valvular or congenital heart disease and surgically constructed systemic-pulmonary shunts, Mirena increases risk of infective endocarditis and may be a source of septic emboli. Give appropriate antibiotics at insertion and removal to patients with known congenital heart disease who may have higher risk. Monitor for infections any patient on chronic corticosteroid therapy or insulin for diabetes. Use Mirena with caution in patients with coagulopathy or taking anticoagulants; migraine, focal migraine with asymmetrical visual loss or other symptoms indicating transient cerebral ischemia; exceptionally severe headache; marked increase of blood pressure; or severe arterial disease such as stroke or myocardial infarction.

In the event of pregnancy

If pregnancy should occur with Mirena in place, Mirena should be removed. Removal or manipulation may result in pregnancy loss. Up to half the pregnancies that occur with Mirena in place are ectopic. Tell women about the risks of ectopic pregnancy including loss of fertility. Women with a history of ectopic pregnancy, tubal surgery or pelvic infection carry a higher risk of ectopic pregnancy.

Educate her about PID

Prior to insertion, inform women about the possibility of PID and that PID can cause tubal damage leading to ectopic pregnancy or infertility, or infrequently can necessitate hysterectomy, or cause death. PID is often associated with sexually transmitted diseases (STDs); Mirena does not protect against STDs, including HIV. The highest risk of PID occurs shortly after insertion (usually within the first 20 days).

Expect changes in bleeding patterns

Expect spotting and irregular/heavy bleeding for 3-6 months, then shorter, lighter periods. Cycles may remain irregular and become infrequent and may cease. Consider pregnancy if menstruation does not occur within 6 weeks of the onset of previous menstruation.

Be aware of other serious complications and most common adverse reactions

Some serious complications with IUDs like Mirena are expulsion, sepsis, myometrial embedment and uterine or cervical perforation. Perforation risk may be higher in women who are lactating, postpartum or have fixed retroverted uteri.

Ovarian cysts may occur and are generally asymptomatic but may be accompanied by pelvic pain or dyspareunia. Evaluate persistent enlarged ovarian follicles.

The most common adverse reactions (>10%) are uterine/vaginal bleeding alterations (51.9%), amenorrhea (23.9%), intermenstrual bleeding and spotting (23.4%), abdominal/pelvic pain (12.8%) and ovarian cysts (12%).

Teach patients to recognize and immediately report signs or symptoms of the aforementioned conditions. Evaluate patients 4-12 weeks after insertion and then yearly or more often if clinically indicated.

Please see accompanying full Prescribing Information.



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