Paragard® intrauterine copper contraceptive by CooperSurgical®

Paragard Specialty Pharmacy℠

WEB: ParagardAccessCenter.com
PHONE: 1-877-PARAGARD

Specialty Pharmacy Request Form

Complete the form and fax to chosen Specialty Pharmacy.
Please give page 2 to the patient.

SPECIALTY PHARMACY (Choose one)

Specialty Pharmacy	Fax	Phone	Hours of Operation
☐ Biologics by McKesson	1-855-215-5315	1-888-275-8596	Mon-Fri 9:00 AM - 6:00 PM ET
☐ CenterWell Pharmacy (formerly Humana Pharmacy)	1-877-405-7940	1-800-486-2668	Mon-Fri 8:00 AM - 11:00 PM ET, Sat 8:00 AM - 6:30 PM ET
☐ Giannotto's Specialty Pharmacy	1-844-587-9626	1-973-482-8220 ext. 319	Mon-Fri 9:00 AM - 7:00 PM ET, Sat 9:00 AM - 4:00 PM ET

PATIENT INFORMATION

Patient Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

☐ See Attached Demographic Sheet

PRESCRIBER INFORMATION

Prescriber Name: _____
State Lic #: _____
NPI #: _____ Specialty: _____
Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Ship To Address (Required): _____
City: _____ **State:** _____ **Zip:** _____
Prescriber's Phone: _____
Prescriber's Fax: _____

PREFERRED COMMUNICATION

Office Contact Name: _____
Direct Phone Number: _____
Direct Email Address: _____
Direct Fax: _____

INSURANCE INFORMATION (Please attach copies of front & back of cards)

☐ N/A (Patient Self-Pay)

Primary Insurance: _____
City: _____ State: _____
Plan #: _____
Group #: _____
Phone #: _____
Subscriber Name (First/Last): _____
ID #: _____
Employer: _____

Secondary Insurance: _____
City: _____ State: _____
Plan #: _____
Group #: _____
Phone #: _____
Subscriber Name (First/Last): _____
ID #: _____
Employer: _____

Rx Card (PRM): _____
PBM BIN: _____
City: _____ State: _____
Group #: _____
Phone #: _____
Subscriber Name (First/Last): _____
ID #: _____
Employer: _____

PRESCRIPTION INFORMATION

☐ **PAR T380A – QTY 1**

☐ **PAR T380A with Single Hand Inserter – QTY 1**

Paragard (intrauterine copper contraceptive) to be inserted one time by prescriber.

DIAGNOSTIC INFORMATION (ICD-10 Code)

☐ **Z30.430:** Encounter for insertion of intrauterine contraceptive device.

☐ **Z30.014:** Encounter for initial prescription of intrauterine contraceptive device. This code includes the initial prescription of the IUD, counseling, and advice, but excludes the IUD insertion.

☐ **Other:** Please Specify _____

If patient is a minor and is signing the authorization on the following page on her own behalf, please affirm that:

☐ This patient has the capacity to consent to treatment with Paragard under the law of the state in which I practice (and the consent of a parent or guardian is not required), or

☐ This patient's parent or guardian has consented to the patient's treatment with Paragard, as required by applicable state law.

I understand that my signature will be used as an approval allowing the Specialty Pharmacy to dispense Paragard. If I have a financial responsibility for obtaining Paragard, I understand that the selected specialty pharmacy will contact me prior to the dispense.

Patient Signature: _____ **Date:** ___/___/___

Prescriber Signature: _____ **Date:** ___/___/___

For ARNP, NP, and PA, collaborative physician agreement is with: _____ **Date:** ___/___/___

IMPORTANT: Prescriber gives the selected specialty pharmacy express permission to use his/her NPI number included herein for the purpose of identifying the referring prescriber to the authorized pharmacy benefits manager and/or payer. The selected specialty pharmacy accepts no liability regarding any decisions concerning claims, coverage or payment, which are made in the sole discretion of the health plan administrators and insurers. The selected specialty pharmacy makes no assurance that any prescribed drug will be covered or reimbursed at any specific level under any patient's insurance plan, or that any specific pharmacy will provide the prescribed drug.

Paragard® intrauterine copper contraceptive by CooperSurgical®

Paragard Specialty Pharmacy℠

WEB: ParagardAccessCenter.com
PHONE: 1-877-PARAGARD

Dear Patient,

Your healthcare provider has ordered Paragard through the following specialty pharmacy. This specialty pharmacy may contact you regarding Paragard, or you may contact them directly if you have any questions.

Specialty Pharmacy	Phone Number
☐ Biologics by McKesson	1-888-275-8596
☐ CenterWell Pharmacy (formerly Humana Pharmacy)	1-800-486-2668
☐ Giannotto's Specialty Pharmacy	1-973-482-8220 ext. 319

To learn more visit Paragard.com

INDICATIONS AND USAGE

Paragard is a copper-containing intrauterine system (IUS) indicated for prevention of pregnancy in females of reproductive potential for up to 10 years.

CONTRAINDICATIONS

The use of Paragard is contraindicated when one or more of the following conditions exist:

- Pregnancy or suspicion of pregnancy, abnormalities of the uterus resulting in distortion of the uterine cavity, acute pelvic inflammatory disease (PID), postpartum or postabortal endometritis in the past 3 months, known or suspected uterine or cervical malignancy, uterine bleeding of unknown etiology, untreated acute cervicitis or vaginitis or other lower genital tract infection, conditions associated with increased susceptibility to pelvic infections, Wilson's disease, a previously placed IUS that has not been removed, hypersensitivity to any component of Paragard including to copper or any of the trace elements present in the copper component of Paragard.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Ectopic Pregnancy: Evaluate for possible ectopic pregnancy in any female who becomes pregnant while using Paragard.

Intrauterine Pregnancy: Failure to remove Paragard increases the risk of miscarriage, sepsis, premature labor, and premature delivery.

Sepsis: Severe infection or sepsis, including Group A Streptococcal Sepsis (GAS), have been reported following insertion of IUSs, including Paragard.

Pelvic Inflammatory Disease and Endometritis: Remove Paragard in cases of recurrent PID or endometritis, or if an acute pelvic infection is severe or does not respond to treatment.

Embedment: Partial penetration or embedment of Paragard in the myometrium can make removal difficult; surgical removal may be necessary. Breakage of an embedded Paragard during non-surgical removal has been reported.

Perforation: Partial or total perforation of the uterine wall or cervix may reduce contraceptive efficacy and result in pregnancy. Delayed detection or removal of Paragard may result in migration outside the uterine cavity, adhesions, peritonitis, intestinal penetration, intestinal obstruction, abscesses and/or damage to adjacent organs. Increased risk when the uterus is fixed, retroverted or not completely involuted during the postpartum period. If perforation does occur, locate and remove Paragard promptly.

Expulsion: Partial or complete expulsion of Paragard has been reported, resulting in the loss of contraceptive protection. The risk of expulsion may be increased when the uterus is not completely involuted at the time of insertion. Remove a partially expelled Paragard.

Wilson's Disease: Paragard may exacerbate Wilson's disease.

Bleeding Pattern Alterations: Paragard can alter the bleeding pattern and result in heavier and longer menstrual cycles with intermenstrual spotting.

Magnetic Resonance Imaging (MRI) Safety Information: Non-clinical testing has demonstrated that Paragard is MR Conditional.

Medical Diathermy: Avoid using high medical RF transmitter devices in females with Paragard.

ADVERSE REACTIONS

Adverse reactions reported in clinical trials include anemia, backache, dysmenorrhea, dyspareunia, expulsion (complete or partial), prolonged menstrual flow, menstrual spotting, pain and cramping, and vaginitis.

Please see Full Prescribing Information for Paragard at Paragard.com.