



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		

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name:	Prescriber Name:
Address:	Facility Name:
City:	
	City: State: Zip:
State:	
Zip:	City: State: Zip:
Σιβ	Prescriber's Phone:
Home Phone:	Prescriber's Fax:
Cell Phone:	
	Office Contact Name:
Date of Birth:	
	Direct Email Address:
See Attached Demographic Sheet	Direct Fax:

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

N/A (Patient Self-Pay)

Primary Insurance:		Secondary Insurance:		Rx Card (PRM):	
City:					
Plan #:		_ Plan #:			
				Group #:	
Subscriber Name (Fir	rst/Last):	Subscriber Name (Firs	t/Last):	Subscriber Name (First/Last):
ID #:		ID #:		ID #:	
Employer:				_ Employer:	

PRESCRIPTION INFORMATION

PAR T380A – QTY 1/Paragard (intrauterine copper contraceptive) to be inserted one time by prescriber. **DIAGNOSTIC INFORMATION (ICD-10 Code)**

Other: Please Specify

Z30.430: Encounter for insertion of intrauterine contraceptive device

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:	/	/

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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 specially 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. © 2023 CooperSurgical, Inc. Paragard⁺ is a registered trademark, and Paragard Specialty Pharmacy^{5M} is a service mark of CooperSurgical, Inc. C-US-PAR-000041 February 2023





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

To learn more visit Paragard.com

