Desert Hospital Outpatient Pharmacy
1180 N. Indian Canyon Dr., Suite E140, Palm Springs, CA 92262
Phone: 760-323-1001 Fax: 760-323-1144
Email: dhop_fax@fillrx.net :: https://fillrx.net/deserthospital/

Fax to:
760-323-1144

Intrauterine Device Contraceptive Request Form

(All devices will be mailed to the provider's office)

Please complete the request form and fax it to Desert Hospital Outpatient Pharmacy; Fax Number: 760-323-1144

Member Information	Provider Information (Pl. indicate where device needs to be mailed, including phone number)
Member Name:	Provider Name:
Address:	Address:
DOB:	NPI:
Phone:	Phone:
Ins Type: ☐ Medi-Cal ☐ Commercial	Fax:
Ins Id: Grp#:	(Commercial Ins, Pl include front/back copy of Card)

PLEASE NOTE: Physician office must notify Desert Hospital Outpatient Pharmacy at 760-323-1001 of any cancellations and/or rescheduling of the IUD insertion.

Medical Justification: Please check all that apply

ICD-10 Codes: 1. _____ 2. _____ 3. _____

☆ **Diagnosis: Pregnancy prevention; contraception**

☆ **Other Dx:** _____

☆ **Risk and benefits of IUD as a contraceptive method has been discussed with Member**

The following are Medi-Cal approved IUDs per Formulary:

Member understands the Medi-Cal coverage policy for the requested IUD is limited to one device for the following duration:

Drug	Type	Dosing	Duration	Quantity Limits	Formulary Status
Kyleena	IUD	17.5 mcg/day	Provides efficacy up to 5 years	1	Formulary
ParaGard (copper)	IUD	--	Provides efficacy up to 10 years	1	Formulary

Other non-Formulary IUDs requires Prior Authorization approval from the Medi-Cal. Prescriber may seek Prior Authorization from Medi-cal (or) must provide supporting documentation for the pharmacy to submit.

Insertion date of IUD device: ___/___/___

℞ **Please choose/circle the requested IUD given below:**

☐ **Kyleena (Medi-Cal Formulary)** ☐ **Liletta** ☐ **Mirena**

☐ **ParaGard (Medi-Cal Formulary)** ☐ **Skyla** ☐ **Nexplanon (Implant)**

- Medi-Cal: For non-formulary IUDs: Please provide a copy of approved Tar (or, supporting documentation for pharmacy to submit the TAR. Submitting TAR does not guarantee approval from Medi-Cal.)

Sig: Insert as directed **Quantity: One (1)**

Signature: **Date:**