

Humana Specialty Pharmacy®

Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

Women's Healthcare Contraception Prescription Form

Patient information

Patient: _____ Female Male DOB: _____ Height: _____ Weight: _____ lb kg Date: _____
 Address: _____ City: _____ State: _____ ZIP code: _____
 Home phone #: _____ Cell phone #: _____ Caregiver: _____ Caregiver phone #: _____
 Other medical conditions: _____ Allergies: No Yes: _____
 Insurance plan: _____ Plan ID #: _____ BIN: _____ PCN: _____ Group #: _____
 *Please send a copy of the patient's prescription insurance card if available.

Clinical information

ICD-10 code: <input type="checkbox"/> N92.0 <input type="checkbox"/> N92.4 <input type="checkbox"/> Z30.430 <input type="checkbox"/> Other: _____	Additional information: Requested date of delivery: _____ Scheduled insertion date: _____ Date of last menses: _____
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Prescription information Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Dose	Directions	Quantity	Refills
<input type="checkbox"/> Kyleena (levonorgestrel-releasing intrauterine system)	19.5 mg	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/> Mirena (levonorgestrel-releasing intrauterine system)	52 mg	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/> Nexplanon (etonogestrel implant)	68 mg	To be inserted by prescriber Route: subdermal	1	
<input type="checkbox"/> Skyla (levonorgestrel-releasing intrauterine system)	13.5 mg	To be inserted by prescriber Route: intrauterine	1	
<input type="checkbox"/>				

Prescriber and shipping information (please print)

Prescriber: _____ NPI: _____
 Ship to: Patient Office Other: _____
 Office address: _____ City: _____ State: _____ ZIP code: _____
 Office phone number: _____ Office fax number: _____
 Signature: _____ Date: _____

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: _____

The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.