



**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](mailto:dhop_fax@fillrx.net) :: <https://fillrx.net/deserthospital/>

Fax to:  
**877-354-6679**  
**(or)**  
**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:	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> 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: