


**1 Patient Information**

Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical).

 Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. kg.  
 Allergies: \_\_\_\_\_ Patient Primary Language: English Spanish Other: \_\_\_\_\_ Hearing Impaired  
 Patient Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


**2 Diagnosis/Clinical Information**

Please FAX Clinical Notes, Labs, &amp; Tests with the prescription to expedite Prior Authorization.

Diagnosis/ICD-10: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_ Other: \_\_\_\_\_

**Prior Methods Used:** Must be completed for all patients.

**Rationale for Request – Select all that apply:**

- Patient intolerant of or not willing to use a patch with a higher estrogen exposure
- Patient has had a successful trial on the product and provider determination that disrupting therapy would increase the risk of an unintended pregnancy/adverse outcome. Trial dates: \_\_\_\_\_
- Provider determination to limit the level of estrogen exposure in a transdermal option. In a head-to-head study of Twirla compared to a 35 mcg EE pill, the steady state concentration (C<sub>ss</sub>) and total estrogen exposure (AUC) were 14% and 10% lower than the 35 mcg pill. This differs from the pharmacokinetic profile of the other available transdermal option in relation to a 35 mcg pill.
- Provider determination that a transdermal option with the estrogen-related side effect profile of Twirla, as demonstrated in the clinical trial as described in the prescribing information, is the most appropriate option to facilitate patient adherence and reduce the risk of unintended pregnancy/adverse outcome.
- Provider determination that a transdermal option is the best method to facilitate patient adherence and reduce the risk of unintended pregnancy/adverse outcome. Patient tried and failed the alternative transdermal option due to intolerance, side effects or issues related to adhesion
- According to the prescriber, all other contraceptive agents would not be as medically appropriate for the patient as Twirla
- Patient has been non-adherent to previous therapies

Implant Ring IUD Patch Shot Oral Contraceptive Pill Other: _____  Name of Prior Medications: _____ _____ _____
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For plans subject to the Affordable Care Act, the attending provider specifically recommends this product as medically necessary and requests it be made available to the patient at no cost share as a preventative service.



**3 Prescription Information**

Please be sure to choose both induction and maintenance dose where applicable.

Medication	Dose/Strength	Direction	Qty.	Refills
TWIRLA®	Twirla (Transdermal Patch) 120-30mcg/24hr	Apply one new patch to clean, dry, hairless area as instructed each week for 3 weeks (21 total days), followed by one week that is patch-free. Other: _____	1 Box 3 Boxes _____ _____	_____ _____
_____	_____	_____	_____ _____	_____ _____


**4 Provider/Prescriber Information**

 Clinic Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_  
 Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_ DEA#: \_\_\_\_\_ NPI#: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


**Prescriber Signature:** Prescriber, please sign and date below (**NO stamps please**):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dispense as Written (Write "DAW")

I authorize Sterling Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance Prior Authorization process, nursing services, and patient assistance programs. IMPORTANT NOTICE: This fax is intended to be delivered to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately. Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.