

Important Instructions

When completing your Enrollment Form for Patient Benefit Investigations and/or Prescription Orders

Nexplanon®
(etonogestrel implant) 68mg
Radiopaque

Enrollment Form

Options Selected:

Patient Benefit Investigation and Prescription Order

Scenario: When both boxes are checked, a Patient Benefit Investigation will be completed, and if coverage is available under the patient's pharmacy benefit, the prescription will be forwarded to the Specialty Pharmacy (SP) you selected in the "Specialty Pharmacy Order for Assignment of Benefits Only" section or to the SP required by the insurance plan.

- Check both the Patient Benefit Investigation and Prescription Order boxes.
- Select **ONE** SP in the "Specialty Pharmacy Order for Assignment of Benefits Only" section to indicate your preference. Note that some insurers may require use of a particular SP.
- Complete the entire form, including patient and physician signatures. **The prescriber must sign TWICE: once above the "Dispense as Written" line in the "Prescription Information" section, and once above the "Prescriber Signature" line in the "Prescriber Authorization" section. A patient signature is also REQUIRED when "Prescription Order" is selected.**
- Fax the completed Enrollment Form to the Customer Support Center for NEXPLANON (CSCN) at 844-232-2618. A confirmation of the receipt of the Enrollment Form will be faxed back to your office. Within 2 business days, your office will receive via fax the Benefit Summary Form describing the results of the benefit investigation.
- If coverage is available under the patient's pharmacy benefit, the CSCN will send a fax informing your office that the prescription has been sent to the SP you selected in the "Specialty Pharmacy Order for Assignment of Benefits Only" section or the SP required by the insurance plan.
- The SP will follow its standard business practices, which typically include conducting its own benefit investigation before contacting your office regarding shipment.
- **If you have questions regarding the Benefit Summary Form, please contact your Patient Access Specialist at the CSCN at 844-639-4321.**

Patient Benefit Investigation ONLY (Prescription Order not selected)

Scenario: if you want the CSCN to conduct a patient benefit investigation, but do NOT want the CSCN to forward the prescription to the SP.

- Check only the Patient Benefit Investigation box.
- Select **ONE** SP in the "Specialty Pharmacy Order for Assignment of Benefits Only" section to indicate your preference. Note that some insurers may require use of a particular SP.
- Complete the entire form, including both physician signatures. PLEASE NOTE:
 - **The prescriber must sign TWICE: once above the "Dispense as Written" line in the "Prescription Information" section, and once above the "Prescriber Signature" line in the "Prescriber Authorization" section.**
 - **Patient signature is NOT required when Patient Benefit Investigation ONLY is selected. A patient signature WILL be required if a Prescription Order is requested at any time.**
- Fax the completed Enrollment Form to the CSCN at 844-232-2618. Confirmation of receipt of the Enrollment Form will be faxed to your office.
- Within 2 business days, your office will receive via fax the Benefit Summary Form describing the results of the benefit investigation. The CSCN staff will call your office to follow-up on the benefit investigation results.
- If coverage for the product is under the patient's medical benefit and you wish to place a Buy and Bill order, please contact your Specialty Distributor (Curascript at 866-844-0148 or Theracom at 866-318-3492) directly.
- **If you have questions regarding the Benefit Summary Form, please contact your Patient Access Specialist at the CSCN at 844-639-4321.**

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Prescription Order ONLY (Patient Benefit Investigation not selected)

Scenario: If you do NOT want the CSCN to conduct a Patient Benefit Investigation and only want the CSCN to forward the prescription to the SP.

- Check only the Prescription Order box.
- Select **ONE** SP in the “Specialty Pharmacy Order for Assignment of Benefits Only” section to indicate your preference. Note that some insurers may require use of a particular SP.
- Complete the entire form, including physician and patient signatures. **The prescriber must sign twice, once above the “Dispense as Written” line in the “Prescription Information” section and once on the “Prescriber Signature” line in the “Prescriber Authorization” section. A patient signature is also REQUIRED when “Prescription Order” is selected.**
- Fax the completed Enrollment Form to the CSCN at 844-232-2618.
- The CSCN will send a fax informing your office that the prescription has been sent to the SP you selected in the “Specialty Pharmacy Order for Assignment of Benefits Only” section.
- The SP will follow its standard business practices, which typically include conducting its own benefit investigation before contacting your office regarding shipment.
- **If you have questions regarding the Benefit Summary Form, please contact your Patient Access Specialist at the CSCN at 844-639-4321.**

Notable Required Fields

Specialty Pharmacy Order for Assignment of Benefits Only:

You must select **ONE** SP that you prefer to use (Accredo Pharmacy, AllianceRx Walgreens Prime, Cigna Specialty Pharmacy Services, CVS Health Pharmacy, Humana Health Pharmacy, or Magellan Rx Pharmacy). If the insurance plan requires a specific SP, the prescription will be sent to that SP. The CSCN will send a fax informing your office that the prescription has been sent to the SP required by the insurance plan if different from your selection in the “Specialty Pharmacy Order for Assignment of Benefits Only” section. **Prescriptions will only be forwarded if the “Prescription Order” box is selected at the top of the Enrollment Form.**

Patient Information:

You may include the medical and prescription benefit information directly on the Enrollment Form or **attach copies of both the medical and prescription benefit cards**. You may also print this information from your Electronic Medical Record system as long as you add the patient’s name and date of birth on each page of your printout. The CSCN will research both medical and pharmacy benefit coverage. If coverage is available under the patient’s medical benefit, please call your Specialty Distributor (Curascript at 866-844-0148 or Theracom at 866-318-3492) to purchase the product. **If coverage is available under the patient’s pharmacy benefit, and you would like to have the prescription filled, check the Prescription Order box on the Enrollment Form and fax it to the CSCN.** The prescription will be forwarded to the SP you selected in the “Specialty Pharmacy Order for Assignment of Benefits Only” section or to the SP required by the insurance plan.

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Notable Required Fields (*continued*)

For patients with no insurance - If the patient has no insurance or does not want her insurance billed, check the box indicating that **“Patient has no insurance and/or does not want insurance billed. Requests for Self Pay option available at preferred Specialty Pharmacy”** (located in the patient “Insurance Information” section). The SP will contact the patient for payment arrangements and contact your office to arrange the shipping date.

Prescription Information:

This section must be completed to conduct a Patient Benefit Investigation, including the **Diagnosis Code information**. Anticipated Date of Insertion is not required but is helpful. **The prescriber must be clinically trained on NEXPLANON.**

Prescriber Information:

Complete all required fields and read the entire Prescriber Authorization section before signing the form.

Required Signatures:

Prescriber:

The prescriber must sign twice, once on the “Dispense as Written” line in the “Prescription Information” section and once on the “Prescriber Signature” line in the “Prescriber Authorization” section. The second signature is the clinician confirmation that he or she agrees with the terms and conditions required to participate in the program.

Patient:

Patient must sign the **Patient Signature** line whenever “Prescription Order” is selected. In a few states and the District of Columbia (DC), minors may consent to their own medical care and therefore may sign the Enrollment Form.

Definition of Terms

Specialty Pharmacy – A designated pharmacy that dispenses specialty products. Accredo Pharmacy, AllianceRx Walgreens Prime, Cigna Specialty Pharmacy Services, CVS Health Pharmacy, Humana Health Pharmacy, and Magellan Rx Pharmacy are the 6 designated Specialty Pharmacies for NEXPLANON. Accredo Pharmacy, AllianceRx Walgreens Prime, Cigna Specialty Pharmacy Services, CVS Health Pharmacy, Humana Health Pharmacy, and Magellan Rx Pharmacy purchase NEXPLANON from Merck, ship it to the clinician, and bill the insurance company for NEXPLANON. A Patient Benefit Investigation conducted by the CSCN will provide available insurance benefit coverage information prior to product being shipped. This ordering process is commonly known as “Assignment of Benefits.”

Specialty Distributor – A designated specialty distributor that purchases specialty products. Curascript and Theracom are the 2 designated Specialty Distributors for NEXPLANON. Curascript and Theracom purchase NEXPLANON from Merck. Clinicians order NEXPLANON from Curascript or Theracom. Curascript or Theracom ships NEXPLANON to the clinician. The clinician pays Curascript or Theracom for NEXPLANON and then bills the insurance payer for product and insertion. A Benefit Investigation conducted by the CSCN will provide available insurance benefit coverage prior to product being shipped. This ordering process is commonly known as “Buy and Bill.”

If you have any questions, please contact the CSCN at 844-639-4321.



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