

IMPLANON® Direct Trained Clinician Portal User Guide

September 2009

What is the IMPLANON® Trained Clinician Portal?

- **A tool that will allow you to:**
 - View your patients' activity within the IMPLANON® Direct Support Center *in real time, 24/7*
 - Place buy and bill orders for IMPLANON®
 - Request benefits verification
 - Check status of existing requests
 - View product information
 - Check your account status

Manage your patients' prescription needs with ease!

Accessing the Trained Clinician Portal

Visit www.IMPLANON-USA.com/hcp and click on the link for CVS Caremark. Follow the link to “Order Online.”

IMPLANON®
(etonogestrel implant) 68mg

Search

Consumer **Healthcare Professionals**

The first and only
3-year single-rod
implantable contraceptive

Introducing
two distributors
IMPLANON® is now available
from CuraScript and
CVS Caremark

enter

About IMPLANON | Benefits of IMPLANON | Prescribing IMPLANON | Insertion and Removal | Patient Support | Ordering and Billing

Consider a unique approach to contraception

Help ensure that an unintended pregnancy will not interrupt her plans.

Consider IMPLANON® - the first and only 3-year, single-rod, implantable contraceptive.

- More than 99% effective
 - Less than 1 pregnancy per 100 women who used IMPLANON® for 1 year¹
 - Efficacy does not depend on daily, weekly, or monthly self-administration
- Fertility returns quickly
 - In clinical trials, some women have become pregnant within days after removal¹
- Reliable, reversible contraception

See how IMPLANON® [compares](#) to other long acting options.

Important Information:

IMPLANON® may be less effective in women who are taking medications that induce liver enzymes. Efficacy in overweight women has not been defined because women who weighed more than 130% of their ideal body weight were not studied in clinical trials. IMPLANON® may be less effective in women who are very overweight.

Training is required prior to IMPLANON® administration. [Sign up](#) now or call 1.877.IMPLANON (1.877.467.5266) for more information.

IMPLANON® is now available through 2 specialty distributors

CuraScript | **CVS CAREMARK**

Visit the [ordering and billing](#) section of this site, where you will find more information on the [online system](#) for ordering IMPLANON®, our specialty distributors and helpful [FAQ](#).

1.877.IMPLANON
(1.877.467.5266)

One number for ordering
support, product

Click on CVS
Caremark to visit
the IMPLANON®
Direct Trained
Clinician Portal.

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Accessing the Trained Clinician Portal

Follow the link to “Order Online.” Click OK to link to the IMPLANON® Direct Trained Clinician Portal.

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Consumer **Healthcare Professionals**

Purchasing IMPLANON® just got easier

CVS CAREMARK

About IMPLANON | Benefits of IMPLANON | Prescribing IMPLANON | Insertion and Removal | Patient Support | Ordering and Billing

Quick Guide
CuraScript
CVS Caremark
Billing Codes
FAQs
Resource Center

Order by phone, fax or online with CVS Caremark

CVS Caremark IMPLANON® Direct offers support services designed for clinicians and their patients considering IMPLANON®. Services include benefits investigation as well as wholesale and retail distribution.

Place your order
CVS Caremark Direct Line: 1.866.318.3492
CVS Caremark Direct Fax: 1.866.769.3882
[Order online](#)

CVS CAREMARK FORM

1. [Service Request Form](#), PDF, Jan 2009

One form for all your needs

Click “Order
online.”

http://www.implanon-usa.com - Implanon - Microsoft Internet Explorer

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This link will take you to a third-party Web site and is provided solely for your convenience.

Schering-Plough Corporation does not control and is not responsible for the content of third-party Web sites.

Click OK.

The Landing Page allows you to log-in to your secure Trained Clinician web page.

The screenshot shows the landing page for the IMPLANON Direct Clinician Support Center. At the top left is the IMPLANON logo with the text "(etonogestrel implant) 68mg". At the top right is the Schering-Plough logo. Below the logos is a navigation bar with links for Home, Contact Us, and the website URL www.IMPLANON-USA.com. The main content area includes a welcome message, a description of the support center, a list of services, and a login section. The login section has fields for User Name and Password, a Log In button, and links for Register and Forgot Password. Two callout boxes are present: a purple box with a white arrow pointing to the login fields containing the text "Enter User Name and Password.", and a purple box with a white arrow pointing to the Register link containing the text "New users can register by following this link."

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Home | Contact Us | www.IMPLANON-USA.com

Welcome to the IMPLANON[®] Direct Clinician Support Center.

The support center is your full-service online resource for IMPLANON[®] Direct. The IMPLANON[®] Direct Support Center is a highly confidential Web site that integrates the services available through our toll-free phone number and provides healthcare professionals 24 hour, direct access to these services.

This Web site is designed to assist you with the following:

- Verifying insurance
- Placing an order
- Viewing product information
- Checking your account status

Login

User Name:

Password:

[Register](#) [Forgot Password](#)

Enter User Name and Password.

New users can register by following this link.

Getting Started - Registration

Register quickly and easily by clicking the “Register” link on the Landing Page. Enter the requested information and submit. Your registration will be validated and access will be enabled 24-48 hours after submission.

The screenshot shows the registration page for IMPLANON. At the top left is the IMPLANON logo with the text "(etonogestrel implant) 68mg". At the top right is the Schering-Plough logo. Below the logos is a navigation bar with links for Home, Contact Us, and www.IMPLANON-USA.com. The main heading is "Register". There are three input fields: "* Email / Username:", "* Password:", and "* Confirm Password:". A callout box on the left points to the asterisk on the first field, stating "* Indicates a required field." A callout box on the right points to the password fields, stating "Password must comply with the criteria below." Below the fields is the "Password Policy" section, which states: "Your password will expire in 90 days. Your password must be at least eight (8) characters and with at least the following:" followed by a bulleted list: "At least one uppercase letter", "At least one lowercase letter", "At least one numeric digit", and "At least one special character. Valid special characters are !@#\$\$%^&*". A legend below the policy states "* Indicates required field". At the bottom right is a "Next" button, with a callout box pointing to it that says "Click next and continue entering the requested information."

Navigate through the site easily using the left navigation bar. The home page presents a dashboard of data grids with the most pertinent patient information at your fingertips.

The screenshot shows the IMPLANON Home Page. At the top left is the IMPLANON logo and product name. At the top right is the Schering-Plough logo. Below the logo is a navigation bar with links: Home, Contact Us, IMPLANON-USA, and Logout. On the left side, there is a vertical navigation bar with links: Account Information, Change Password, Search Patients, Verify Insurance, Buy and Bill Purchase, View Product Information, and Request Form. The main content area is titled "My Home Page" and contains a welcome message for Samantha Test, a sales representative information box, a link to verify personal information, and a table of open cases. The table has columns for Case Number, Patient Name, Started Date, Last Progress Note, and Last Progress Note Date. Two callout boxes point to the navigation bar and the sales representative information box, and another points to the table.

Simply click the headings on each page to navigate through the site.

View your Schering-Plough representative contact information.

View patient information according to these tabs.

Click on case number to see detail.

Case Number	Patient Name	Started Date	Last Progress Note	Last Progress Note Date
23847400	Jessica Miller	7/13/2009	Patient Insurance is not listed on SRF form. Faxed clinician's office for additional information.	7/13/2009
23847412		7/13/2009	Wendy from Dr. Test's office called and placed a Buy & Bill order for 1 rod to be delivered standard 2 day delivery. Verified ship to and bill to address in system.	7/13/2009

View additional case detail, including case dates, current status, patient contact information, and progress history.

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Home | Contact Us | www.IMPLANON-USA.com | Logout

My Account Information

Change Password

Search Patients

Verify Insurance

Buy and Bill Purchase

Case Details for 23847400

Case Detail

Case Number: 23847400

Case Open Date: 07/13/2009

Last Progress Note: Contacted office - second request for patient insurance information.

Last Progress Note Date: 8/19/2009

Resolution:

Patient Information

Name: Jessica Miller

Address: 1365 Dogwood Ct
Chattanooga, TN 37412

Phone: (423)885-4712

Primary Payer Information

Payer Name:

Progress Notes History:

Date	Author	Note
8/19/2009	Trey	Contacted office - second request for patient insurance information.
7/13/2009	HKozlarski	Patient insurance is not listed on SRF form. Faxed clinician's office for additional information.

Click patient name to view patient detail screen.

Progress notes captured will be displayed in chronological order..

The Patient Detail screen shows patient contact information and all benefit verification cases and orders for that patient.

The screenshot shows the IMPLANON Patient Detail page. At the top left is the IMPLANON logo and at the top right is the Schering-Plough logo. A navigation bar contains links for Home, Contact Us, www.IMPLANON-USA.com, and Logout. On the left is a sidebar menu with options: My Account Information, Change Password, Search Patients, Verify Insurance, Buy and Bill Purchase, View Product Information, and Service Request Form. The main content area is titled 'Patient Detail' and displays the following information:

- Patient Name:** Jessica Miller
- Phone:** (423)885-4712
- Address:** 1365 Dogwood Ct, Chattanooga, TN 37412
- Age:** 30
- ICD-9:**

Below this information are two sections:

- Cases:** A table with columns for Case Number, Case Status, Start Date, Closed Date, and Last Progress Note. One case is listed with Case Number 23847400, Case Status Open, Start Date 07/13/2009, and Last Progress Note Contacted physician for additional information 7/13/2009.
- Orders:** A text box stating 'There are no orders for this patient'.

Two callout boxes with arrows point to the Cases and Orders sections. The right callout box says 'View all benefit verification cases for this patient.' and the bottom callout box says 'View all orders for this patient.'

The Orders Tab allows users to view all orders placed with IMPLANON® Direct, whether placed by phone, fax, or online.

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My Account Information | My Home Page

Change Password

Search Patients

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Buy and Bill Purchase

View Product Information

Service Request Form

Welcome Samantha Test

You have entered your secure and confidential IMPLANON® Direct Clinician's Support Center. All specific patient information is kept confidential and not made available to Schering-Plough or its representatives.

Click here to verify your personal information

Your TN license will expire in 14357 days

Sales representative information

Name: Lori Hall

Email: lori.hall@spcorp.com

Phone: 1-800-782-2347 X7439

Open Cases | **Orders** | Payers

Search

Case Number	Order Type	Order Date	Ship Date	Ship Status	Order Note
23742646	Buy and Bill Purchase	3/13/2009			
23742798	AOB Order	3/13/2009			
23742867	Buy and Bill Purchase	3/13/2009			
23743991	Buy and Bill Purchase	3/13/2009			
23744219	Buy and Bill Purchase	3/13/2009			
23744243	AOB Order	3/13/2009			
23744431	AOB Order	3/13/2009			
23889512	AOB Order	8/3/2009	08/21/2009		
23847419	AOB Order	7/13/2009			
27769526	Buy and Bill Purchase	8/20/2009			

Click case number for additional detail on each order.

The Order Detail screen provides information regarding the type of order, order date, ship date and shipping information for all orders. Patient information is presented for AOB orders.

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My Account Information

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Service Request Form

Order Number: 23889512

Order Detail

Order Date: 8/3/2009 PO Number: 5632

Order Type: Retail Amount: \$595.28

Order Status: OK Ship Date: 08/21/2009

Order Item: Implanon Tracking Number:

Quantity: 1 Comments: Sent Requested Information

Shipping Information

Ship To Name: Samantha Test MD

Ship Address: 125 Elm Street
Suite 200
Chattanooga, TN 37412

Ship Phone: (423)555-8547

Patient Information

Patient Name: Susie Brown

Patient Address: 123 Brown Ave
Chattanooga, TN 37411

Patient Phone: (423)555-9652

Account Information

View your account status, including unpaid and paid orders.

The screenshot shows the IMPLANON account information page. The page header includes the IMPLANON logo and the Schering-Plough logo. The navigation bar contains links for Home, Contact Us, www.IMPLANON-USA.com, and Logout. A left sidebar menu lists various account management options, with 'My Account Information' highlighted by a yellow circle. The main content area displays 'My Account Information' with links for 'View Account Status' and 'View My Profile'. A purple callout box with an arrow points to these links, stating: 'Use these links to toggle between account status and My Profile.' Below this, the account name is shown, followed by a purple bar indicating a 'Total Open Balance: \$595.28'. A breakdown of the balance by due date is provided: 0-30 Days: \$0.00, 31-60 Days: \$0.00, 61-90 Days: \$595.28, and 90+ Days: \$0.00. At the bottom, there are tabs for 'Unpaid Orders' and 'Paid Orders'. The 'Unpaid Orders' tab is active, showing a table with one order. A purple callout box with an arrow points to the table, stating: 'Use tabs to view unpaid or paid orders.'

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Home | Contact Us | www.IMPLANON-USA.com | Logout

My Account Information

- Change Password
- Search Patients
- Verify Insurance
- Buy and Bill Purchase
- View Product Information
- Service Request Form

[View Account Status](#)

[View My Profile](#)

View Account Status

Account Name:

Total Open Balance: \$595.28

0-30 Days: \$0.00 31-60 Days: \$0.00 61-90 Days: \$595.28 90+ Days: \$0.00

Unpaid Orders | Paid Orders

Order Number	Date Of Sale	Quantity	Item Description	Order Total	Balance	Days Old
22743591	3/13/2009	1	Implanon	\$583.37	\$595.28	61

Change Password

You will be prompted to change your password every 90 days to ensure that your information remains safe and secure.

Instructions for creating your unique password.

Search Patients

Quickly and easily search for patients by name.

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Patient Search

Patients: All Patients

of Birth	
Lisa Allen	05/23/1988
Amy Black	06/23/1979
Stephanie Blue	05/19/1988
Susie Brown	07/28/2009
d d	08/06/1990
Nancy Johnson	01/06/1981
Peggy Lee	01/21/1982
Kimberly Matysuk	11/25/1979
Jessica Miller	07/28/2009
s s	01/23/1978
Mary Scott	11/21/1984
Betty White	03/25/1970
Caroline York	03/25/1980

Easily search patients using a drop-down menu.

Click on patient name to view patient detail screen.

Verify Insurance Coverage

Please read and accept the authorization as the first step in submitting your coverage request. This language is identical to the authorization language on the IMPLANON® Direct Service Request Form.

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My Account Information
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Verify Insurance

Please read this

I authorize Caremark, L.L.C, or its affiliates to be my designated agent and to act as my business associate (as defined in 45 CFR 160.103) to use and disclose any information about any of my patients for whom I intend to prescribe IMPLANON® to the insurer of such patients and to obtain any information about such patients, including any protected health information (as defined in 45 CFR 160) from the insurer, including eligibility and other benefit coverage information, for my payment and/or health care operation purposes. As my business associate, Caremark, LLC is required to comply with and by its signature hereto, agrees that it will comply with the applicable requirements of 45 CFR 164.504(e) regarding business associates, and that it will safeguard any protected health information that it obtains on my behalf, and will use and disclose this information only for the purposes specified herein or as otherwise permitted by law.

NOTE: Please notify your patients that CVS Caremark will attempt to reach them by phone to verify their acceptance of the product.

PATIENT INFORMATION: Please provide complete contact information for the patient. If patient prefers to be contacted via their mobile phone, please provide mobile phone number

PRESCRIBER: The Prescriber listed on the form must be trained in the insertion and removal of IMPLANON® and be a part of the SP Trained Clinician Database.

PRESCRIBER AUTHORIZATION: This authorization allows IMPLANON® Direct to investigate the patient's insurance coverage acting on behalf of the physician.

I Agree

* Indicates required field

Next

After agreeing to the disclosure information, click "Next" to continue.

Verify Insurance Coverage

Enter patient's personal information to proceed with insurance verification.

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My Account Information
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Verify Insurance

Patient Information

* First Name: * Date Of Birth:

* Last Name: * Phone:

* Address: * Social Security Number:

Address (Line 2):

* City:

* State:

* Zip:

* Indicates required field

*** Indicates required field.**

After completing your patient's information, click next to submit insurance information.

Verify Insurance Coverage

Enter the patient's primary insurance and policy holder information.

The screenshot shows the 'Verify Insurance' page on the IMPLANON website. The page header includes the IMPLANON logo and the Schering-Plough logo. A navigation bar contains links for Home, Contact Us, www.IMPLANON-USA.com, and Logout. A left sidebar menu lists: My Account Information, Change Password, Search Patients, Verify Insurance (highlighted with a yellow circle), Buy and Bill Purchase, View Product Information, and Service Request Form. The main content area is titled 'Verify Insurance' and contains two sections: 'Patient Insurance: Primary Insurance' and 'Policy Holder Information'. The 'Patient Insurance' section has fields for Primary Insurance Name (Main Street Health), Policy Number (1234567), and Phone Number (555-555-5555). The 'Policy Holder Information' section has fields for Policy Holder Name (Susie Brown), ID Number (23449), and Employer (ABC Company). A 'Relationship to Patient' dropdown menu is set to 'Cardholder'. At the bottom, there is a note '* Indicates required field' and two buttons: 'Previous' and 'Next'. A purple arrow points from a callout box to the 'Next' button.

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My Account Information
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Verify Insurance

Patient Insurance: Primary Insurance

* Primary Insurance Name: Main Street Health * Policy Number: 1234567
* Phone Number: 555-555-5555 Group Number:

Policy Holder Information

Policy Holder Name: Susie Brown ID Number: 23449
Employer: ABC Company Relationship to Patient: Cardholder

* Indicates required field

Previous Next

After completing the patient's insurance information, click "Next."

Verify Insurance Coverage

Enter the patient's diagnosis code.

The screenshot shows the IMPLANON website interface. At the top left is the IMPLANON logo with '(etonogestrel implant) 68mg' and a stylized checkmark. At the top right is the Schering-Plough logo. Below the logo is a navigation bar with links for Home, Contact Us, www.IMPLANON-USA.com, and Logout. On the left side, there is a vertical menu with options: My Account Information, Change Password, Search Patients, Verify Insurance (circled in yellow), Buy and Bill Purchase, View Product Information, and Service Request Form. The main content area is titled 'Verify Insurance' and contains a form with the following elements: a title '* Diagnosis', a sub-instruction '* Please select a diagnosis for this patient', and four radio button options: V25.5, V25.43, V45.52, and Other. The 'Other' option is followed by a text input field. At the bottom of the form area, there is a note '* Indicates required field' and two buttons: 'Previous' and 'Next'. A purple callout box on the right side of the form contains the text: 'Select a diagnosis for your patient, then click next to continue.' with a purple arrow pointing to the 'Next' button.

Verify Insurance Coverage

Once the submission is complete, you will receive the results of your patient's benefit verification within 2 business days. Ordering instructions are presented to show next steps after the benefit verification is complete and has been reported to you.

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My Account Information
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Service Request Form

Verify Insurance

Your patient benefit investigation request has been submitted and the results of this request will be reported to you within 2 business days.

After receiving the results of your patient's benefit investigation, if you would like to place an order for IMPLANON®, next steps are:

- To place an AOB order, please complete the prescription information at the bottom of the Summary of Benefits form and fax to IMPLANON® Direct toll-free at 1-866-769-3882, or complete and fax a Service Request Form with patient information and the prescription sections completed.
- To place a Buy and Bill order, you have the option to order online using the Buy and Bill Purchase function on this secure internet portal by clicking on the link to the left, or complete the Wholesale Order section of a Service Request form and fax to IMPLANON® Direct toll-free at 1-866-769-3882.

After receiving your patient's coverage information, please follow these steps to place an order for IMPLANON®.

Buy and Bill Purchase

You can place a buy-and-bill order for IMPLANON® by completing the required information

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Place a Buy and Bill Order

Please verify your Prescriber (Trained Clinician) Information
The Order Wizard will walk you through the steps to place an order for IMPLANON®
Please provide the information below. (Required Fields are highlighted)

* First Name: <input type="text" value="Samantha"/>	* Email: <input type="text" value="test@thera.com"/>
* Last Name: <input type="text" value="Test"/>	* State Of License: <input type="text" value="TN"/>
* Name of Practice: <input type="text" value="Test, Samantha"/>	* License Number: <input type="text" value="29868"/>
* Phone: <input type="text" value="(423)555-8547"/>	* License Expiration Date: <input type="text" value="1/1/2049"/>
* Fax: <input type="text" value="(423)555-4125"/>	* NPI Number: <input type="text" value="123456"/>
* Address: <input type="text" value="125 Elm Street"/>	* Contact Preference: <input type="radio"/> Phone
Address (Line 2): <input type="text" value="Suite 200"/>	<input checked="" type="radio"/> Fax
* City: <input type="text" value="Chattanooga"/>	<input type="radio"/> Email
* State: <input type="text" value="TN"/>	
* Zip: <input type="text" value="37412"/>	

Previous Next

Required information is highlighted in yellow.

Click "Next" to continue placing your Implanon order.

Buy and Bill Purchase

Enter the correct shipping address for this order.

Home | Contact Us | www.IMPLANON-USA.com | Logout

My Account Information
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Service Request Form

Place a Buy and Bill Order

Ship to Address

Ship to Provider's Address Account Address
Name: Test, Samantha Phone: (423)555-8547
Address: 125 Elm Street Suite 200
Chattanooga, TN 37412 Fax: (423)555-4125

Ship to an Alternate Address
Please select

Ship to a Different Address Account Address
* Address: * Phone:
Address (Line 2): * Contact Name:
* City:
* State: Select
* Zip:

You may choose from primary address on file,

You may choose an alternate address listed in this drop-down menu,

Or you may enter a new address.

Buy and Bill Purchase

Enter the quantity requested for this IMPLANON® order.

The screenshot shows the IMPLANON website interface. At the top left is the IMPLANON logo with the text "(etonogestrel implant) 68mg". At the top right is the Schering-Plough logo. Below the logo is a navigation bar with links for Home, Contact Us, www.IMPLANON-USA.com, and Logout. On the left side, there is a vertical menu with options: My Account Information, Change Password, Search Patients, Verify Insurance, Buy and Bill Purchase (highlighted with a yellow circle), View Product Information, and Service Request Form. The main content area is titled "Place a Buy and Bill Order" and contains a section for "Quantity Requested". This section includes the text "Please enter the Quantity of IMPLANON® NDC: 00052-0272-01" and a form with two fields: "* Quantity Requested:" with a text input field containing the number "1", and "PO# (Reference#):" with a text input field. A note below the PO# field says "(If required by your practice or institution)". At the bottom right of the form area, there is a note "* Indicates required field" and two buttons labeled "Previous" and "Next".

Choose the quantity for this order.

Buy and Bill Purchase

Enter the payment information. You may choose to pay using a credit card, or by invoice.

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My Account Information
Change Password
Search Patients
Verify Insurance
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Service Request Form

Place a Buy and Bill Order

Payment Information

Use a new Credit Card

* Card Type:

* Card Number:

* Expiration Date:

* Name of Card:

Please invoice me for this order

* Indicates required field

Previous Next

Choose a
payment method
for your order.

Buy and Bill Purchase

Enter the required business information to place your order.

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My Account Information
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Place a Buy and Bill Order

Business Information

* Form of Business:

- Private Practice
- Hospital
- PHS (340B)
- Sub PHS (340B Prime Vendor)
- FSS (DOD, VA, I.H.S.)
- Planned Parenthood
- Other:

* Indicates required field

Previous Next

Choose the form of business of your practice.

Buy and Bill Purchase

Enter the required tax identification information.

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Place a Buy and Bill Order

Tax Identification Numbers

* FEIN:

OR

* SSN:

* Either FEIN or SSN is required

* Indicates required field

Previous Next

Enter your FEIN or SSN.

My Account Information
Change Password
Search Patients
Verify Insurance
Buy and Bill Purchase
View Product Information
Service Request Form

Buy and Bill Purchase

Verify your order information to complete your Implanon order.

My Account Information

- Change Password
- Search Patients
- Verify Insurance
- Buy and Bill Purchase**
- View Product Information
- Service Request Form

Place a Buy and Bill Order

Please verify your order information below and press the Finish button to complete this order:

Order Requested:

This order was placed by aa
PO #

Quantity	Item	Unit AWP	Unit Price	Total Amount
1	Implanon 68mg	\$744.10	\$583.37	\$583.37

Sales Tax: \$0.00
Total Amount Due: \$583.37

Shipping Address	Billing Address
Test, Samantha 125 Elm Street Suite 200 Chattanooga, TN 37412 (423)555-8547	Test, Samantha 125 Elm Street Suite 200 Chattanooga, TN 37412 (423)555-8547

Payment Information

The Order will be paid by Invoice

* Signature Required

Provider will be invoiced for all products (IMPLANON[®]). Purchased from Caremark, LLC at the rates quoted at the point-of-sale. Provider is financially responsible for, and agrees to pay, Caremark, LLC all invoiced charges for products ordered by Provider. Each invoice will be due and payable by Provider within the payment terms offered by Caremark, LLC on the date-of-order.

Please consult your tax advisor for information regarding local and state tax policies in your area.

* Indicates required field

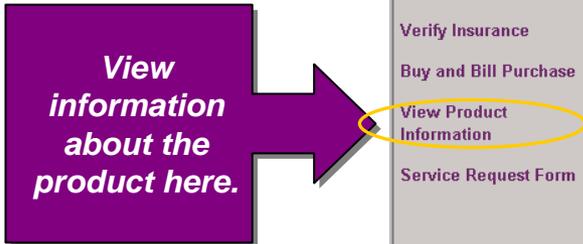
Previous Next

Verify your order information and click next to complete the order.

To submit the order, you must check the box to accept the authorization language

View Product Information

Users can view product information about IMPLANON® by a direct link to www.IMPLANON-USA.com. This launches a separate window.



A screenshot of the IMPLANON website. The browser window title is 'Implanon: Prescribing IMPLANON - Microsoft Internet Explorer'. The address bar shows 'http://www.implanon-usa.com/HCP/prescribingImplanon/index.asp?C=34732400527126273148'. The website header includes the IMPLANON logo and a search bar. The main content area features a hand holding an implant with the text 'Consider IMPLANON® a unique approach to contraception'. Below this is a navigation menu with tabs: 'About IMPLANON', 'Benefits of IMPLANON', 'Prescribing IMPLANON', 'Insertion and Removal', 'Patient Support', and 'Ordering and Billing'. The 'Prescribing IMPLANON' tab is active, showing a list of bullet points and a section for 'Request training'. The sidebar on the left contains a menu with items: 'My Account Information', 'Change Password', 'Search Patients', 'Verify Insurance', 'Buy and Bill Purchase', 'View Product Information' (circled in yellow), and 'Service Request Form'. A purple arrow from the left points to this link.

Service Request Form

Users can easily obtain an IMPLANON® Direct Service Request form by clicking on the convenient link. This opens the form in a separate window.



IMPLANON®
(etonogestrel implant) 68 mg

Home

My Account Information | Place a Buy

Change Password

Search Patients

Verify Insurance

Buy and Bill Purchase

View Product Information

Service Request Form

Thank you for

CVS CAREMARK | **IMPLANON® Direct Service Request Form** | **IMPLANON®**
Phone: 866-314-3492 Fax: 466-709-3182

Services Requested: Benefit Verification Prescription Order Buy and Bill Purchase

Patient Information

Benefit Verification and/or Prescription Order (For Patient Pharmacy Benefit)

Last Name: _____ First Name: _____ MR _____ DOB: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ SSN: _____

Patient Insurance Information

Primary Insurance: _____ Secondary Insurance: _____
Phone: _____ Phone: _____
Policy #: _____ Group #: _____ Policy #: _____ Group #: _____
Name: _____
Employee: _____ SSN: _____ Employee: _____ SSN: _____
Relation to Patient: _____ Relation to Patient: _____

Prescriber Information

Prescriber Name (First, Last): _____ Name of Practice: _____
Office Contact: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email: _____ State Medical License #: _____ NPI #: _____
Contact Preference: Phone Fax Email

Prescriber Authorization

I authorize Caremark, LLC, or its affiliates to be my designated agent and to act as my business associate (as defined in 45 CFR 164.103), to use and disclose any information about any of my patients for which I render or prescribe IMPLANON® to the insured-eligible patients and to obtain any information about such patients, including any protected health information (as defined in 45 CFR 164.103) from the insurer, including eligibility and other benefit coverage information, for my patient and/or health care operation purposes. As my business associate, Caremark, LLC, is required to comply with, and by its signature herein, I agree that it will comply with, the applicable requirements of 45 CFR 164.504(a), regarding business associates, and that it will safeguard any protected health information that it obtains, only to the extent, and will use and disclose this information only for the purposes specified herein or as otherwise permitted by law.

Prescriber's Signature: _____ Date: _____

Prescription Information

Rx: IMPLANON® (etonogestrel implant) 68 mg V25.5 V25.43 V45.52 Other: _____
 Dispense IMPLANON® SIG To be inserted by physician as directed

Additional Instructions: _____
I certify that this therapy is medically necessary and that this information is accurate to the best of my knowledge. I certify that I have completed an IMPLANON training program.

Prescriber's Signature: _____ Date: _____

Wholesale Purchasing Information

Purchase IMPLANON® (For Medical Benefit/Buy and Bill)

Wholesale Purchasing (Prescriber/Pharmacy/Institution): Prescriber's Address Above Address Below Account Number: _____
Physician, Institution or Practice Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Contact Name: _____
Bill to Address - Account Holder (if different than shipping information):
Physician, Institution or Practice Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Contact Name: _____

Quantity Requested: _____ Name: IMPLANON® HCC: 0085-2072-01 Quantity: _____
Purchase Order # (if required by practice or institution): _____ Account #: _____ Exp. Date: _____

Special Card, Name on Card: _____

Requested Delivery Date: _____

Form of Business: Hospital Private Practice PHS (DAB) Sub PHS (DAB) Prime Vendor FSS (DoD, VA, IHS)
 Planned Parenthood Other (please specify): _____

Tax Identification Number: FEIN: _____ SSN: _____

Provider will be invoiced for all products (IMPLANON®) purchased from Caremark, LLC at the rates quoted at the point-of-sale. Provider to financially

Users can submit questions to the IMPLANON® Direct Support Center by mail, telephone, fax, or secure e-mail through this site.

IMPLANON®
(etonogestrel implant) 68mg

Schering-Plough

Home | **Contact Us** | www.IMPLANON-USA.com | Logout

My Account Information
Change Password
Search Patients
Verify Insurance
Buy and Bill Purchase
View Product Information
Service Request Form

Contact Us

For Help with services provided on this web site, please contact the IMPLANON® Direct Support Center.

IMPLANON® Direct Hotline:	Phone: 1-866-318-3492
c/o CVS Caremark	Fax: 1-866-769-3882
105 Mall Boulevard	Hours: Monday – Friday
Monroeville, PA 15146	8:00am – 8:00pm EST

[Sign-In, Forgot my password?](#)
There is a simple password reminder feature for instances when you may not remember your account information. This feature requires that you have an email address registered with your account information.

Using this "Forgot My Password" feature requires the registered email address to be provided. Once the system verifies this email address a temporary password is assigned and forwarded via email. Once a user logs in with the temporary password, the system will force the user to change their password (standard password policy applies). The temporary password will be good for only one login.

This will require you to check your email in order to retrieve the access information.

**Mail, telephone
or fax your
questions to the
IMPLANON Direct
Support Center.**