CenterWell Specialty Pharmacy

Fax: 877-405-7940
Phone: 800-486-2668

CenterWell 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.

Inflammatory Bowel Disease Prescription Form A-I

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(s): _____ Diagnosis: _____ Diagnosis date: _____ ❒ New therapy ❒ Continuing therapy ❒ Investigational therapy

Concurrent medications: _____

If applicable, please provide each previous therapy and its dates:

Therapy: Discontinuation reason: Dates:

❒ _____ _____ _____

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
❒ Avsola	Initial Dose: ❒ 100mg vial	❒ Infuse 5mg/kg IV at weeks 0,2, and 6	❒ _____	0
	Maintenance Dose: ❒ 100mg vial	❒ Infuse 5mg/kg IV every 8 weeks	❒ _____	_____
❒ Cimzia	Initial dose: ❒ Starter kit (200 mg PFS) ❒ 200 mg lyo. vial	Inject 400 mg SQ at weeks 0, 2 and 4	1 month	0
	Maintenance dose: ❒ 200 mg/mL PFS ❒ 200 mg lyo. vial	❒ Inject 400 mg SQ every four weeks ❒ _____	❒ 1 month ❒ _____	_____
❒ Entyvio	Initial Dose: ❒300mg vial	❒ Infuse 300mg IV on weeks 0,2, and 6 then every 8 weeks thereafter	❒ 3 vials	0
	Maintenance Dose: ❒ 300mg vial	❒ Infuse 300mg IV every 8 weeks	❒ 1 vial	_____
❒ Humira	Initial Dose: ❒ Crohn's Disease and Ulcerative Colitis 40 mg/0.8mL starter pack ❒ Crohn's Disease and Ulcerative Colitis 80 mg/0.8mL starter pack (Citrate Free)	❒ Inject 160 mg SQ on day 1, and then, inject 80 mg SQ on day 15. ❒ Inject 80 mg SQ on days 1 and 2, and then, inject 80 mg SQ on day 15.	❒ 1 kit	0
	Maintenance Dose: ❒ 40 mg/0.8mL pen ❒ 40 mg/0.8mL PFS ❒ 40 mg/0.4mL pen (Citrate Free) ❒ 40 mg/0.4mL PFS (Citrate Free)	❒ Starting on day 29, inject 40 mg SQ every other week. ❒ _____	❒ 1 month ❒ _____	_____
❒ Inflectra	Initial Dose: ❒ 100mg vial	❒ Infuse 5mg/kg IV at weeks 0,2, and 6	❒ _____	0
	Maintenance Dose: ❒ 100mg vial	❒ Infuse 5mg/kg IV every 8 weeks	❒ _____	_____
❒ Infliximab	Initial Dose: ❒ 100mg vial	❒ Infuse 5mg/kg IV at weeks 0,2, and 6	❒ _____	0
	Maintenance Dose: ❒ 100mg vial	❒ Infuse 5mg/kg IV every 8 weeks	❒ _____	_____

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.