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.

Self-administered Rheumatology Prescription Form A-O

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: _____ Diagnosis: _____ Diagnosis date: _____

Concurrent medications: _____ Is the patient taking methotrexate? ❒ No ❒ Yes

Prior medications: ❒ acetaminophen, ibuprofen or naproxen sodium ❒ Azulfidine ❒ Calcipotriene ❒ Celebrex ❒ corticosteroids ❒ Enbrel ❒ Humira ❒ Indocin ❒ Kevzara ❒ methotrexate *Justification for prior medications:* _____

Has a physician ruled out hepatitis B? ❒ Yes ❒ No *If "No," has a physician initiated treatment?* _____ Date of negative TB test: _____

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
❒ Actemra	❒ 162 mg/0.9 mL PFS ❒ 162 mg/0.9 mL ACTpen	❒ Inject 162 mg SQ every other week (weight < 100 kg) ❒ Inject 162 mg SQ once a week (weight > 100 kg)	❒ 28-day supply	_____
❒ Cimzia	Initial dose: ❒ Starter kit (200 mg PFS) ❒ 200 mg vial	❒ Inject 400 mg SQ at weeks 0, 2 and 4	❒ 28-day supply	0
	Maintenance dose: ❒ 200 mg/mL PFS ❒ 200 mg vial	❒ Inject 400 mg SQ every four weeks ❒ Inject 200 mg SQ every two weeks	❒ 28-day supply	_____
❒ Cosentyx	❒ 150mg/ml PFS ❒ 150mg/ml Pen	Initial Dose: ❒ Inject 150 mg SQ at weeks 0,1,2,and 3 ❒ Inject 300 mg SQ at weeks 0,1,2, and 3	❒ 28-day supply	0
		Maintenance Dose: ❒ Inject 150 mg SQ at week 4 then every 4 weeks ❒ Inject 300 mg SQ at week 4 then every 4 weeks	❒ 28-day supply	_____
❒ Enbrel	❒ 50 mg/mL PFS ❒ 50 mg/mL SureClick ❒ 50 mg/mL Mini cartridge ❒ 25 mg/0.5 mL PFS ❒ 25 mg vial	❒ Inject 50 mg SQ once a week ❒ Inject 25 mg SQ twice a week	❒ 28-day supply	_____
❒ Humira	❒ 40 mg/0.8 mL pen ❒ 40 mg/0.8 mL PFS ❒ 40 mg/0.4 mL pen ❒ 40 mg/0.4 mL PFS ❒ 80 mg/0.8 mL pen	❒ Inject 40 mg SQ every other week ❒ Inject 40 mg SQ once a week ❒ Inject 80 mg SQ every other week	❒ 1 carton = 2 devices ❒ 2 carton = 4 devices	_____
❒ Kevzara	❒ 200 mg/1.14 mL PFS ❒ 150 mg/1.14 mL PFS ❒ 200 mg/1.14 mL pen ❒ 150 mg/1.14 mL pen	❒ Inject 200 mg SQ once every two weeks ❒ Inject 150 mg SQ once every two weeks	❒ 28-day supply	_____
❒ Olumiant	❒ 1 mg tablet ❒ 2 mg tablet	❒ Take 1 tablet PO once daily	❒ 30-day supply	_____
❒ Orencia	❒ 250 mg vial ❒ 125 mg/mL PFS ❒ 125 mg/mL ClickJet	❒ Infuse ___ mg by IV for one dose. Then, inject 125 mg SQ weekly, starting within 24 hours of the IV dose ❒ Inject 125 mg SQ once a week	❒ 28-day supply	_____
❒ Otezla	Initial dose: ❒ Starter pack Day 1: 10 mg PO QAM; day 2: 10 mg PO QAM, 10 mg PO QPM; day 3: 10 mg PO QAM, 20 mg PO QPM; day 4: 20 mg PO QAM, 20 mg PO QPM; day 5: 20 mg PO QAM, 30 mg PO QPM; day 6 and thereafter: 30 mg twice daily, as indicated on the starter pack		❒ 1 starter pack	0
	Maintenance dose: ❒ 30 mg tablet	❒ Take 30 mg PO twice daily	❒ 60 tablets	_____

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.