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.

Ophthalmology Form

Patient information

Patient: _____ ❒ Female ❒ Male DOB: _____ Insurance plan: _____ Plan ID #: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Home phone #: _____ Cell phone #: _____ Caregiver: _____ Caregiver phone #: _____

Other medical conditions: _____ Allergies: ❒ No ❒ Yes: _____

Height: _____ Weight: _____ ❒ lb ❒ kg Date: _____

Clinical information

ICD-10 code: _____

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	Route	Directions	Quantity	Refills
❒ Beovu	❒ 6 mg/0.05 mL SDV	❒ OD ❒ OS ❒ OU		_____	_____
❒ Eylea	❒ 2 mg/0.05 mL SDV ❒ 2 mg/0.05 mL PFS	❒ OD ❒ OS ❒ OU		_____	_____
❒ Iluvien	❒ 0.19 mg implant	❒ OD ❒ OS ❒ OU		_____	_____
❒ Lucentis	❒ 0.3 mg/0.05 mL PFS ❒ 0.5 mg/0.05 mL PFS	❒ OD ❒ OS ❒ OU		_____	_____
❒ Ozurdex	❒ 0.7 mg implant	❒ OD ❒ OS ❒ OU		_____	_____
❒ Susvimo	❒ 100mg/ml SDV (Implant Refill)	❒ OD ❒ OS ❒ OU		_____	_____
❒ Triesence	❒ 40 mg/mL SDV	❒ OD ❒ OS ❒ OU		_____	_____
❒ Vabysmo	❒ 6mg/0.05ml SDV	❒ OD ❒ OS ❒ OU		_____	_____
❒ Visudyne	❒ 15 mg SDV	IV		_____	_____
❒ Yutiq	❒ 0.18 mg implant	❒ OD ❒ OS ❒ OU		_____	_____
❒ Other		❒ OD ❒ OS ❒ OU		_____	_____

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.