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.

Oncology C–E Prescription 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: _____

Clinical information

Need by date: _____ BSA: _____m^2 Height: _____ Weight: _____ ❒ lb ❒ kg Date: _____

ICD-10 code(s): _____ Diagnosis: _____ Diagnosis date: _____

Renal dysfunction: ❒ No ❒ Yes Current SCr: _____ or current GFR: _____mL/min Liver dysfunction: ❒ No ❒ Yes

Abnormal lab values: _____ Concurrent medications: _____

Confirmed predictive biomarker or genetic testing: ❒ No ❒ Yes If "Yes," list: _____

Previous 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	Strength	Directions	Quantity	Refills
❒ Cabometyx tablets (cabozantinib)	❒ 20 mg ❒ 40 mg ❒ 60 mg	❒ Take one tablet once daily on an empty stomach.	_____	_____
❒ Cotellic tablets (cobimetinib) (Please see form "Y-Z" for Zelboraf, or write in the "Other" field below.)	20 mg	❒ Take three tablets (60 mg) once daily for 21 days. Repeat this cycle every 28 days.	_____	_____
❒ cyclophosphamide capsules	❒ 25 mg ❒ 50 mg	_____	_____	_____
❒ Daurismo tablets (glasdegib)	❒ 25 mg ❒ 100 mg	❒ Take one tablet once daily on days 1 to 28.	_____	_____
❒ Emcyt capsules (estramustine)	140 mg	_____	_____	_____
❒ Erivedge capsules (vismodegib)	150 mg	❒ Take one capsule (150mg) once daily.	_____	_____
❒ Erleada tablets (apalutamide)	❒ 60 mg ❒ 240 mg	❒ Take _____ tablet(s) (240mg) once daily.	_____	_____
❒ erlotinib tablets	❒ 25 mg ❒ 100 mg ❒ 150 mg	❒ Take one tablet once daily on an empty stomach.	_____	_____
❒ etoposide capsules	50 mg	_____	_____	_____
❒ everolimus tablets	❒ 2.5 mg ❒ 5 mg ❒ 7.5 mg ❒ 10 mg	❒ Take one tablet once daily.	_____	_____
❒ Other: _____	_____	_____	_____	_____

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.