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 J - Z

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
❒ Remicade	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	❒ _____	_____
❒ Renflexis	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	❒ _____	_____
❒ Rinvoq	Initial Dose: ❒ 45mg tablet	❒ Take 45mg PO once daily for 8 weeks	❒ 8 weeks	0
	Maintenance Dose: ❒ 30mg tablet ❒ 15mg tablet	❒ Take 30mg PO once daily ❒ Take 15mg PO once daily	❒ 1 month ❒ _____	_____
❒ Simponi	Initial dose: ❒ 100 mg/mL PFS ❒ 100 mg/mL SmartJect	Inject 200 mg SQ at week 0, and then inject 100 mg SQ at week 2	1 month	0
	Maintenance dose: ❒ 100 mg/mL PFS ❒ 100 mg/mL SmartJect	❒ Inject 100 mg SQ every four weeks ❒ _____	❒ 1 month ❒ _____	_____
❒ Stelara	Initial dose: ❒ 130 mg/26 mL IV SDV	❒ Administer 260 mg IV at week 0 (weight 55 kg or less) ❒ Administer 390 mg IV at week 0 (weight 56–85 kg) ❒ Administer 520 mg IV at week 0 (weight > 85 kg)	❒ 2 vials ❒ 3 vials ❒ 4 vials	0
	Maintenance dose: ❒ 90 mg/mL PFS	❒ Inject 90 mg SQ eight weeks after initial IV induction, and then inject 90 mg SC every eight weeks thereafter	❒ 1 syringe ❒ _____	_____
❒ Xeljanz	Initial Dose: ❒ 10 mg tablet ❒ 22 mg XR tablet	❒ Take 10 mg PO twice daily. ❒ Take 22 mg XR PO once daily.	❒ 8 weeks ❒ _____	0
	Maintenance Dose: ❒ 5 mg tablet ❒ 11 mg XR tablet	❒ Take 5 mg PO twice daily. ❒ Take 11 mg XR PO once daily.	❒ 1 month ❒ _____	_____

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.