CenterWell Specialty Pharmacy

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

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.

Hemophilia and Bleeding Disorders 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: _____

Height: _____ Weight: _____ ❒ lb ❒ kg Date: _____ ICD-10 code: _____ Diagnosis: _____ Date: _____

Clinical information: Please Include History and Physical (H&P) and latest visit note including infection history/treatment for past 6 months

❒ Hereditary Factor VIII Deficiency: D66
❒ Hereditary Factor IX Deficiency: D67
❒ Hereditary Factor XI Deficiency: D68.1
❒ Von Willebrand's disease: D68.0
❒ Acquired hemophilia: D68.311
❒ _____

Severity: ❒ Mild ❒ Moderate ❒ Severe
Target joint(s)? ❒ No ❒ Yes: _____
Venous access: ❒ PIV ❒ PICC ❒ Port
❒ Central line, type: _____
Inhibitor? ❒ No ❒ Yes: _____ BU
Doses to keep on hand: _____

Planned procedure:
❒ Dental extraction(s)
Date(s): _____
❒ Surgical procedure(s)
Date(s): _____

Prescription information

Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

❒ Advate	❒ Adynovate	❒ Afstyla	❒ Alphanate	❒ AlphaNine SD	❒ Alprolix
❒ Fibryga	❒ BeneFix	❒ Corifact	❒ Eloctate	❒ Esperoct	❒ Feiba FS
❒ Ixinity	❒ Helixate FS	❒ Hemlibra	❒ Hemofil M	❒ Humate-P	❒ Idelvion
❒ Lysteda	❒ Jivi	❒ Kcentra	❒ Koate-DVI	❒ Profilnine SD	❒ Kovaltry
❒ Recombinate	❒ Novoeight	❒ NovoSeven RT	❒ Nuwiq	❒ Vonvendi	❒ Rebinyn
❒ Xyntha	❒ Riastap	❒ Rixubis	❒ Tretten		❒ Wilate
❒ Other_____					

❒ Prophylaxis (+/- 10% or other: _____) Dose: _____ ❒ IU ❒ IU/kg ❒ RCOF Frequency: _____ # of doses: _____ Refills: _____
❒ Immune tolerance (+/- 10% or other: _____) Target dose: _____ ❒ IU ❒ IU/kg ❒ RCOF Frequency: _____ # of doses: _____ Refills: _____

❒ Breakthrough bleed (+/- 10% or other: _____) Minor dose: _____ ❒ IU ❒ IU/kg ❒ RCOF Frequency: _____ # of doses: _____ Refills: _____
Moderate dose: _____ ❒ IU ❒ IU/kg ❒ RCOF Frequency: _____ # of doses: _____ Refills: _____
Major dose: _____ ❒ IU ❒ IU/kg ❒ RCOF Frequency: _____ # of doses: _____ Refills: _____

❒ Hemlibra ❒ Initial dose: ❒ 3mg/kg ❒ _____ ❒ mg/kg ❒ mg
Directions: _____
# of doses: _____ Refills: _____

❒ Subsequent dose: ❒ 1.5mg/kg ❒ 3mg/kg ❒ 6mg/kg ❒ _____ ❒ mg/kg ❒ mg
Directions:
_____
# of doses: _____ Refills: _____

❒ Skilled nursing visit to establish venous access, provide patient education related to therapy and disease state, administer medication as prescribed, and assess general status and response to therapy. Frequency based on prescription dose orders.

Additional medications/supplies	Directions	Quantity	Refills
❒ Amicar ❒ 500 mg tab. ❒ 1000 mg tab. ❒ 250 mg/mL sol.	_____	❒ _____	❒ _____
❒ desmopressin 4 mcg/mL inj.	_____	❒ _____	❒ _____
❒ heparin 100U/mL 5 mL PFS For central line patients.	Flush line with 5 mL, after final saline flush.	❒ _____	❒ _____
❒ lidocaine 2.5% and prilocaine 2.5% cream	Apply topically to needle insertion site, 30–60 minutes prior to insertion.	❒ _____	❒ _____
❒ sodium chloride 0.9% 10 mL flush	Flush line with 10 mL, before and after inf. and p.r.n. line care.	❒ _____	❒ _____
❒ Stimate 1.5 mg/mL sol.	_____	❒ _____	❒ _____
❒ tranexamic acid 650 mg tab.	_____	❒ _____	❒ _____

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.