CenterWell Specialty Pharmacy

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

CenterWell Specialty Pharmacy™

Monday – Friday: 8 a.m. – 11 p.m. Eastern time
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 to the number above.

IV Rheumatology Prescription Form

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 patients prescription insurance card if available

Clinical information

ICD-10 Code:_____ Diagnosis Date:_____
First Dose? ❒ No ❒ Yes Expected Date of First/Next Infusion:_____
Site of Care: ❒ Home ❒ MDO ❒ Clinic:_____
Venous Access:❒ PIV ❒ PICC ❒ Port ❒ Central Line, Type:_____
Infusion Method: ❒ Gravity ❒ Pump
HBV? ❒ No ❒ Yes -Is it currently treated? ❒ No ❒ Yes
TB Test? ❒ No ❒ Yes Negative Test Date:_____

Concurrent Therapies:_____

Previous Failed Therapies, Discontinuation Reasons, and 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	Directions	Quantity	Refills
❒ Actemra vial	❒ Infuse 4mg/kg IV q 4 weeks. Max. dose of 800mg/inf. ❒ Infuse 8mg/kg IV q 4 weeks. Max. dose of 800mg/inf.	_____	_____
❒ Avsola vial ❒ Inflectra vial * ❒ Infliximab vial * ❒ Remicade vial * ❒ Renflexis vial	**Starting Dose:** ❒ Infuse 3mg/kg IV at weeks 0, 2, and 6. ❒ Infuse 5mg/kg IV at weeks 0, 2, and 6. **Maintenance Dose:** ❒ Infuse _____mg/kg IV q ____ weeks. ❒ _____	_____ _____	0 _____
❒ Orencia vial ❒ 500mg Dose (<60kg) ❒ 750mg Dose (60-100kg) ❒ 1000mg Dose (>100kg)	**Starting Dose:** ❒ Infuse _____mg IV at weeks 0, 2, and 4. Then, infuse q 4 weeks. **Maintenance Dose:** ❒ Infuse _____mg IV q 4 weeks.	_____ _____	0 _____
❒ Simponi Aria vial*	**Starting Dose:** ❒ Infuse 2mg/kg IV at weeks 0 and 4. Then, infuse q 8 weeks. **Maintenance Dose:** ❒ Infuse 2mg/kg IV q 8 weeks.	_____ _____	0 _____
❒ Sterile Water 10mL vial ❒ 0.9% Sodium Chloride 250mL	Use as directed for reconstitution.	_____	_____
❒ 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. **(Home Health Nursing eligible drugs denoted with asterisk *)**			
Pre-treatment: ❒ Acetaminophen ❒ 325mg tab. ❒ 500mg tab. ❒ Diphenhydramine ❒ 25mg cap.❒ 50mg tab.	❒ Take _____mg p.o. 30-60 min. prior to inf. and q4-6 p.r.n. Max. 4 doses in 24 hr. ❒ _____	❒ 10 cap. ❒ 10 tab. ❒ _____	_____
Anaphylactic Treatment: ❒ Diphenhydramine ❒ 50mg/mL vial ❒ 25mg cap.❒ 50mg tab.	❒ Infuse slowly IV p.r.n. anaphylaxis. ❒ Take 25-50mg p.o. p.r.n. anaphylaxis.	❒ 1 vial ❒ _____	0
Anaphylactic Treatment: ❒ Epinephrine ❒ 0.3mg auto-injector ❒ 0.15mg auto-injector (between 15-30kg).	Inject IM p.r.n. anaphylaxis.	❒ 2-pack _____	0
❒ Lidocaine 2.5% and Prilocaine 2.5% cream	Apply topically to needle insertion site, 30-60 min. prior to insertion.	_____	_____
❒ Sodium Chloride 0.9% 10mL flush	Flush line with 10mL, before and after inf. and p.r.n. line care.	_____	_____
❒ Heparin 100U/mL 5mL PFS -For central line patients.	Flush line with 5mL, after final saline flush.	_____	_____

Pharmacy to dispense ancillary supplies, as needed to establish IV and administer drug.

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.