CenterWell Specialty Pharmacy

E-prescribe: NCPDP number 367955
Fax: 800-345-8534
Phone: 855-264-0104
Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time

General Infusion Request

Date: _____

Patient information

Patient name: _____
Patient address: _____
_____
Patient phone number: _____
Member ID: _____
Patient date of birth: _____
Allergies: ❑ No known allergies _____

Current weight: _____❑ lbs ❑ kg

Primary diagnosis:

❑ _____ ICD-10 code: _____
❑ _____ ICD-10 code: _____
❑ _____ ICD-10 code: _____

Clinical documents (please attach)

History and physical and progress notes within past six months

Venous access: ❑ Peripheral ❑ Port ❑ PICC
❑ Other: _____
❑ Gravity as tolerated by patient ❑ Pump: _____

Has prescriber initiated prior authorization? ❑ Yes ❑ No

First dose? ❑ Yes ❑ No

Expected date of first/next infusion: _____

Site of care: ❑ Patient's home ❑ Physician's office

❑ Outpatient infusion clinic:
_____

Prescriber signature: _____

Date: _____

Prescriber name: _____
Prescriber address: _____
_____
DEA number: _____
NPI number: _____
Prescriber phone number: _____
Prescriber fax number: _____

Supervising prescriber information (if applicable):

Prescriber name: _____
Prescriber address: _____
Prescriber phone number: _____
DEA number: _____
NPI number: _____

Note: If all information is not completed, the patient request will not be processed. We will contact your office for clarification.

Prescription information

Drug: _____

Directions:
_____
_____

We may round to the nearest gram vial size.

Quantity: 28-day supply **Refill** for one year or _____

Pharmacy to dispense ancillary supplies as needed to establish IV and administer drug, including coordination of home health nursing unless otherwise noted. Please strike-through items that are not required:

normal saline 10 mL IV flush syringe
Directions: Use as directed to flush line with 10 mL before and after infusion and P.R.N. line care.
heparin 100 unit/mL 5 mL prefilled syringe (central line patients)
Directions: Use as directed to flush line with 5 mL after final saline flush.
heparin 10 unit/mL 5 mL prefilled syringe (for hep-lock)
Directions: Use as directed to flush line with 5 mL for hep-lock.

Premedications (Please strike-through items that are not required.):

❑ *lidocaine/prilocaine cream 2.5%-2.5%* **Quantity:** 30 grams **Refill** for one year or _____
Directions: Apply topically to needle insertion site 30–60 minutes prior to needle insertion as directed.
Other: _____
_____

Anaphylaxis kit maintained in the patient's home:

diphenhydramine 50 mg/mL injection **Quantity:** One vial **Refills:** 0
Directions: Use as directed via slow IV push as needed for anaphylaxis.
diphenhydramine 25 mg capsules **Quantity:** 10 capsules **Refills:** 0
Directions: Take 25–50 mg PO as needed for anaphylaxis.
epinephrine 0.3 mg or epinephrine 0.15 mg (for patients weighing 15–30 kg)
Directions: Use as directed IM as needed for anaphylaxis.
Quantity: Two-pack **Refills:** 0

Skilled home infusion 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. The visit frequency is based on prescribed dosage orders.

You can send this prescription electronically by selecting "CenterWell Specialty Pharmacy" (National Council for Prescription Drug Programs [NCPDP] ID number 3677955) from the list of pharmacies on your e-prescribing tool.