CenterWell Specialty Pharmacy

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

Inflammatory Bowel Disease Prescription Form

Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

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: _____ Diagnosis: _____ Diagnosis date: _____

Concurrent medications: _____

Previous therapy: _____ Dates: _____

Discontinuation reason: _____

TB test: ❒ No ❒ Yes Date of negative TB test: _____

HBV: ❒ No ❒ Yes If yes, currently treated? ❒ No ❒ Yes

Medication

❒ Abrilada
❒ Amjevita
❒ Avsola
❒ Cimzia
❒ Cyltezo
❒ Entyvio
❒ Hadlima
❒ Hulio
❒ Humira
❒ Hyrimoz
❒ Idacio
❒ Inflectra
❒ Omvoh
❒ Remicade
❒ Renflexis
❒ Rinvoq
❒ Simponi
❒ Skyrizi
❒ Stelara
❒ Velsipity
❒ Xeljanz
❒ Xeljanz XR
❒ Yuflyma
❒ Yusimry
❒ Zymfentra

Prescription information

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

Dosage Form	Dose	Directions	Quantity	Refills
	Initial Dose			
	Maintenance Dose			
	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.