CenterWell Specialty Pharmacy

Fax: 877-405-7940
Phone: 800-486-2668
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# 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 a secure cover sheet to the number above.

## Ophthalmology Prescription Form

### Patient information

Patient: _____ ❒ Female ❒ Male DOB: _____ Insurance plan: _____ Plan ID #: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Primary phone #: _____ Secondary phone #: _____ Caregiver: _____ Caregiver phone #: _____

Other medical conditions: _____ Allergies: ❒ NKDA ❒ Yes: _____

Height: _____ Weight: _____ ❒ lbs ❒ kg Date: _____

### Clinical information

ICD-10 code: _____ Diagnosis: _____ Diagnosis date: _____

Concurrent medications: _____

Expected date of first or next injection: _____

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**

| | | |
|---|---|---|
| ❒ Beovu | ❒ Izervay | ❒ Triesence |
| ❒ Byooviz | ❒ Lucentis | ❒ Vabysmo |
| ❒ Cimerli | ❒ Ozurdex | ❒ Visudyne |
| ❒ Eylea | ❒ Pavblu | ❒ Yutiq |
| ❒ Eylea HD | ❒ Susvimo | ❒ Other |
| ❒ Iluvien | ❒ Syfovre | _____ |

| Eye(s) | Dose and Directions | Quantity | Refills |
|---|---|---|---|
| ❒ Left<br>❒ Right<br>❒ Bilateral | _____<br>_____ | ❒ _____ syringes<br>❒ _____ vials | _____ |

### 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.