CareMed
SPECIALTY PHARMACY

Faxed prescriptions can only be accepted from a prescribing practitioner.
e-prescribe - **NPI# 1659380772 or NCPDP # 3306986**

Pharmacy 877.227.3405
Fax 877.542.2731

Zilretta® Enrollment Form

Patient Information (REQUIRED)

Date: _____

Patient Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F Last 4 Digits of SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Patient Weight: _____ lbs. Patient Height: _____ Date Taken: _____ Allergies: _____

Pharmacy Benefit Manager (REQUIRED) Please provide copies of both sides of the patient's card(s)

PBM Name: _____ Rx BIN# _____ PCN#: _____

Rx Group#: _____ Member ID#: _____

Medical/Health Insurance Info. (REQUIRED) Please provide copies of both sides of the patient's card(s)

Primary: _____ Policy Holder: _____ Policy # _____ Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary: _____ Policy Holder: _____ Policy # _____ Ph: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Medication List

_____

_____

Prior Treatments

Has the patient received prior treatments for Osteoarthritis pain of the knee? ☐ Yes ☐ No

Site(s) previously treated: ☐ Right Knee ☐ Left Knee ☐ Bilateral

Date(s) of prior treatments: _____

Product(s) used: _____

_____

Diagnosis and Clinical Information

Needs by Date: _____ **Medication will be shipped to office**

Diagnosis (ICD-10)

☐ M17.0 ☐ M17.11 ☐ M17.12 ☐ M17.2 ☐ M17.31 ☐ M17.32 ☐ M17.4 ☐ M17.5 ☐ Other: _____

Select the appropriate injection-site location: ☐ Left knee ☐ Right knee ☐ Bilateral

☐ ZILRETTA (date of last injection: ____/____/____) Previous injection-site location: ☐ Left knee ☐ Right knee ☐ Bilateral

Known drug allergies and notes: _____

Prescription Information

ZILRETTA® (triamcinolone acetonide extended-release injectable suspension), 32 mg (5 mL) **Quantity:** _____

Directions for use: Administer ZILRETTA as a single intra-articular injection of triamcinolone acetonide, 32 mg (5 mL) for extended release. ZILRETTA is supplied as a single-dose kit containing a vial of 32 mg sterile triamcinolone acetonide (extended-release), 5 mL of sterile diluent, and a sterile vial adapter. Prepare using the diluent supplied in the kit. Refer to the "Instructions for Use" provided with the kit for preparation and administration of ZILRETTA.

Additional directions: _____

Please attach a separate prescription if this section does not comply with your state's prescription law. Prescriptions from New York may be issued electronically.

Physician Information (REQUIRED)

Prescriber name: _____ Contact: _____

Email: _____ Street: _____ City: _____

State: _____ Zip: _____ Ph: _____ Fax: _____ NPI #: _____

Healthcare professional name (please print): _____

Healthcare professional signature: _____ Date: ____/____/_____