CYSTIC FIBROSIS - INHALED ANTIBIOTICS

SPECIALTY PHARMACY

toll free 855.274.1694 toll free fax 844.306.0200
krogerspecialtypharmacy.com

PATIENT INFO

Patient Name	❑ Male ❑ Female	Date of Birth
Address	City, State, Zip	
Phone	Allergies	
CFR Mutation	Weight ❑ lbs ❑ kg	

PRESCRIBER INFO

Prescriber Name		Supervising MD NPI
DEA#	NPI#	License #
Address		City, State, Zip
Phone		Fax

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ E84.0 Cystic Fibrosis with pulmonary manifestations ❑ E84.9 Cystic Fibrosis unspecified ❑ E84.11 Mecoium ileus in Cystic Fibrosis
❑ E84.19 Cystic Fibrosis with intestinal manifestations ❑ E84.8 Cystic Fibrosis with other manifestations ❑ B96.5 pseudomonas (mallei) causing diseases
❑ Other: _____

Drug Allergies: _____

MEDICATION	DIRECTIONS	QTY.	REFILLS
Amikacin ❑ 500mg/2ml vial ❑ Sodium chloride 0.9% (10mL) ❑ BD 5mL syringes - Sig: use as directed	❑ Amikacin 250mg vial BID x 28 days on/off or continuous ❑ Amikacin 500mg vial BID x 28 days on/off or continuous ❑ Sodium chloride 0.9% (10mL): Add 3mL of sodium chloride 0.9% into neb cup with amikacin mixture and inhale contents via nebulizer BID		
❑ **Bethkis** 300mg/4mL	Sig: 1 vial via nebulizer BID x 28 days on/off		
Cayston 75mg vial ❑ Altera Nebulizer - Sig: use as directed ❑ Pari Smart mask (ped/kid) Sig: use as directed	Inhale 1 vial via ALTERA nebulizer TID x 28 days on/off ❑ Altera Handset – sig: use as directed		
Ceftazidime ❑ 1 gram vial of Ceftazidime ❑ 2 gram vial of Ceftazidime ❑ Sterile water (10mL) OR ❑ Sodium chloride 0.9% (10mL) ❑ BD 5mL syringes - Sig: use as directed	❑ 1 gram BID x 28 days on/off or continuous ❑ 2 gram BID x 28 days on/off or continuous **Reconstitution instructions for:** Mix 1 vial of Ceftazidime with _____mL of sterile water/sodium chloride and give _____ via nebulizer		
Colistimethate 150mg vial ❑ Sterile water for injection (10mL vial) ❑ BD syringes 5mL 22G x 1 ½	❑ 75MG Reconstitute 1 vial (150mg) with 8mL of sterile water and give 4mL (75mg) via neb BID x 28 days on and 28 days off Sterile water 10mL vial Sig: Draw 8mL to reconstitute 1 vial of colistimethate BD syringes 5mL 22G x 1 ½ Sig: Use as directed with Colistimethate ❑ 150MG Reconstitute 1 vial (150mg) with 4mL of sterile water and give 4mL (150mg) via neb BID x 28 days on and 28 days off Sterile water 10mL vial Sig: Draw 4mL to reconstitute 1 vial of colistimethate BD syringes 5mL 22G x 1 ½ Sig: Use as directed with Colistimethate		
Gentamicin ❑ 80mg/2ml vial ❑ BD 5mL syringes Sig: Use as directed	Sig: 80mg via nebulizer BID		
❑ **Kitabis Pak** (Tobramycin inhalation solution with PARI LC nebulizer)	Sig: 1 vial via nebulizer BID x 28 days on/off		
❑ **Tobi podhaler** 28mg per cap	Inhale the contents of 4 capsules via podhaler BID x 28 days on/off		
❑ **Tobi** 300mg/5mL	Sig: 1 vial via nebulizer BID x 28 days on/off		
Vancomycin ❑ 500mg vial of Vancomycin ❑ 250mg vial of Vancomycin ❑ Sterile water (10mL) ❑ BD 5mL syringes - Sig: use as directed	250mg BID x 28 days on/off or continuous **Reconstitution instructions for:** Mix 1 vial of Vancomycin with _____mL of sterile water and give _____ via nebulizer		

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date

Prescriber's Signature (no stamps) Dispense As Written Date