CYSTIC FIBROSIS

SPECIALTY PHARMACY

WE HAVE A DEDICATED CF FAX LINE

Orlando, FL 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	DOSE/STRENGTH	DIRECTIONS (FREQUENCY OF ADMINISRATION)	QTY.	REFILLS
INHALATIONS:				
❑ Albuterol	❑ 0.083% (3mL vial) ❑ 0.5% (2.5mg/0.5mL) ❑ Ventolin ❑ Proair	Directions:		
❑ Bethkis	300mg/4ml amp BID	select one: ❑ 28 days on/28 days off ❑ continuous		
❑ Budesonide	❑ 0.25mg/2ml ❑ 0.5mg/2ml	Directions:		
❑ Cayston	75mg TID	Directions: 28 days on/28 days off		
❑ Colistin	❑ 75mg ❑ 150mg ❑ 5ml Sterile H2O for injection ❑ Syringe & Needle 5ml 22Gx1 ½" ❑ Sodium chloride 0.9%	❑ once daily ❑ twice daily select one: ❑ 28 days on/28 days off ❑ continuous		
❑ Hyper-Sal	❑ 3% (4ml) ❑ 7% (4ml) inhalation solution	Directions:		
❑ Kitabis Pak	300mg/5ml amp 1 vial via neb BID	select one: ❑ 28 days on/28 days off ❑ continuous		
❑ Levalbuterol	❑ 0.31mg/3ml ❑ 0.63mg/3ml ❑ 1.25mg/3ml	Directions:		
❑ Mucomyst	❑ 10% ❑ 20% inhalation solution ❑ Bd syringes (3mL, 5mL)	Directions:		
❑ Pulmozyme	2.5mg/2.5ml amp	select one: ❑ once daily ❑ twice daily		
❑ TOBI	300mg/5ml amp BID 1 vial via neb BID	select one: ❑ 28 days on/28 days off ❑ continuous		
❑ TOBI Podhaler	28mg caps 4 caps via podhaler BID	select one: ❑ 28 days on/28 days off ❑ continuous		
PANCREATIC ENZYMES:				
❑ Creon	❑ 3,000 u ❑ 6,000 u ❑ 12,000 u ❑ 24,000 u ❑ 36,000 u	# of caps per meals: _____ # of caps per snacks: _____ Daily max: _____ Please advise # of consumed meals and snacks per day (i.e. 3 meals and 2 snacks per day): _____		
❑ Pancreaze	❑ 4,200 u ❑ 10,500 u ❑ 16,800 u ❑ 21,000 u			
❑ Pertzye	❑ 4,000 u ❑ 8,000 u ❑ 16,000 u ❑ 24,000 u			
❑ Viokace	❑ 10,440 u ❑ 20,880 u			
❑ Zenpep	❑ 3,000 u ❑ 5,000 u ❑ 10,000 u ❑ 15,000 u ❑ 20,000 u ❑ 25,000 u ❑ 40,000 u			
VITAMINS:				
❑ Aquadeks	❑ Chew Tab ❑ Liquid	Directions:		
❑ Calcium carbonate	❑ 1250mg (500mg)	Directions:		
❑ DEKAS Essentials	❑ Capsule ❑ Liquid	Directions:		
❑ DEKAS Plus	❑ Chew Tab ❑ Liquid ❑ Soft Gels	Directions:		
❑ MVW Complete	❑ Chew Tab ❑ Drops ❑ Soft Gels ❑ D3000 ❑ D5000	Directions:		
❑ Vitamin D	❑ 1,000 u ❑ 2,000 u ❑ 5,000 u ❑ 50,000 u	Directions:		

ANTIBIOTICS/GI MEDS:			QTY.	REF.
❑ Azithromycin	Strength:	Directions:		
❑ Lansoprazole	Strength:	Directions:		
❑ Miralax	Strength:	Directions:		
❑ Omeprazole	Strength:	Directions:		
❑ Protonix	Strength:	Directions:		
❑ Zantac	Strength:	Directions:		

DME:	QTY.	REF.
❑ Aerobika		
❑ Aeroeclipse XL		
❑ PARI LC plus (pro)		
❑ PARI Trek S		
❑ PARI Vios Pro		
❑ PARI Vios Pro Filter		

	QTY.	REF.
❑ Other		
❑ Other		
❑ Other		
❑ Other		
❑ Other		
Please provide letter of medical necessity		

CFTR Potentiator: Please complete GPS enrollment form and fax to KSP with Rx

❑ Kalydeco List mutations: _____	150mg Tablet ❑ 56 Tablets ❑ 168 Tablets	po q 12h (age 6 and older) with fat-containing food	50mg Oral Granules ❑ 56 Single-Dose Packets ❑ 168 Single-Dose Packets	po q 12h (1 to less than 6) mixed with 1 tsp (5mL) of soft food or liquid with fat-containing food	75mg Oral Granules ❑ 56 Single-Dose Packets ❑ 168 Single-Dose Packets	po q 12h (1 to less than 6) mixed with 1 tsp (5mL) of soft food or liquid with fat-containing food	

❑ Orkambi (Pediatric)	F508del mutation ❑ Yes ❑ No	100-125mg Oral Granules ❑ 56 Single-Dose Packets ❑ 168 Single-Dose Packets po q 12h (ages 2-5, weight less than 14kg) mixed with 1 tsp (5mL) of of soft food or liquid with fat-containing food		
❑ Orkambi (Pediatric)	F508del mutation ❑ Yes ❑ No	150-188mg Oral Granules ❑ 56 Single-Dose Packets ❑ 168 Single-Dose Packets po q 12h (ages 2-5, weight greater than or equal to 14kg) mixed with 1 tsp (5mL) of of soft food or liquid with fat-containing food		
❑ Orkambi (Pediatric)	F508del mutation ❑ Yes ❑ No	100mg/125mg Tablets 2 tablets po q 12h (ages 6-11) with fat-containing food	❑ 112 Tablets for 28-day supply	❑ 336 Tablets for 84-day supply
❑ Orkambi	F508del mutation ❑ Yes ❑ No	200mg/125mg Tablets 2 tablets po q 12h (age 12 and older) with fat-containing food	❑ 112 Tablets for 28-day supply	❑ 336 Tablets for 84-day supply
❑ Symdeko	F508del mutation ❑ Yes ❑ No	100-150mg/150 mg Tablets 1 tablet po q 12h (age 12 and older) with fat-containing food	❑ 56 Tablets for 28-day supply	❑ 168 Tablets for 84-day supply
❑ Other				

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**