



# PULMONOLOGY - NEBULIZED THERAPY

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SPECIALTY PHARMACY

DATE: \_\_\_\_\_ NEEDS BY DATE: \_\_\_\_\_ SHIPTO:  OFFICE \_\_\_\_\_

PATIENT INFO		PRESCRIBER INFO		
Patient Name		Prescriber Name		
Address		DEA #	NPI #	License #
City, State, Zip		Address		
Main Phone	Alternate Phone	City, State, Zip		
Social Security #		Phone	Fax	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Person		

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

## CLINICAL INFORMATION

Diagnosis:  J45.40 Moderate Asthma  J45.50 Severe Asthma  J45.901 Allergic Asthma  
 Other: Dx code \_\_\_\_\_ Condition \_\_\_\_\_ Eosinophil levels: \_\_\_\_\_  
 Drug Allergies: \_\_\_\_\_  
 Concomitant therapies:  Short-acting beta agonist  Long-acting beta agonist  Antihistamines  Decongestants  Immunotherapy  
 Inhaled corticosteroid  Leukotriene modifiers  Oral steroids  Nasal steroids  Other: \_\_\_\_\_  
 Please list therapies: \_\_\_\_\_  
 Lab results:  History of positive skin OR RAST test to a perennial aeroallergen  
 Pretreatment serum IgE level \_\_\_\_\_ IU per mL Test date \_\_\_\_\_ Patient weight \_\_\_\_\_ kg Date weight obtained \_\_\_\_\_  
 MD Specialty:  Pulmonologist \_\_\_\_\_  
 Prescription type:  Naive/new start  Restart  Continued Therapy Last injection date: \_\_\_\_\_

	PRESCRIPTION INFORMATION		QUANTITY	REFILLS
<input type="checkbox"/> Bethkis*	300mg vial	Inhale 1 vial via nebulizer twice daily for 28 days on & 28 days off		
<input type="checkbox"/> Cayston*	<input type="checkbox"/> 75mg vial <input type="checkbox"/> Altera <input type="checkbox"/> Pari Smart Mask (pediatrics)	Inhale 1 vial via Altera neb three times a day for 28 days on & 28 days off		
<input type="checkbox"/> Colistimethate	<input type="checkbox"/> 150mg vial <input type="checkbox"/> Sterile water for injection (10mL vial) <input type="checkbox"/> BD syringes 5mL 22G x 1 1/2	<input type="checkbox"/> <b>75MG</b> Reconstitute 1 vial with 8ml of sterile water and give 4ml (75mg) via nebulizer twice daily for 28 days on & 28 days off (Draw 8ml to reconstitute 1 vial) <input type="checkbox"/> <b>150 MG</b> Reconstitute 1 vial with 4ml of sterile water and give 4ml (150mg) via nebulizer twice daily for 28 days on & 28 days off (Draw 4ml to reconstitute 1 vial)		
<input type="checkbox"/> Kitabis* Pak	300mg single-use ampule	Inhale 1 ampule via Pari neb twice daily for 28 days on & 28 days off		
<input type="checkbox"/> Pulmozyme*	2.5mg single-use ampule	<input type="checkbox"/> Inhale 1 ampule via nebulizer once daily <input type="checkbox"/> Inhale 1 ampule via nebulizer twice daily		
<input type="checkbox"/> Tobi	300mg vial	Inhale 1 vial via nebulizer twice daily for 28 days on & 28 days off		
<input type="checkbox"/> Tobi Podhaler	28mg capsule	Inhale contents of 4 caps via Podhaler twice daily 28 days on & 28 days off		
<input type="checkbox"/> Other				

DME:	QUANTITY	REFILLS	DME:	QUANTITY	REFILLS
<input type="checkbox"/> Aerobika			<input type="checkbox"/> Other		
<input type="checkbox"/> Aeroeclipse XL			<input type="checkbox"/> Other		
<input type="checkbox"/> PARI LC plus (pro)			<input type="checkbox"/> Other		
<input type="checkbox"/> PARI Trek S			<input type="checkbox"/> Other		
<input type="checkbox"/> PARI Vios Pro			<input type="checkbox"/> Other		
<input type="checkbox"/> PARI Vios Pro Filter			<b>Please provide letter of medical necessity</b>		

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

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