SPECIALTY PHARMACY

CYSTIC FIBROSIS - INHALED ANTIBIOTICS

WE HAVE A DEDICATED CF FAX LINE

Orlando, FL **toll free** 855.274.1694 **toll free fax** 844.306.0200

krogerspecialtypharmacy.com

PATIENT INFORMATION			
Patient Name		❑ Male ❑ Female	Date of Birth
Address		City, State, Zip	
Phone		Allergies	
CFTR Mutation	FEV	Weight ❑ kg ❑ lbs	

PRESCRIBER INFORMATION		
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		QUANTITY	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

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