Cystic Fibrosis - Inhaled Medications

Kroger specialty pharmacy

Orlando, FL **toll free** 855.274.1694 **dedicated CF fax** 844.306.0200 **krogerspecialtypharmacy.com**

Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information

Patient Name	Date of Birth ☐ Male ☐ Female	
Address City State Zip		
Phone	Social Security #	
Parent/Guardian Name		

Prescriber Information

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

Clinical Information

CFTR Mutation	FEV	Weight ☐ kg ☐ lbs

Diagnosis: ☐ E84.0 Cystic Fibrosis with Pulmonary Manifestations ☐ E84.19 Cystic Fibrosis with Intestinal Manifestations ☐ E84.9 Cystic Fibrosis Unspecified ☐ E84.8 Cystic Fibrosis with Other Manifestations ☐ E84.11 Mecoium Ileus in Cystic Fibrosis ☐ B96.5 Pseudomonas (Mallei) Causing Diseases ☐ Other: _____

Drug Allergies

Med	Dose/Strength	Directions (Frequency of Administration)	Qty	Refills
☐ Amikacin	☐ 500mg/2mL Vial ☐ BD 5mL Syringes - Sig: Use as Directed ☐ Sterile Water (10mL) or ☐ Sodium Chloride 0.9% (10mL)	☐ 250mg or ☐ 500mg ☐ Once daily x 28 days on/off or continuous **or** ☐ Twice daily x 28 days on/off or continuous ☐ Add _____ mL of diluent into neb cup with Amikacin mixture and inhale contents via nebulizer per dosing instructions		
☐ Cayston®	☐ 75mg Vial ☐ Altera Nebulizer	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)	☐ 1 Gram BID x 28 days on/off or continuous ☐ 2 Gram BID x 28 days on/off or continuous Reconstitution instructions: Mix 1 vial of Ceftazidime with _____ mL of sterile water/sodium chloride and give _____ via nebulizer		
☐ Colistimethate	☐ 150mg Vial ☐ BD Syringes ☐ Sterile Water (10mL) or ☐ Sodium Chloride 0.9% (10mL)	☐ 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 ☐ 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		
☐ Gentamicin	☐ 80mg/2mL Vial ☐ BD 5mL Syringes - Sig: Use as Directed	Sig:		
☐ Vancomycin	☐ 500mg Vial ☐ BD 5mL Syringes - Sig: Use as Directed ☐ Sterile Water (10mL) or ☐ Sodium Chloride 0.9% (10mL)	250mg BID x 28 days on/off or continuous Reconstitution Instructions: Mix 1 vial of Vancomycin with _____ mL of sterile water and give _____ via nebulizer		
Tobramycin Products				
☐ Bethkis®	300mg/4mL	Sig: 1 Vial via Nebulizer BID x 28 days on and 28 days off		
☐ Kitabis® Pak	300mg/5mL	Sig: 1 Vial via Nebulizer BID x 28 days on and 28 days off ☐ Brand Medically Necessary		
☐ TOBI®	300mg/5mL	Sig: 1 Vial via Nebulizer BID x 28 days on and 28 days off ☐ Brand Medically Necessary		
☐ TOBI® Podhaler®	28mg per Cap	Inhale the contents of 4 capsules via podhaler BID x 28 days on and 28 days off		
Inhalations				
☐ Albuterol	☐ 0.083% (3mL Vial) ☐ 0.5% (2.5mg/0.5mL) ☐ 0.63mg/3mL ☐ 1.25mg/3mL ☐ Ventolin® HFA ☐ ProAir® HFA ☐ Proventil® HFA	Sig:		
☐ Budesonide	☐ 0.25mg/2mL ☐ 0.5mg/2mL ☐ 1mg/2mL	Sig:		
☐ Hyper-Sal®	☐ 3% (4mL) Inhalation Solution ☐ 3.5% (4mL) Inhalation Solution ☐ 7% (4mL) Inhalation Solution	Sig:		
☐ Levalbuterol	☐ 0.31mg/3mL ☐ 0.63mg/3mL ☐ 1.25mg/3mL ☐ Xopenex HFA®	Sig:		
☐ Mucomyst®	☐ 10% Inhalation Solution ☐ 20% Inhalation Solution ☐ BD Syringes (3mL, 5mL)	Sig:		
☐ Pulmozyme®	2.5mg/2.5mL amp	☐ Once Daily ☐ Twice Daily		

DME	Qty	Refills	DME	Qty	Refills	DME	Qty	Refills
☐ Aerobika			☐ PARI LC plus VIOS Pro			☐ PARI Vios Pro Filter		
☐ Aeroeclipse XL			☐ PARI Trek S			☐ Other:		
☐ PARI LC plus			☐ PARI Vios Pro			**Please provide letter of medical necessity**		

Prescriber's Signature (no stamps) _____ Substitution Permitted _____ Date _____

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