



SPECIALTY PHARMACY

CYSTIC FIBROSIS - INHALED ANTIBIOTICS

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krogerspecialtypharmacy.com

PATIENT INFO		PRESCRIBER INFO	
Patient Name	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth	Prescriber Name	Supervising MD NPI
Address	City, State, Zip	DEA#	NPI# License #
Phone	Allergies	Address	City, State, Zip
CFR Mutation	Weight <input type="checkbox"/> lbs <input type="checkbox"/> kg	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 Meconium 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 <input type="checkbox"/> 500mg/2ml vial <input type="checkbox"/> Sodium chloride 0.9% (3mL) <input type="checkbox"/> BD 5mL syringes - Sig: use as directed	<input type="checkbox"/> Amikacin 250mg UDN BID x 28 days on/off or continuous <input type="checkbox"/> Amikacin 500mg UDN BID x 28 days on/off or continuous <input type="checkbox"/> Sodium chloride 0.9% (3mL): Add 1 vial (3mL) of sodium chloride 0.9% into neb cup with amikacin mixture and inhale contents via nebulizer BID		
<input type="checkbox"/> Bethkis 300mg/4mL	Sig: 1 vial via nebulizer BID x 28 days on/off		
Causton 75mg vial <input type="checkbox"/> Altera Nebulizer - Sig: use as directed <input type="checkbox"/> Pari Smart mask (ped/kid) Sig: use as directed	Inhale 1 vial via ALTERA nebulizer TID x 28 days on/off <input type="checkbox"/> Altera Handset - sig: use as directed		
Ceftazidime <input type="checkbox"/> 1 gram vial of Ceftazidime <input type="checkbox"/> 2 gram vial of Ceftazidime <input type="checkbox"/> Sterile water (10mL) <u>OR</u> <input type="checkbox"/> Sodium chloride 0.9% (10mL) <input type="checkbox"/> BD 5mL syringes - Sig: use as directed	<input type="checkbox"/> 1 gram BID x 28 days on/off or continuous <input type="checkbox"/> 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 <input type="checkbox"/> Sterile water for injection (10mL vial) <input type="checkbox"/> BD syringes 5mL 22G x 1 ½	<div> <input type="checkbox"/> 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 </div> <div> <input type="checkbox"/> 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 </div>		
Gentamicin <input type="checkbox"/> 80mg/2ml vial <input type="checkbox"/> BD 5mL syringes Sig: Use as directed	Sig: 80mg via nebulizer BID		
<input type="checkbox"/> Kitabis Pak (Tobramycin inhalation solution with PARI LC nebulizer)	Sig: 1 vial via nebulizer BID x 28 days on/off		
<input type="checkbox"/> Tobi podhaler 28mg per cap	Inhale the contents of 4 capsules via podhaler BID x 28 days on/off		
<input type="checkbox"/> Tobramycin 300mg/5mL	Sig: 1 vial via nebulizer BID x 28 days on/off		
Vancomycin <input type="checkbox"/> 500mg vial of Vancomycin <input type="checkbox"/> 250mg vial of Vancomycin <input type="checkbox"/> Sterile water (10mL) <input type="checkbox"/> 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 it's 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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