Kroger SPECIALTY PHARMACY

WE HAVE CHANGED OUR FAX NUMBER
TO NEW CF DEDICATED LINE

CYSTIC FIBROSIS

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	❑ Liquid ❑ Chew Tab ❑ Soft Gels	Directions:		
❑ Calcium carbonate	❑ 1250mg (500mg)	Directions:		
❑ DEKAS	❑ Liquid ❑ Capsule	Directions:		
❑ MVW Complete	❑ Chew Tab ❑ Soft Gels ❑ Drops ❑ D3000 ❑ D5000	Directions:		
❑ Vitamin D	❑ 1,000 u ❑ 2,000 u ❑ 5,000 u ❑ 50,000 u	Directions:		

ANTIBIOTICS/GI MEDS:			QTY.	REF.	DME:	QTY.	REF.		QTY.	REF.
❑ Azithromycin	Strength:	Directions:			❑ Aerobika			❑ Other		
❑ Lansoprazole	Strength:	Directions:			❑ Aeroeclipse XL			❑ Other		
❑ Miralax	Strength:	Directions:			❑ PARI LC plus (pro)			❑ Other		
❑ Omeprazole	Strength:	Directions:			❑ PARI Trek S			❑ Other		
❑ Protonix	Strength:	Directions:			❑ PARI Vios Pro			❑ Other		
❑ Zantac	Strength:	Directions:			❑ PARI Vios Pro Filter			**Please provide letter of medical necessity**		

CFTR Potentiator: Please complete GPS enrollment form and fax to TLCRx™ 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 (age 2 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 (age 2 to less than 6) mixed with 1 tsp (5mL) 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	

❑ Other

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