



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		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

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & 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	DOSE/STRENGTH	DIRECTIONS (FREQUENCY OF ADMINISTRATION)	QTY.	REFILLS
INHALATIONS:				
<input type="checkbox"/> Albuterol	<input type="checkbox"/> 0.083% (3mL vial) <input type="checkbox"/> 0.5% (2.5mg/0.5mL) <input type="checkbox"/> Ventolin <input type="checkbox"/> Proair	Directions:		
<input type="checkbox"/> Bethkis	300mg/4ml amp BID	select one: <input type="checkbox"/> 28 days on/28 days off <input type="checkbox"/> continuous		
<input type="checkbox"/> Budesonide	<input type="checkbox"/> 0.25mg/2ml <input type="checkbox"/> 0.5mg/2ml	Directions:		
<input type="checkbox"/> Cayston	75mg TID	Directions: 28 days on/28 days off		
<input type="checkbox"/> Colistin	<input type="checkbox"/> 75mg <input type="checkbox"/> 150mg <input type="checkbox"/> 5ml Sterile H2O for injection <input type="checkbox"/> Syringe & Needle 5ml 22Gx1 1/2" <input type="checkbox"/> Sodium chloride 0.9%	<input type="checkbox"/> once daily <input type="checkbox"/> twice daily select one: <input type="checkbox"/> 28 days on/28 days off <input type="checkbox"/> continuous		
<input type="checkbox"/> Hyper-Sal	<input type="checkbox"/> 3% (4ml) <input type="checkbox"/> 7% (4ml) inhalation solution	Directions:		
<input type="checkbox"/> Kitabis Pak	300mg/5ml amp 1 vial via neb BID	select one: <input type="checkbox"/> 28 days on/28 days off <input type="checkbox"/> continuous		
<input type="checkbox"/> Levalbuterol	<input type="checkbox"/> 0.31mg/3ml <input type="checkbox"/> 0.63mg/3ml <input type="checkbox"/> 1.25mg/3ml	Directions:		
<input type="checkbox"/> Mucomyst	<input type="checkbox"/> 10% <input type="checkbox"/> 20% inhalation solution <input type="checkbox"/> Bd syringes (3mL, 5mL)	Directions:		
<input type="checkbox"/> Pulmozyme	2.5mg/2.5ml amp	select one: <input type="checkbox"/> once daily <input type="checkbox"/> twice daily		
<input type="checkbox"/> TOBI	300mg/5ml amp BID 1 vial via neb BID	select one: <input type="checkbox"/> 28 days on/28 days off <input type="checkbox"/> continuous		
<input type="checkbox"/> TOBI Podhaler	28mg caps 4 caps via podhaler BID	select one: <input type="checkbox"/> 28 days on/28 days off <input type="checkbox"/> continuous		
PANCREATIC ENZYMES:				
<input type="checkbox"/> Creon	<input type="checkbox"/> 3,000 u <input type="checkbox"/> 6,000 u <input type="checkbox"/> 12,000 u <input type="checkbox"/> 24,000 u <input type="checkbox"/> 36,000 u	# of caps per meals: _____		
<input type="checkbox"/> Pancreaze	<input type="checkbox"/> 4,200 u <input type="checkbox"/> 10,500 u <input type="checkbox"/> 16,800 u <input type="checkbox"/> 21,000 u	# of caps per snacks: _____ Daily max: _____		
<input type="checkbox"/> Pertzye	<input type="checkbox"/> 4,000 u <input type="checkbox"/> 8,000 u <input type="checkbox"/> 16,000 u	Please advise # of consumed meals and snacks per day		
<input type="checkbox"/> Viokace	<input type="checkbox"/> 10,440 u <input type="checkbox"/> 20,880 u	(i.e. 3 meals and 2 snacks per day): _____		
<input type="checkbox"/> Zenpep	<input type="checkbox"/> 3,000 u <input type="checkbox"/> 5,000 u <input type="checkbox"/> 10,000 u <input type="checkbox"/> 15,000 u <input type="checkbox"/> 20,000 u			
	<input type="checkbox"/> 25,000 u <input type="checkbox"/> 40,000 u			
VITAMINS:				
<input type="checkbox"/> Aquadeks	<input type="checkbox"/> Liquid <input type="checkbox"/> Chew Tab <input type="checkbox"/> Soft Gels	Directions:		
<input type="checkbox"/> Calcium carbonate	<input type="checkbox"/> 1250mg (500mg)	Directions:		
<input type="checkbox"/> DEKAS	<input type="checkbox"/> Liquid <input type="checkbox"/> Capsule	Directions:		
<input type="checkbox"/> MVW Complete	<input type="checkbox"/> Chew Tab <input type="checkbox"/> Soft Gels <input type="checkbox"/> Drops <input type="checkbox"/> D3000 <input type="checkbox"/> D5000	Directions:		
<input type="checkbox"/> Vitamin D	<input type="checkbox"/> 1,000u <input type="checkbox"/> 2,000u <input type="checkbox"/> 5,000u <input type="checkbox"/> 50,000u	Directions:		
ANTIBIOTICS/GI MEDS:				
<input type="checkbox"/> Azithromycin	Strength: Directions:	<input type="checkbox"/> Aerobika	QTY.	REF.
<input type="checkbox"/> Lansoprazole	Strength: Directions:	<input type="checkbox"/> Aeroclipse XL	QTY.	REF.
<input type="checkbox"/> Miralax	Strength: Directions:	<input type="checkbox"/> Mobilaire	QTY.	REF.
<input type="checkbox"/> Omeprazole	Strength: Directions:	<input type="checkbox"/> Mobilaire Filter	QTY.	REF.
<input type="checkbox"/> Protonix	Strength: Directions:	<input type="checkbox"/> Other	QTY.	REF.
<input type="checkbox"/> Zantac	Strength: Directions:	<input type="checkbox"/> Other	QTY.	REF.
CFTR Potentiator: Please complete GPS enrollment form and fax to TLCDx™ with Rx				
<input type="checkbox"/> Kalydeco	150 mg Tablet po q 12h (age 6 and older) with fat-containing food	50 mg Oral Granules po q 12h (age 2 to less than 6) mixed with 1 tsp (5mL) of soft food or liquid with fat-containing food	75 mg Oral Granules po q 12h (age 2 to less than 6) mixed with 1 tsp (5mL) of soft food or liquid with fat-containing food	
List mutations: _____	<input type="checkbox"/> 56 Tablets <input type="checkbox"/> 168 Tablets	<input type="checkbox"/> 56 Single-Dose Packets <input type="checkbox"/> 168 Single-Dose Packets	<input type="checkbox"/> 56 Single-Dose Packets <input type="checkbox"/> 168 Single-Dose Packets	
<input type="checkbox"/> Orkambi (Pediatric)	100 mg/125mg Tablets	<input type="checkbox"/> 112 Tablets	<input type="checkbox"/> 336 Tablets	
F508del mutation <input type="checkbox"/> Yes <input type="checkbox"/> No	2 tablets po q 12h (ages 6-11) with fat containing food	for 28-day supply	for 84-day supply	
<input type="checkbox"/> Orkambi	200 mg/125mg Tablets	<input type="checkbox"/> 112 Tablets	<input type="checkbox"/> 336 Tablets	
F508del mutation <input type="checkbox"/> Yes <input type="checkbox"/> No	2 tablets po q 12h (age 12 and older) with fat containing food	for 28-day supply	for 84-day supply	
<input type="checkbox"/> 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) Dispense As Written Date Prescriber's Signature (no stamps) Substitution Permitted Date

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11-10-2016 OFL