Cystic Fibrosis

Rx International Pharmacy

Phone: (305) 221-1421
Fax: (305) 221-3275

Patient Information

LJI·ûÀŜyûY _____ ☐ mI·fŜ ☐ female 5h.Y _____ {{IY _____
last name, first name

I·ŘŘWŜăăY _____
(street, apt, city, state, zip)

LJWÀY I·Wê LJK₴yŜ yûzY·ōŜWY _____ ☐ ôŜft alternate phone number: _____ ☐ cell

caregiver: _____ allergies: _____ ☐ NKDA

comorbidities: _____ height: _____ weight: _____ ☐ lbs ☐ kg date: _____

Clinical Information

Diagnosis/ICD-9

- ☐ 277.00 CF without meconium ileus
- ☐ 277.01 CF with meconium ileus
- ☐ 277.02 with pulmonary manifestations
- ☐ 277.03 CF with GI manifestations
- ☐ 277.09 CF with other manifestations
- ☐ V83.81 CF gene carrier

CFTR gene mutations

- ☐ F508del/F508del *(homozygous)*
- ☐ G1244E
- ☐ G1349D
- ☐ G178R
- ☐ G551D
- ☐ G551S
- ☐ R117H
- ☐ S1251N
- ☐ S1255P
- ☐ S549N
- ☐ S549R
- ☐ Other (Please specify): _____

Other conditions

- ☐ Pancreatic Insufficiency
- ☐ CFRD
- ☐ Osteoperosis
- ☐ Liver Disease
- ☐ Depression
- ☐ Other: _____

Prescription	Dose	Directions	Quantity	Refills
☐ **Bethkis®**	300 mg ampule	Inhale the entire contents of the ampule twice daily for 28 days on, followed by 28 days off	1 box (56 ampules)	
☐ **Kalydeco®**	☐ 150 mg tablet	Take one tablet by mouth every 12 hours with fat-containing food	60 tablets	
	☐ 50 mg packet of oral granules (wt. <14 kg) ☐ 75 mg packet of oral granules (wt. ≥ 14 kg)	Take one packet mixed with one teaspoon (5mL) of age-approprate food or liquid by mouth every 12 hours with fat-containing food.	56 packets	
☐ **Kitabis® Pak**	300 mg/ 5 mL ampule	Inhale the entire contents of one ampule twice daily for 28 days on, followed by 28 days off	1 box (56 ampules)	
☐ **Orkambi™** (lumacaftor/ivacaftor)	200 mg/125 mg	Take 2 tablets by mouth every 12 hours with fat-containing food	112 tablets	
☐ **Pulmozyme®**	2.5 mg ampule	☐ Inhale the contents of one ampule via nebulizer once daily ☐ Inhale the contents of one ampule via nebulizer twice daily	☐ 1 box (30 ampules) ☐ 2 boxes (60 ampules)	
☐ **TOBI®** (tobramycin inhaled solution)	300 mg ampule	Inhale the contents of one ampule via nebulizer twice daily (every 12 hours) for 28 days on, followed by 28 days off	1 box (56 ampules)	
☐ **TOBI® Podhaler™**	28 mg capsule	Inhale the contents of four capsules twice daily (every 12 hours) for 28 days on, followed by 28 days off	1 box (224) capsules	

prescriber signature required for manufacturer support training ☐ Physician's office ☐ Manufacturer support needed ☐ No nurse support needed

Prescriber + Shipping Information

prescriber (print): _____ office contact: _____

preferred method of contact: ☐ phone ☐ fax ☐ email preferred contact persons email: _____

ship to: ☐ patient ☐ office ☐ alternate _____
shipping address: street city state zip

office address: _____
(street, suite, city, state, zip)

phone: _____ fax: _____ NPI: _____ DEA: _____

prescriber's signature: _____ date: _____
I authorize Rx International Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Insurance Information: please fax copy of insurance card (front + back)