

Cystic Fibrosis

Inhaled Antibiotics & Mucolytics



TotalCareRX
SPECIALTY PHARMACY

Phone: 718-762-7111
Fax: 718-504-7426

Patient Information		Prescriber + Shipping Information	
Patient name: _____ DOB: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male SSN: _____ Language: _____ Wt: _____ <input type="checkbox"/> kg <input type="checkbox"/> lbs Ht: _____ <input type="checkbox"/> cm <input type="checkbox"/> in Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____ Phone: _____ Alternate: _____ Caregiver name: _____ Relation: _____ Local pharmacy: _____ Phone: _____ Insurance plan: _____ Plan ID: _____ Please fax a copy of front and back of the insurance card(s).		Prescriber name: _____ NPI: _____ Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ Alternate: _____ Fax: _____ Email: _____ If shipping to prescriber: <input type="checkbox"/> First Fill <input type="checkbox"/> Always <input type="checkbox"/> Never	
Clinical Information (Please fax all pertinent clinical and lab information)			
Diagnosis: <input type="checkbox"/> E84.0 (pulmonary manifestations) <input type="checkbox"/> E84.11 (meconium ileus) <input type="checkbox"/> E84.19 (gastrointestinal manifestations) <input type="checkbox"/> E84.8 (other manifestations) <input type="checkbox"/> E84.9 (unspecified)			
Mutations: _____			
Prior Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____		Reason for Discontinuation of Therapy _____ _____ _____	
		Approximate Start Date	Approximate End Date
		_____	_____
		_____	_____
Comorbidities: _____ Concomitant Medications: _____ Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Other: _____			
Prescription		Quantity	Refill
Inhaled Antibiotics	Directions		
<input type="checkbox"/> Bethkis® (tobramycin solution)	<input type="checkbox"/> Inhale 300 mg (contents of one ampule) orally every 12 hours via nebulizer for 28 days on, followed by 28 days off	<input type="checkbox"/> 56 x 300 mg/4 mL ampule	_____
<input type="checkbox"/> Kitabis® Pak (tobramycin solution)	<input type="checkbox"/> Inhale 300 mg (contents of one ampule) orally every 12 hours via nebulizer for 28 days on, followed by 28 days off	<input type="checkbox"/> 56 x 300 mg/5 mL ampule	_____
<input type="checkbox"/> TOBI® (tobramycin solution)	<input type="checkbox"/> Inhale 300 mg (contents of one ampule) orally every 12 hours via nebulizer for 28 days on, followed by 28 days off	<input type="checkbox"/> 56 x 300 mg/5 mL ampule	_____
<input type="checkbox"/> TOBI™ Podhaler™ (tobramycin powder)	<input type="checkbox"/> Inhale 112 mg (contents of four capsules) orally every 12 hours for 28 days on, followed by 28 days off	<input type="checkbox"/> 224 x 28 mg capsules	_____
_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
Mucolytics			
<input type="checkbox"/> Pulmozyme® (dornase alfa)	<input type="checkbox"/> Inhale 2.5 mg (contents of one ampule) orally once daily via nebulizer	<input type="checkbox"/> 30 x 2.5 mg/2.5 mL ampule	_____
<input type="checkbox"/> Hypertonic Saline (sodium chloride)	<input type="checkbox"/> Inhale the contents of one 3.5% solution vial orally _____ times per day via nebulizer	<input type="checkbox"/> _____ x 4 mL vials	_____
	<input type="checkbox"/> Inhale the contents of one 7% solution vial orally _____ times per day via nebulizer		
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
Per state-specific law, prescriptions will be dispensed as generic, if applicable, unless notated otherwise: _____			
<i>Stamp signature not allowed, physician signature required.</i>			
Prescriber's Signature: _____		Date: _____	

I authorize Total Care Rx, Inc. and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to Total Care Rx, Inc.

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