

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name _____ <input type="radio"/> Male <input type="radio"/> Female	Physician Name _____ NPI _____
Date of Birth _____ <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____	Office Contact _____
Street Address _____ Apt # _____	Street Address _____ Ste # _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ CFTR Mutation _____	Phone _____ Fax _____

PLEASE ATTACH PATIENT'S CLINICAL INFORMATION AND A COPY OF BOTH SIDES OF INSURANCE CARDS.

CLINICAL INFORMATION		
Diagnosis: <input type="radio"/> E84.0 - CF w/pulmonary manifestations	<input type="radio"/> E84.8 - CF w/other manifestations	<input type="radio"/> E84.19 - CF w/intestinal manifestations
<input type="radio"/> B96.5 - Pseudomonas	<input type="radio"/> J47.9 - Bronchiectasis	<input type="radio"/> Other: _____

NEBULIZERS	COMPRESSORS/SYSTEMS
<input type="radio"/> Pari LC Sprint	<input type="radio"/> Altera System
<input type="radio"/> Pari LC PLUS	<input type="radio"/> eRapid System
<input type="radio"/> Altera Handset	<input type="radio"/> Pari Trek 5
<input type="radio"/> eRapid Handset	<input type="radio"/> Pari Vios Pro

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QTY	REFILLS
INHALED ANTIBIOTICS				
Bethkis	<input type="radio"/> 300 mg/4ml	Nebulize 1 vial twice daily <input type="radio"/> 28 days on/28 days off <input type="radio"/> continuous		
Cayston & Altera	<input type="radio"/> 75 mg	Nebulize 1 vial 3 times daily <input type="radio"/> 28 days on/28 days off <input type="radio"/> continuous		
Colistimethate	<input type="radio"/> 150 mg	Mix w/3ml of sterile water & Nebulize 3ml twice daily <input type="radio"/> 28 days on/28 days off <input type="radio"/> continuous		
Kitabis Pak	<input type="radio"/> 300 mg/5ml	Nebulize 1 vial twice daily <input type="radio"/> 28 days on/28 days off <input type="radio"/> continuous		
TOBI	<input type="radio"/> 300 mg/5ml	Nebulize 1 vial twice daily <input type="radio"/> 28 days on/28 days off <input type="radio"/> continuous		
TOBI Podhaler	<input type="radio"/> 28 mg Capsule	Inhale 4 capsules twice daily via Podhaler <input type="radio"/> 28 days on/28 days off <input type="radio"/> continuous		

INHALED MUCOLYTIC/EXPECTORANT				
Hypertonic Saline	<input type="radio"/> 3% <input type="radio"/> 3.5% <input type="radio"/> 7% <input type="radio"/> 10% <input type="radio"/> Hyper-Sal <input type="radio"/> PulmoSal 7%	Nebulize 4ml or _____ ml twice daily or _____ as directed		
Pulmozyme	<input type="radio"/> 2.5 mg/2.5 ml	Nebulize 1 vial <input type="radio"/> once daily <input type="radio"/> twice daily		

INHALED BRONCHODILATORS				
Albuterol	<input type="radio"/> 0.042% <input type="radio"/> 0.083% <input type="radio"/> HFA 90 mcg/Puff	Nebulize 1 vial _____ time(s) daily or every _____ hours Inhale _____ puff(s) every _____ hours or _____ times daily		
Levalbuterol	<input type="radio"/> 0.31 mg <input type="radio"/> 0.63 mg <input type="radio"/> 1.25 mg <input type="radio"/> HFA 45 mcg/Puff	Nebulize 1 vial _____ time(s) daily or every _____ hours Inhale _____ puff(s) every _____ hours or _____ times daily		

CFTR POTENTIATORS				
Kalydeco	<input type="radio"/> 150 mg tablet <input type="radio"/> 25 mg granules (Pedi) <input type="radio"/> 50 mg granules (Pedi) <input type="radio"/> 75 mg granules (Pedi)	Take 1 tablet every 12 hours with fat containing food Mix 1 packet with 1 teaspoonful (5 mL) of soft food or liquid and take every 12 hours with fat containing food		
Orkambi	<input type="radio"/> 100/125 mg tablets (Pedi) <input type="radio"/> 200/125 mg tablets <input type="radio"/> 100/125 mg granules (Pedi) <input type="radio"/> 150/188 mg granules (Pedi)	Take 2 tablets every 12 hours with fat containing food Mix 1 packet with 1 teaspoonful (5 mL) of soft food or liquid and take every 12 hours with fat containing food		
Symdeko	<input type="radio"/> 50/75 & 75 mg tablets (Pedi) <input type="radio"/> 100/150 & 150 mg tablets	Take 1 tablet every 12 hours with fat containing food		
Trikafta	<input type="radio"/> 100/50/75 & 150 mg tablets	Take 2 tablets in the morning and 1 tablet in the evening with fat containing food		

ENZYMES				
Creon	<input type="radio"/> 3,000 <input type="radio"/> 6,000 <input type="radio"/> 12,000 <input type="radio"/> 24,000 <input type="radio"/> 36,000	# of caps per meals: _____ # of caps per snacks: _____		
Pancreaze	<input type="radio"/> 4,200 <input type="radio"/> 10,500 <input type="radio"/> 16,800 <input type="radio"/> 21,000	Dispense quantity for _____ meals and _____ snacks per day Max Caps per day: _____		
Pertzye	<input type="radio"/> 4,000 <input type="radio"/> 8,000 <input type="radio"/> 16,000 <input type="radio"/> 24,000			
Viokace	<input type="radio"/> 10,440 <input type="radio"/> 20,880			
Zenpep	<input type="radio"/> 3,000 <input type="radio"/> 5,000 <input type="radio"/> 10,000 <input type="radio"/> 15,000 <input type="radio"/> 20,000 <input type="radio"/> 25,000 <input type="radio"/> 40,000			

VITAMINS				
DEKAs	<input type="radio"/> Capsule <input type="radio"/> Chewable <input type="radio"/> Liquid	SIG: _____		
MVW Complete	<input type="radio"/> Softgel <input type="radio"/> Chewable <input type="radio"/> Liquid	SIG: _____		
	<input type="radio"/> Softgel D3000 <input type="radio"/> Softgel D5000	SIG: _____		
	<input type="radio"/> Chewable D3000 <input type="radio"/> Chewable D5000	SIG: _____		

OTHER:				

Physician Signature _____ Date _____

*By signing this form, I authorize Maxor to act as my agent for Prior Authorizations & Prescription Reimbursement for the listed patient.

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