

Patient Information

Patient Name: _____ DOB: _____ Sex: Male Female SSN: _____ Wt (kg/lbs): _____ Ht (cm/in): _____
 Address: _____ Phone: _____ Alternate: _____
 Caregiver Name: _____ Relation to Patient: _____ Phone: _____
 Insurance Plan: _____ Plan ID: _____ BIN #: _____ PCN #: _____ GRP #: _____

Please fax a copy of the front and back of the insurance card(s).

Prescriber + Shipping Information

Prescriber Name: _____ DEA: _____ NPI: _____
 Address: _____
 Phone: _____ Alternate: _____ Fax: _____ Email: _____
 If shipping to prescriber: First Fill Always Never

Clinical Information (Please fax all pertinent clinical and lab information)

Diagnosis: E84.0 (pulmonary manifestations) E84.11 (meconium ileus) E84.19 (gastrointestinal manifestations) E84.8 (other manifestations) E84.9 (unspecified)
Mutations: F508del G1244E G1349D G178R G551D G551S R117H S1251N S549N S549R S1255P Other: _____
 Prior Therapy Yes No _____
 Reason for Discontinuation of Therapy _____
 Approximate Start Date _____ Approximate End Date _____
 Comorbidities: _____
 Concomitant Medications: _____
 Allergies: NKDA Other: _____

Prescription Inhaled Antibiotics	Directions	Quantity	Refill
<input type="checkbox"/> Bethkis® (tobramycin solution)	Inhale 300mg (contents of one ampule) every 12 hours orally via nebulizer for 28 days on, followed by 28 days off	56 x 300 mg/4 mL ampule	_____
<input type="checkbox"/> Kitabis® Pak (tobramycin solution)	Inhale 300mg (contents of one ampule) every 12 hours orally via nebulizer for 28 days on, followed by 28 days off	56 x 300 mg/5 mL ampule	_____
<input type="checkbox"/> TOBI® (tobramycin solution)	Inhale 300mg (contents of one ampule) every 12 hours orally via nebulizer for 28 days on, followed by 28 days off	56 x 300 mg/5 mL ampule	_____
<input type="checkbox"/> TOBI™ Podhaler™ (tobramycin powder)	Inhale 112mg (contents of four ampule) every 12 hours orally via nebulizer for 28 days on, followed by 28 days off	224 x 28 mg capsules	_____

Mucolytics			
<input type="checkbox"/> Pulmozyme® (dornase alfa)	Inhale 2.5mg (contents of one ampule) once daily orally via nebulizer	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 _____ times per day orally via nebulizer	_____ x 4 mL vials	_____
	<input type="checkbox"/> Inhale the contents of one 7% solution ampule _____ times per day orally via nebulizer		

Modulator Therapy			
<input type="checkbox"/> Kalydeco® (ivacaftor)	<input type="checkbox"/> Take 150 mg every 12 hours by mouth with fat-containing food	<input type="checkbox"/> 56 x 150 mg tablet	_____
	<input type="checkbox"/> Mix one packet with one teaspoon (5 mL) of age-appropriate soft food or liquid and take every 12 hours by mouth with fat-containing food	<input type="checkbox"/> 56 x 50 mg packet (wt. <14 kg) <input type="checkbox"/> 56 x 75 mg packet (wt. >14 kg)	_____
<input type="checkbox"/> Orkambi® (lumacaftor/ivacaftor)	<input type="checkbox"/> Take 400 mg/250 mg (2 tablets) every 12 hours by mouth with fat-containing food	<input type="checkbox"/> 112 x 200 mg/125 mg tablets	_____
	<input type="checkbox"/> Take 200 mg/250 mg (2 tablets) every 12 hours by mouth with fat-containing food (pediatric dose for ages 6-11 years)	<input type="checkbox"/> 112 x 100 mg/125 mg tablets (pediatric dose)	_____

Per state-specific law, prescriptions will be dispensed as generic, if applicable, unless notated otherwise: _____

Prescriber's Signature: _____ Date: _____

I authorize AmeriPharma 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 AmeriPharma.

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by calling 877-778-0318 to obtain instructions as to the proper destruction of the transmitted material. Thank you.