

Cystic Fibrosis



toll-free phone: 888-558-9941 | toll-free fax: 855-826-2596

patient information

patient: _____ male _____ female _____ DOB: _____ SS#: _____
last name, first name

address: _____
street city state zip

primary phone number: _____ cell _____ alternate phone number: _____ cell _____

caregiver: _____ allergies: _____ NKDA _____

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

clinical information

Diagnosis/ICD-9		CFTR gene mutations			Other conditions
277.00 CF without meconium ileus	277.03 CF with GI manifestations	F508del/ F508del <i>(homozygous)</i>	G551S R117H	Other (Please specify): _____	Pancreatic Insufficiency CFRD
277.01 CF with meconium ileus	277.09 CF with other manifestations	G1244E G1349D	S1251N S1255P		Osteoporosis Liver Disease Depression
277.02 with pulmonary manifestations	V83.81 CF gene carrier	G178R G551D	S549N S549R		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-appropriate 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™ <small>(lumacaftor/ivacaftor)</small>	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	1 box (30 ampules)	
		Inhale the contents of one ampule via nebulizer twice daily	2 boxes (60 ampules)	
TOBI® <small>(tobramycin inhaled solution)</small>	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: _____

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 Thrifty White 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)

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 888-558-9941 or by emailing specialty@thriftywhite.com to obtain instructions as to the proper destruction of the transmitted material. Thank you.

