

# Cystic Fibrosis

## Patient Information

patient: \_\_\_\_\_ male  
last name, first name female DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
 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-10	CFTR gene mutations	Other conditions
E84.0 with pulmonary manifestations	F508del/ F508del <i>(homozygous)</i>	Pancreatic Insufficiency CFRD Osteoporosis Liver Disease Depression Other: _____
E84.11 with meconium ileus	G1244E	
E84.19 with GI manifestations	G1349D	
	G178R	
	G551D	
E84.8 with other manifestations	G551S	
E84.9 CF Unspecified	R117H	
	S1251N	
	S1255P	
	S549N	
	S549R	Other (Please specify): _____

Prescription	dose	directions	quantity	refills
<b>Bethkis®</b>	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)	
<b>Kalydeco®</b>	150 mg tablet	Take one tablet by mouth every 12 hours with fat-containing food	1 box (56 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.	1 box (56 unbreakable blister packs)	
<b>Kitabis® Pak</b>	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)	
<b>Orkambi™</b> <small>(lumacaftor/ivacaftor)</small>	200 mg/125 mg	Take 2 tablets by mouth every 12 hours with fat-containing food	112 tablets	
<b>Pulmozyme®</b>	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)	
<b>TOBI®</b> <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)	
<b>TOBI® Podhaler™</b>	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

## 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 Thrifty White Specialty Pharmacy 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 Thrifty White Specialty Pharmacy.

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

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