

Patient Information	Prescriber + Shipping Information
Patient name: _____ DOB: _____ Sex: Female Male SSN: _____ Language: _____ Wt: _____ kg lbs Ht: _____ cm in Address: _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____ Phone: _____ Alternate: _____ Caregiver name: _____ Relation: _____ Local pharmacy: _____ Phone: _____ Insurance plan: _____ Plan ID: _____ <b>Please fax a copy of front and back of the insurance card(s).</b>	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:**  E84.0 (pulmonary manifestations)  E84.11 (meconium ileus)  E84.19 (gastrointestinal manifestations)  
 E84.8 (other manifestations)  E84.9 (unspecified)

**Mutations:** \_\_\_\_\_

Prior Therapy	Yes	No	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comorbidities: \_\_\_\_\_  
 Concomitant Medications: \_\_\_\_\_  
 Allergies: NKDA Other: \_\_\_\_\_

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

Mucolytics	Directions	Quantity	Refill
<input type="checkbox"/> <b>Pulmozyme<sup>®</sup></b> (dornase alfa)	Inhale 2.5 mg (contents of one ampule) orally once daily via nebulizer	30 x 2.5 mg/2.5 mL ampule	_____

Modulator Therapy	Directions	Quantity	Refill
<input type="checkbox"/> <b>Kalydeco<sup>®</sup></b> (ivacaftor)	<input type="checkbox"/> Take 150 mg by mouth every 12 hours with fat-containing food	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 by mouth every 12 hours 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"/> <b>Orkambi<sup>®</sup></b> (lumacaftor/ivacaftor)	<input type="checkbox"/> Take 400 mg/250 mg (2 tablets) by mouth every 12 hours with fat-containing food	112 x 200 mg/125 mg tablets	_____
	<input type="checkbox"/> Take 200 mg/250 mg (2 tablets) by mouth every 12 hours with fat-containing food ( <i>pediatric dose for ages 6-11 years</i> )	112 x 100 mg/125 mg tablets ( <i>pediatric dose</i> )	_____
<input type="checkbox"/> <b>Symdeko<sup>®</sup></b> (tezacaftor/ivacaftor)	<input type="checkbox"/> Take 100 mg/150 by mouth every 12 hours with fat-containing food	<input type="checkbox"/> 56 x 100 mg/150 mg tablets	_____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize CoxHealth at Home and its representatives to act as an agent to initiate and execute the prior authorization process.

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