

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: _____ Please fax a copy of front and back of the insurance card(s).	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"/> Bethkis[®] (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"/> Kitabis[®] Pak (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"/> TOBI[®] (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"/> TOBI[™] Podhaler[™] (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"/> Pulmozyme[®] (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"/> Kalydeco[®] (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"/> Orkambi[®] (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"/> Symdeko[®] (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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