

PATIENT INFORMATION Deliver Here

Patient Name: _____

DOB: _____ Gender: Male Female

Address: _____

City _____ State _____ Zip: _____

Primary Phone: _____ SSN: _____

Caregiver Name: _____

Alternate Phone: _____

PRESCRIBER INFORMATION Deliver Here

Prescriber Name: _____

State License #: _____ DEA #: _____

NPI #: _____

Address: _____

City _____ State _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Phone: _____

Insurance Information (please fax a copy of front and back of the insurance card(s))

Primary Insurance: _____ Plan ID: _____ BIN #: _____ PCN #: _____ Grp #: _____

Secondary Insurance: _____ Plan ID: _____ BIN #: _____ PCN #: _____ Grp #: _____

Clinical Information (Please fax pertinent 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Discontinuation of therapy	Start date	End Date

Allergies: NKDA Other: _____

Comorbidities: _____

Concomitant Medications: _____

Drug	Dose/Strength	Directions	Qty	Refills
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<input type="checkbox"/> KALYDECO (ivacaftor)	<input type="checkbox"/> 150mg tablet <input type="checkbox"/> 50mg Oral granules <input type="checkbox"/> 75mg Oral granules	<input type="checkbox"/> Patients aged 6 years and older: Take one tablet by mouth every 12 hours with fat-containing food <input type="checkbox"/> Pediatric patients (7kg to <14kg): Take one 50 mg packet mixed with 1 Teaspoon of soft food or liquid every 12 hours with fat-containing food. <input type="checkbox"/> Pediatric patients (≥14kg): Take one 75 mg packet mixed with 1 teaspoon of soft food or liquid every 12 hours with fat-containing food.		
<input type="checkbox"/> ORKAMBI (lumacaftor/ivacaftor)	<input type="checkbox"/> 100mg/125mg tablet <input type="checkbox"/> 200mg/125mg tablet <input type="checkbox"/> 100mg/125mg oral granules <input type="checkbox"/> 150mg/188mg oral granules	<input type="checkbox"/> Patients ≥12 years: Take two tablets (200mg/125mg) by mouth every 12 hours with fat-containing food <input type="checkbox"/> Patients 6-11 years: Take two tablets (100mg/125mg) by mouth every 12 hours with fat-containing food <input type="checkbox"/> Patients 2-5 years weighing <14kg: Take one (100mg/125mg) packet mixed with 1 Teaspoon of soft food or liquid every 12 hours with fat-containing food. <input type="checkbox"/> Patients 2-5 years weighing ≥14kg: Take one (150mg/188mg) packet mixed with 1 Teaspoon of soft food or liquid every 12 hours with fat-containing food. <input type="checkbox"/> Other: _____		
<input type="checkbox"/> SYMDEKO (tezacaftor/ivacaftor)	<input type="checkbox"/> 100mg/150mg & 150mg Tablets	<input type="checkbox"/> Take 100 mg tezacaftor/150 mg ivacaftor tablet by mouth in the morning then take 150mg ivacaftor tablet in the evening (12 hours apart, with fat-containing food)		

Product substitution permitted Dispense as written

Prescriber's Signature: _____ Date: _____

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