

**Second Line Therapy  
Authorization Form**

The items listed on this page are for complicated Tuberculosis (TB) cases only and require consultation with the TB Program Medical Consultant, Dr. Susan Ray or Dr. David Holland.

Please fax to (404)463-3460 the following documentation:

1. Copy of the prescription for ALL TB medications
2. List ALL TB medications in the patient's planned drug regimen (including 2<sup>nd</sup> line medications) as well as any other prescription medications the patient may be taking.
3. Progress Note stating why the need for alternate regimen
4. This completed form

To contact Dr. Ray call 404-657-2634 or email [sray02@emory.edu](mailto:sray02@emory.edu) (sray[zero]2@emory.edu). To contact Dr. Holland email [david.holland@emory.edu](mailto:david.holland@emory.edu)

Name of patient: \_\_\_\_\_

District: \_\_\_\_\_

Date of original request: \_\_\_\_\_

Requestor Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Approval good until: \_\_\_\_\_

Fax signed form to: \_\_\_\_\_

Fax number: \_\_\_\_\_

Medication requested for:     New Patient

Continued drug treatment

Levofloxacin (tablets) 500mg, 50 in bottle

Levofloxacin (tablets) 750mg, 50 in bottle

Moxifloxacin (tablets) 400mg, 30 in bottle

Streptomycin 1gram, vial (refrigerate)

Kanamycin (vial) 1gram, 3mL vial

Capreomycin (vial) 1gram, 10mL vial

Amikacin (vial) 500mg, 2mL vial

Amikacin (vial) 1gram, 4mL vial

Ethionamide (tablets) 250mg, 100 in bottle

Cycloserine (capsules) 250mg, 40 in bottle

Clofazimine (capsules) 50mg, 100 in bottle

Para-aminosalicylic acid (packets) 4grams, 30 packs in carton (refrigerate)

Rifampin (vial) 600mg, 10mL vial

Prednisone 5mg

Prednisone 10mg

Dexamethasone 4mg