

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.

Please fax to (404) 463-3460 the following documentation: 1) Copy of the prescription for all TB medications; 2) Progress Note stating why the need for alternate regimen; and 3) This completed form.

To contact Dr. Ray:

Call 404- 657-2634 or email or sray02@emory.edu (sray[zero]2@emory.edu)

NAME OF PATIENT: _____

DISTRICT: _____ DATE OF ORIGINAL REQUEST: _____

REQUESTOR NAME (Print): _____ SIGNATURE: _____

APPROVED: [Dr. Ray's Signature] _____

DATE OF APPROVAL: _____ APPROVAL GOOD UNTIL: _____

FAX SIGNED FORM TO: _____ FAX: _____

MEDICATION REQUESTED FOR: New Patient Continued drug treatment

Levofloxacin(tablets)500mg,50/Bt. 750mg 50/Bt.

Moxifloxacin(tablets) 400mg, 30/BT.

Streptomycin 1gm, vial. (Refrigerate)

Kanamycin(vial)1gm,3ml vial.

Capreomycin(vial)1gm,10ml vial.

Amikacin(vial)500 mg, 2mL vial. 1gm, 4mL, vial

Ethionamide(tablets)250mg,100/Bt.

Cycloserine(capsules)250mg,40/Bt.

Clofazimine(capsules)50mg,100/Bt.

Para-aminosalicylic acid (packets) 4gm, 30pks/carton. (Refrigerate)

Rifampin(vial) 600mg, 10mL/VL

Prednisone 5mg Prednisone 10mg

Dexamethasone 4mg