Second Line Therapy Authorization Form

The items listed on this page are for people with complicated Tuberculosis (TB) disease only and consultation with the TB Program Medical Consultant, Dr. Susan Ray, is required. Please scan and email the following documentation to Dr. Ray and the appropriate State TB Office staff:

1. Copy of the prescription for ALL TB medications
2. List of ALL TB medications in patient’s drug regimen (including 2nd 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

Name of patient: ____________________________________________________________

District: ___________________________ Date of original request: ________________

Requestor Name (print): ___________________________ Signature: __________________

Approved: ___________________________ Date of Approval: _______________________

Approval good until: _______________ Fax signed form to: _______________________

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
☐ Other: ___________________________________________ □ Other: _________________________
☐ Other: ___________________________________________ □ Other: _________________________