

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: _____