

**Second Line Therapy
Authorization Form**

The items listed on this page are for people with complicated Tuberculosis (TB) disease 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. 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: _____