TB/LTBI Stock Medication Request

NAME OF FACILITY: _____ **AUTHORIZED ORDERING OFFICAL:** _____ **CONTACT PHONE #** _____ **DATE OF REQUEST:** _____

Re-Order Point (ROP)	Balance On-Hand (BOH)	Order Request (ROP - BOH)	Name of Medication and Dosage	Number of tablets/capsules per package	Quantity Filled	Lot #	Expiration Date	RX #
						Drug Room Fields		
2			Isoniazid 100mg - 200mg daily dose	60 count bottle				
7			Isoniazid 100mg - 100mg (single **UNIT DOSE** packet)	1.0 per PACK				
3			Isoniazid 100mg - 200mg (single **UNIT DOSE** packet)	2.0 per PACK				
6			Isoniazid 300mg - 300mg daily dose	30 count bottle				
10			Isoniazid 300mg - 300mg (single **UNIT DOSE** packet)	1.0 per PACK				
7			Isoniazid 300mg - 900mg (single **UNIT DOSE** packet)	3.0 per PACK				
1			Rifampin 150mg - 450mg daily dose	90 count bottle				
3			Rifampin 150mg - 450mg (single **UNIT DOSE** packet)	3.0 per PACK				
4			Rifampin 300mg - 600mg daily dose	60 count bottle				
10			Rifampin 300mg - 600mg (single **UNIT DOSE** packet)	2.0 per PACK				
5			Pyridoxine 25mg (B-6) - 25mg daily dose	30 count bottle				
7			Pyridoxine 25mg (B-6) - 25mg (single **UNIT DOSE** packet)	1.0 per PACK				
5			Pyridoxine 50mg (B-6) - 50mg daily dose	30 count bottle				
7			Pyridoxine 50mg (B-6) - 50mg (single **UNIT DOSE** packet)	1.0 per PACK				
4			Ethambutol 400mg - 800mg (single **UNIT DOSE** packet)	2.0 per PACK				
10			Ethambutol 400mg - 1200mg (single **UNIT DOSE** packet)	3.0 per PACK				
7			Ethambutol 400mg - 1600mg (single **UNIT DOSE** packet)	4.0 per PACK				
4			Pyrazinamide 500mg - 1000mg (single **UNIT DOSE** packet)	2.0 per PACK				
10			Pyrazinamide 500mg - 1500mg (single **UNIT DOSE** packet)	3.0 per PACK				
7			Pyrazinamide 500mg - 2000mg (single **UNIT DOSE** packet)	4.0 per PACK				
ASSIGNED			Priftin (Rifapentine 150mg) - NOT FOR OUTPATIENT USE	* SPECIAL APPROVAL REQ *				

The above medications are being purchased through a specialized contract - ALL dispensing/administering must be documented and readily retreivable for auditing purposes.

PLEASE READ: STOCK MEDICATIONS CAN ONLY BE DISPENSED/ADMINISTERED TO AN ELIGIBLE PATIENT AS DEFINED BY HRSA; IF UNSURE, CONTACT THE DRUG ROOM FOR CLARIFICATION

State of Alaska - EPI approval: _____

How to use the *TB/LTBI Stock TB Medication Request Form*:

BACKGROUND:

The State Drug Room is purchasing medications to specifically treat tuberculosis through the Federal 340B Drug Pricing program. Only facilities that are registered on the 340B database are eligible to receive medications purchased through the discount program. The medications can only be dispensed or administered to an 'eligible patient' as defined by Health Resources and Service Administration (HRSA). Any stock medication utilization must be documented and readily retrievable for auditing purposes. If there are any situations where it is unclear if stock medications should be used, please contact the drug room staff **BEFORE** using for clarification in order to prevent possible violations with the 340B program.

Please submit this form to the AK TB Program via fax to 907-563-7868.

General Information:

Please enter the following: The name of your facility, name of authorizing individual, contact phone, and the date of your request.

Specific information:

- Please indicate the amount you have on-hand for items you are requesting
- Please indicate the quantity request with appropriate pack size
- Only order for items and quantities that are reasonable and necessary for special circumstances
- Stock medications should not be used as the primary doses for therapy
- Stock medications are not considered a rush or STAT order
- Stock medications will be **AUDITED** for correct documentation in maintaining 340B compliance
- The AK TB Program will review all orders prior to forwarding to the Drug Room for processing

Call the Drug Room at 341-2207 or 341-2209 with questions.