ALASKA DHSS, DPH, TUBERCULOSIS CONTROL PROGRAM
TUBERCULOSIS PRESCRIPTION / MEDICATION REQUEST FORM
FAX COMPLETED FORM TO 907-563-7868 (INCOMPLETE FORMS MAY DELAY PROCESSING)

Date Needed at Facility: _____ **OR** ☐ **next delivery cycle** ******Expedited Shipping requires Epi approval*, Overnight Shipping Approved by:** _____

Patient Last Name: _____ **Patient First Name:** _____ **DOB:** _____

Weight: _____ kg **HR#** _____ ☐ **MALE** ☐ **FEMALE and** ☐ **PREGNANT OR** ☐ **BREASTFEEDING (CHECK ONLY IF APPLICABLE)**

☐ **No Known Allergies OR List Allergies:** _____ **Projected Start Date:** _____

Medications taking (including OTC's): _____

☐ **– New Medication Request** ☐ **– Modification of Existing Medication Order** ☐ **– English Medication Info Sheet or other:** _____

Doses given from STOCK: _____ **Dispense in:** ☐ **Bottles OR** ☐ **Unit Dose Packs (NOT CHILD PROOF)**

Provider Prescription

PT NAME: _____ **ADDRESS/CITY:** _____

Drug Order(s)	Dose	Route	Frequency	Doses Requested for Therapy
☐ ISONIAZID	_____mg	____	☐7X wk ☐ 5X wk ☐3X wk ☐2X wk	☐ Wkly _____ x _____Doses
☐ RIFAMPIN	_____mg	____	☐7X wk ☐ 5X wk ☐3X wk ☐2X wk	_____ x _____Doses
☐ PYRAZINAMIDE	_____mg	____	☐7X wk ☐ 5X wk ☐3X wk ☐2X wk	_____ x _____Doses
☐ ETHAMBUTOL	_____mg	____	☐7X wk ☐ 5X wk ☐3X wk ☐2X wk	_____ x _____Doses
☐ B-6 PYRIDOXINE	_____mg	____	☐7X wk ☐ 5X wk ☐3X wk ☐2X wk	☐ Wkly _____ x _____Doses
☐ RIFAPENTINE	_____mg	____		☐ Wkly _____ x _____Doses
☐ MOXIFLOXACIN	_____mg	____	☐7X wk ☐ 5X wk	_____ x _____Doses
☐ _____	_____mg	____	_____	x _____Doses

Notation / Special Request: _____

***Provider Signature:** _____ **Date:** _____

***Provider Printed Name:** _____ **Provider City:** _____

Provider Phone: _____ **Provider Fax:** _____

Mail to: _____ **PHN Requesting Medication / Point of Contact:** _____

Address: _____ **City:** _____ **Phone:** _____

City: _____ **St** _____ **Zip** _____ **Date of Request:** _____

For SOA/EPI-TB Program use

AK TB Program Review by: _____ Date: _____ Processed by: _____

Faxed to Drug Room by: _____ Date: _____ Checked by: _____

Form in compliance with 12 AAC 52.460 Prescription Drug Order Information

****This form also: "Provides Health Care Under Contractual Arrangements" as defined by HRSA with the prescribing provider and the 340B Covered Entity.*** Rev 10/2016

Table 1: First-line anti-tuberculosis drugs and dosing for adults and children*

Drug	Preparation	Adult/Child	Dosage (maximum) Daily	1 x wkly	2 x wkly	3 x wkly
Isoniazid	Tablets (100, 300 mg); Elixir (50 mg/5 ml); Aqueous IV/IM solution (100 mg/ml)	Adults	5 mg/kg (300 mg)	15 mg/kg (900 mg)	15 mg/kg (900 mg)	15 mg/kg (900 mg)
		Children	10-15 mg/kg (300 mg)	----	20-30 mg/kg (900 mg)	----
Rifampin	Capsule (150, 300 mg); suspend powder for PO; Aqueous IV solution	Adults❶	10 mg/kg (600 mg)	----	10 mg/kg (600 mg)	10 mg/kg (600 mg)
		Children	10-20 mg/kg (600 mg)	----	10-20 mg/kg (600 mg)	----
Rifapentine	Tablet (150 mg)	Adults	----	10 mg/kg (600 mg); continuation phase only	---	---
		Children	Not approved	Not approved	Not approved	Not approved
Pyrazinamide	Tablet (500 mg)	Adults	40-55 kg → 1,000 mg 56-75 kg → 1,500 mg 76-90 kg → 2,000 mg	----	40-55 kg → 2,000 mg 56-75 kg → 3,000 mg 76-90 kg → 4,000 mg	40-55 kg → 1,500 mg 56-75 kg → 2,500 mg 76-90 kg → 3,000 mg
		Children	15-30 mg/kg (2,000 mg)	----	50 mg/kg (2,000 mg)	----
Ethambutol	Tablet (100 and 400 mg)	Adults	40-55 kg → 800 mg 56-75 kg → 1,200 mg 76-90 kg → 1,600 mg	----	40-55 kg → 2000 mg 56-75 kg → 2,800 mg 76-90 kg → 4,000 mg	40-55 kg → 1,200 mg 56-75 kg → 2,000 mg 76-90 kg → 2,400 mg
		Children	15-20 mg/kg (1000 mg)	----	50 mg/kg (2.5 gm)	----
Dosage for a combination regimen of Isoniazid and Rifapentine in 12 once-weekly doses by DOT for treatment of LTBI❷						
Isoniazid	Tablets (100mg, 300mg)	≥12 years of age	----	15mg/kg (900mg) **Rounded up** to nearest 50 or 100mg	----	----
Rifapentine	Tablet (150mg)	≥12 years of age	----	10.0-14.0 kg → 300mg 14.1-25.0 kg → 450mg 25.1-32.0kg → 600mg 32.1-49.9kg → 750mg ≥ 50kg→ 900mg (900mg)	----	----

* Children weighing more than 40 kg (88 lbs) should be dosed as adults

❶ Dose may need to be adjusted when there is concomitant treatment for HIV/AIDS

❷ CDC. (2011). *Recommendations for use of an isoniazid-rifapentine regimen with direct observation to treat latent tuberculosis infection.* MMWR, 60(48). 1650-1653

Table 2. Drug Regimens for Microbiologically Confirmed Pulmonary Tuberculosis Caused by Drug-Susceptible Organisms

	Intensive Phase		Continuation Phase				
Regimen	Drug[a]	Interval and Dose[b] (Minimum Duration)	Drugs	Interval and Dose[b,c] (Minimum Duration)	Range of Total Doses	Comments[c,d]	Regimen Effectiveness
1	INH RIF PZA EMB	7 d/wk for 56 doses (8 wk), or 5 d/wk for 40 doses (8 wk)	INH RIF	7 d/wk for 126 doses (18 wk), or 5 d/wk for 90 doses (18 wk)	182–130	This is the preferred regimen for patients with newly diagnosed pulmonary tuberculosis.	Greater
2	INH RIF PZA EMB	7 d/wk for 56 doses (8 wk), or 5 d/wk for 40 doses (8 wk)	INH RIF	3 times weekly for 54 doses (18 wk)	110–94	Preferred alternative regimen in situations in which more frequent DOT during continuation phase is difficult to achieve.	
3	INH RIF PZA EMB	3 times weekly for 24 doses (8 wk)	INH RIF	3 times weekly for 54 doses (18 wk)	78	Use regimen with caution in patients with HIV and/or cavitary disease. Missed doses can lead to treatment failure, relapse, and acquired drug resistance.	
4	INH RIF PZA EMB	7 d/wk for 14 doses then twice weekly for 12 doses[e]	INH RIF	Twice weekly for 36 doses (18 wk)	62	Do not use twice-weekly regimens in HIV-infected patients or patients with smear-positive and/or cavitary disease. If doses are missed, then therapy is equivalent to once weekly, which is inferior.	Lesser

Abbreviations: DOT, directly observed therapy; EMB, ethambutol; HIV, human immunodeficiency virus; INH, isoniazid; PZA, pyrazinamide; RIF, rifampin.

[a] Other combinations may be appropriate in certain circumstances; additional details are provided in the section "Recommended Treatment Regimens."

[b] When DOT is used, drugs may be given 5 days per week and the necessary number of doses adjusted accordingly. Although there are no studies that compare 5 with 7 daily doses, extensive experience indicates this would be an effective practice. DOT should be used when drugs are administered <7 days per week.

[c] Based on expert opinion, patients with cavitation on initial chest radiograph and positive cultures at completion of 2 months of therapy should receive a 7-month (31-week) continuation phase.

[d] Pyridoxine (vitamin B6), 25–50 mg/day, is given with INH to all persons at risk of neuropathy (eg, pregnant women; breastfeeding infants; persons with HIV; patients with diabetes, alcoholism, malnutrition, or chronic renal failure; or patients with advanced age). For patients with peripheral neuropathy, experts recommend increasing pyridoxine dose to 100 mg/day.

[e] See [426]. Alternatively, some US tuberculosis control programs have administered intensive-phase regimens 5 days per week for 15 doses (3 weeks), then twice weekly for 12 doses.

Table from new guidelines: http://www.cdc.gov/tb/topic/treatment/guidelinehighlights.htm