*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 | _____ x _____Doses |
| ☐ ETHAMBUTOL | _____mg | ____ | ☐7X wk ☐ 5X 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" with the prescribing provider and the 340B Covered Entity.***

Rev 09/2016

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<br>56-75 kg → 1,500 mg<br>76-90 kg → 2,000 mg | ---- | 40-55 kg → 2,000 mg<br>56-75 kg → 3,000 mg<br>76-90 kg → 4,000 mg | 40-55 kg → 1,500 mg<br>56-75 kg → 2,500 mg<br>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<br>56-75 kg → 1,200 mg<br>76-90 kg → 1,600 mg | ---- | 40-55 kg → 2000 mg<br>56-75 kg → 2,800 mg<br>76-90 kg → 4,000 mg | 40-55 kg → 1,200 mg<br>56-75 kg → 2,000 mg<br>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)<br>**Rounded up** to nearest 50 or 100mg | ---- | ---- |
| Rifapentine | Tablet (150mg) | ≥12 years of age | ---- | 10.0-14.0 kg → 300mg<br>14.1-25.0 kg → 450mg<br>25.1-32.0kg → 600mg<br>32.1-49.9kg → 750mg<br>≥ 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