Home Infusion & Specialty Pharmacy
CHARTWELL
PENNSYLVANIA, LP

CYSTIC FIBROSIS

Chartwell Specialty Pharmacy
Phone: 1-800-366-6020 Fax: 412-920-1869

Date:_____ Auth #: _____ Auth Dates: _____ ☐ UPMC prior auth form attached

Patient Information

First Name: _____ Last Name: _____ DOB: _____ SSN: _____ ☐ Male ☐ Female

Address: _____ City: _____ State:_____ Zip: _____

Phone: _____ Alternate Phone: _____ Caregiver/ Emergency Contact: _____ Phone: _____

Weight: _____ Allergies: _____ Latex Allergy: ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____

Insured: _____

Phone: _____

Policy #: _____ Group #: _____

Secondary Insurance: _____

Insured: _____

Phone: _____

Policy #: _____ Group #: _____

ICD 10

Diagnosis	
☐ E84.10 ☐ **E84.9**	☐ **Other:**

Prescription Information

Medication	Dose/ Strength	Directions	Quantity	Refills
☐ Bethkis®	☐ 300mg/4ml ampule	☐ Inhale contents of 1 ampule via nebulizer every 12 hrs for 28 days on then 28 days off ☐ Other:		
☐ Kalydeco®	☐ 150mg tablet (ages 6 years and older)	☐ Take one tablet by mouth every 12 hrs with fat-containing food	☐ 1 month ☐ Other:	
	(ages 6 months - 5 years) ☐ 25mg packet (wt. 5-7kg) ☐ 50mg packet (wt. 7-14kg) ☐ 75mg packet (wt. ≥ 14kg)	☐ Mix one packet of granules in one teaspoon of soft food or liquid and administer every 12 hrs with fat-containing food Patient Weight: _____		
☐ Kitabis Pak®	☐ 300mg/5ml ampule	☐ Inhale contents of 1 ampule via nebulizer every 12 hrs for 28 days on then 28 days off ☐ Other:		
☐ Orkambi®	(ages 6 - 11 years) ☐ 100mg/ 125mg tablet (12 years and older) ☐ 200mg/ 125mg tablet	☐ Take 2 tablets by mouth every 12 hrs with fat-containing food ☐ Other:	☐ 1 month ☐ Other:	
	(ages 2 - 5 years) ☐ 100mg/ 125mg packet (wt. < 14kg) ☐ 150mg/ 188mg packet (wt. ≥ 14kg)	☐ Mix one packet of granules in one teaspoon of soft food or liquid and administer every 12 hrs with fat-containing food Patient Weight: _____		
☐ Pulmozyme®	☐ 1mg/ml 2.5ml ampule (strength 2.5mg)	☐ Inhale contents of 1 ampule via nebulizer once a day ☐ Other:		
☐ Symdeko®	(ages 6 - 11 years) ☐ 50mg/ 75mg tablet + 75mg tablet (12 years and older) ☐ 100mg/ 150mg tablet + 150mg tablet	☐ 6-11 years: Take 1 white tablet in the morning, and 1 blue tablet in the evening approximately 12 hrs apart with fat-containing food ☐ 12 years and older: Take 1 yellow tablet in the morning, and 1 blue tablet in the evening approximately 12 hrs apart with fat-containing food	☐ 1 month ☐ Other:	
☐ TOBI® Podhaler®	☐ 28mg capsules	☐ Inhale 112mg (4 capsules) BID via the Podhaler device for 28 days, then off 28 days		
☐ Tobramycin	☐ 300mg/5ml ampule	☐ Inhale contents of 1 ampule via nebulizer every 12 hrs for 28 days on then 28 days off ☐ Other:		

Prescriber Information

Date Shipment Needed: _____ Ship to: ☐ Patient ☐ Physician/ Clinic ☐ Other: _____

Physician's Name: _____ Office Contact Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

I authorize Chartwell Pennsylvania Specialty Pharmacy and its representatives to act as an agent and execute the insurance prior authorization process.