

## TREATMENT OF LATENT TUBERCULOSIS INFECTION (LTBI) Medication Request Form

Report all Suspected/Confirmed cases of "Active" TB Disease by phone: Nurse Consultant 515-281-8636 or Program Manager 515-281-7504

Demographics			
Name: (Last, First)		Date of Birth: (MM/DD/YYYY)	
Street Address:		City:	
County of Residence:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone:		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication Allergies:			
<input type="checkbox"/> Interpreter Required (specify language):			
Diagnostics			
Tuberculin Skin Test Date:		Results in mm: (Do not include erythema)	
IGRA (Blood) Test Date:		Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other	
Chest X-ray Date: Submit Radiology report with this form. CXR must be dated within three months of medication request.		Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
LTBI Diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pulmonary TB disease ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Extra pulmonary TB disease ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2020 Preferred Regimens CDC/NTCA: Check the box for preferred regimen or write a RX based upon patient weight.			
<input type="checkbox"/> Rifampin 600 mg daily/120 total doses Adults: 10 mg/kg (max 600 mg). Children: 15 - 20 mg/kg (max 600 mg)			
<input type="checkbox"/> Isoniazid (INH) 900 mg and Rifapentine (RPT) 900 mg once weekly/12 total doses. <b>Restricted Use:</b> Due to cost of this regimen, use is restricted to patients with compromised immune system, patients discovered during contact investigations and newly arriving refugees. Directly Observed Therapy strongly recommended.			
<b>Adults and Children ≥ 12 years:</b> INH: 15 mg/kg rounded to nearest 50 or 100 mg (max 900 mg). RPT: 10.0 - 14.0 kg 300 mg 14.1 - 25.0 kg 450 mg 25.1 - 32.0 kg 600 mg 32.1 - 49.9 kg 750 mg ≥ 50.0 kg 900 mg maximum		<b>Children 2 - 11 years:</b> INH: 25 mg/kg (max 900 mg). RPT: Same as Adult and Children ≥ 12 years dosing.	
<input type="checkbox"/> Isoniazid (INH) 300 mg daily and Rifampin 600 mg daily X 90 doses Adults: INH 5 mg/kg (max 300 mg), RIF 10 mg/kg (max 600 mg). Children: INH: 10 - 20 mg/kg (max 300 mg), RIF: 15 - 20 mg/kg (max 600 mg)			
<input type="checkbox"/> Pyridoxine (vitamin B6) 25 mg per day for 3 months for regimens including INH. Available for medical conditions when neuropathy is common.			
▶ Clinician Signature:			
Clinician Contact Information			
Clinician's Name:		Clinic Name:	
Street Address:		City:	
Phone Number:		State: Iowa	
		Zip:	
		Fax Number:	
Send Medication to: <input type="checkbox"/> County Public Health Department <input type="checkbox"/> Clinician's Office <input type="checkbox"/> Other: _____			
Checklist:			
<input type="checkbox"/> Patient is aware of LTBI diagnosis, treatment plan, and where to pick up medication.			
<input type="checkbox"/> Radiology report of Chest X-ray (must be dated within 3 months of medication order)			
<input type="checkbox"/> Clinician signature (if this form is not signed by the clinician, a separate prescription is required)			
<input type="checkbox"/> Fax this form, x-ray report, and prescriptions to: 515-281-4570			