



INACTIVE TUBERCULOSIS MEDICATION REQUEST FORM

Report all Suspected/Confirmed cases of "Active" TB Disease by phone to 515-281-0433.

Patient Demographics		
Name: (Last, First)	Date of Birth: (MM/DD/YYYY)	Weight:
Address:	City:	Zip Code:
County of Residence:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Medication Allergies:	
Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No 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/CT Scan Date: Submit Radiology report with this form. CXR/CT Scan must be dated within three months of medication request.	Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Inactive TB Diagnosis: Pulmonary TB disease ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extrapulmonary TB disease ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Regimens CDC/NTCA		
Check the box of the preferred regimen or provide 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 Restricted Use: 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 (DOT) is strongly recommended. Adults and Children \geq 12 years: 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 \geq 50.0 kg 900 mg maximum Children 2 - 11 years: INH: 25 mg/kg (max 900 mg). RPT: Same as Adult and Children \geq 12 years dosing		
<input type="checkbox"/> Isoniazid (INH) 300 mg daily and Rifampin (RIF) 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:		

Prescribing Clinician Contact Information

Clinician's Name:	Clinic Name:		
Street Address:	City:	State:	Zip Code:
Phone Number:	Fax Number:		

Send Medications To:

County Public Health Agency Clinician's Office Other (Specify):

Checklist:

- Patient is aware of inactive TB diagnosis, treatment plan, and where to pick up medication.
- Radiology report of Chest X-ray/CT Scan (must be dated within 3 months of medication order).
- Clinician signature (if this form is not signed by the clinician, a separate prescription is required).
- Send this form and Chest X-ray/CT Scan report to TBControl@HHS.iowa.gov or fax to 515-281-4570.