VYTLONE

CYSTIC FIBROSIS ENROLLMENT FORM

TOLL FREE (800) 658-6046 TOLL FREE FAX (800) 791-7851
WWW.VYTLONESPECIALTY.COM

PATIENT INFORMATION

Patient Name _____ ○ Male ○ Female
Date of Birth _____ ○ English ○ Spanish ○ Other _____
Street Address _____ Apt # _____
City _____ State _____ Zip _____
Phone

PRESCRIBER INFORMATION

Physician Name _____ NPI _____
Office Contact _____
Street Address _____ Ste # _____
City _____ State _____ Zip _____
Phone _____ Fax _____

PLEASE ATTACH PATIENT'S CLINICAL INFORMATION AND A COPY OF BOTH SIDES OF INSURANCE CARDS.

CLINICAL INFORMATION

Diagnosis: ○ E84.0 - CF w/pulmonary manifestations ○ E84.8 - CF w/other manifestations ○ E84.19 - CF w/intestinal manifestations
○ Other: _____
CFTR Mutation (1) _____ CFTR Mutation (2)_____
Allergies: _____ Weight: _____ (kg/lb) Height: _____ (in/cm)

NEBULIZERS

○ Pari LC Sprint ○ Altera Handset
○ Pari LC PLUS ○ eRapid Handset

COMPRESSORS/SYSTEMS

○ Altera System ○ Pari Trek S ○ _____
○ eRapid System ◉ Pari Vios Pro ○ _____

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QTY	REFILLS
INHALED MEDICATIONS				
Bethkis	○ 300 mg/4ml	Nebulize 1 vial twice daily ○ 28 days on/28 days off ○ continuous		
Cayston & Altera	○ 75 mg	Nebulize 1 vial 3 times daily ○ 28 days on/28 days off ○ continuous		
Colistimethate	○ 150 mg	Mix w/3ml of sterile water & Nebulize 3ml twice daily ○ 28 days on/28 days off ○ continuous		
Kitabis Pak	○ 300 mg/5ml	Nebulize 1 vial twice daily ○ 28 days on/28 days off ○ continuous		
TOBI	○ 300 mg/5ml	Nebulize 1 vial twice daily ○ 28 days on/28 days off ○ continuous		
TOBI Podhaler	○ 28 mg Capsule	Inhale 4 capsules twice daily via Podhaler ○ 28 days on/28 days off ○ continuous		
Pulmozyme	○ 2.5 mg/2.5 ml	Nebulize 1 vial ○ once daily ○ twice daily		
CFTR POTENTIATORS				
Alyftrek	○ 4mg/20mg/50mg tablet	Take 2 tablets by mouth with fat containing food		
	○ 10mg/50mg/125mg tablet	Take 3 tablets by mouth with fat containing food		
Kalydeco	○ 150 mg tablet	Take 1 tablet every 12 hours with fat containing food		
	○ 5.8 mg granules (Pedi) ○ 13.4 mg granules (Pedi) ○ 25 mg granules (Pedi) ○ 50 mg granules (Pedi) ○ 75 mg granules (Pedi)	Mix 1 packet with 1 teaspoonful (5 mL) of soft food or liquid and take every 12 hours with fat containing food		
Orkambi	○ 100/125 mg tablets (Pedi) ○ 200/125 mg tablets	Take 2 tablets every 12 hours with fat containing food		
	○ 75/94 mg granules (Pedi) ○ 100/125 mg granules (Pedi) ○ 150/188 mg granules (Pedi)	Mix 1 packet with 1 teaspoonful (5 mL) of soft food or liquid and take every 12 hours with fat containing food		
Symdeko	○ 50/75 & 75 mg tablets (Pedi) ○ 100/150 & 150 mg tablets	Take 1 tablet every 12 hours with fat containing food		
Trikafta	○ 50/25/37.5 & 75 mg tablets ○ 100/50/75 & 150 mg tablets	Take 2 tablets in the morning and 1 tablet in the evening with fat containing food		
	○ 80/40/60 & 59.5 mg granules (Pedi) ○ 100/50/75 & 75 mg granules (Pedi)	Mix 1 packet in 1 teaspoonful (5mL) of soft food or liquid and take every 12 hours with fat containing food.		
ENZYMES				
Creon	○ 3,000 ○ 6,000 ○ 12,000 ○ 24,000 ○ 36,000	# of caps per meals: _____ # of caps per snacks: _____ Dispense quantity for _____ meals and _____ snacks per day Max Caps per day: _____		
Pancreaze	○ 4,200 ○ 10,500 ○ 16,800 ○ 21,000			
Pertzye	○ 4,000 ○ 8,000 ○ 16,000 ○ 24,000			
Viokace	○ 10,440 ○ 20,880			
Zenpep	○ 3,000 ○ 5,000 ○ 10,000 ○ 15,000 ○ 20,000 ○ 25,000 ○ 40,000			
OTHER:				

Physician Signature _____ Date _____

*By signing this form, I authorize VytlOne to act as my agent for Prior Authorizations & Prescription Reimbursement for the listed patient.