VYTLONE SPECIALTY PHARMACY

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 _____ CFTR Mutation _____

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
◯ B96.5 - Pseudomonas
◯ J47.9 - Bronchiectasis
◯ Other: _____

NEBULIZERS

◯ Pari LC Sprint ◯ Altera Handset
◯ Pari LC PLUS ◯ eRapid Handset

COMPRESSORS/SYSTEMS

◯ Altera System ◯ Pari Trek 5 ◯ _____
◯ eRapid System ◯ Pari Vios Pro ◯ _____

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QTY	REFILLS
INHALED ANTIBIOTICS				
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		
INHALED MUCOLYTIC/EXPECTORANT				
Hypertonic Saline	◯ 3% ◯ 3.5% ◯ 7% ◯ 10% ◯ Hyper-Sal ◯ PulmoSal 7%	Nebulize 4ml or ____ml twice daily or _____ as directed		
Pulmozyme	◯ 2.5 mg/2.5 ml	Nebulize 1 vial ◯ once daily ◯ twice daily		
INHALED BRONCHODILATORS				
Albuterol	◯ 0.042% ◯ 0.083%	Nebulize 1 vial ____ time(s) daily or every ____ hours		
	◯ HFA 90 mcg/Puff	Inhale ____ puff(s) every ____ hours or ____ times daily		
Levalbuterol	◯ 0.31 mg ◯ 0.63 mg ◯ 1.25 mg	Nebulize 1 vial ____ time(s) daily or every ____ hours		
	◯ HFA 45 mcg/Puff	Inhale ____ puff(s) every ____ hours or ____ times daily		
CFTR POTENTIATORS				
Kalydeco	◯ 150 mg tablet	Take 1 tablet every 12 hours with fat containing food		
	◯ 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		
	◯ 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	◯ 100/50/75 & 150 mg tablets	Take 2 tablets in the morning and 1 tablet in the evening 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			
VITAMINS				
DEKAs	◯ Capsule ◯ Chewable ◯ Liquid	SIG:		
MVW Complete	◯ SoCgel ◯ Chewable ◯ Liquid	SIG:		
	◯ Softgel D3000 ◯ SoCgel D5000	SIG:		
	◯ Chewable D3000 ◯ Chewable D5000	SIG:		
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.

REVISED 1/2026