Maxor®
SPECIALTY PHARMACY

CYSTIC FIBROSIS ENROLLMENT FORM

TOLL FREE (800) 658-6046
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WWW.MAXORSPECIALTY.COM

PATIENT INFORMATION		PRESCRIBER INFORMATION	
Patient Name	◯ Male ◯ Female	Physician Name	NPI
Date of Birth	◯ English ◯ Spanish ◯ Other	Office Contact	
Street Address	Apt #	Street Address	Ste #
City	State Zip	City	State Zip
Phone	CFTR Mutation	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		COMPRESSORS/SYSTEMS		
◯ Pari LC Sprint	◯ Altera Handset	◯ Altera System	◯ Pari Trek 5	◯ _____
◯ Pari LC PLUS	◯ eRapid Handset	◯ 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 ____ times per day) 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				
Alyftrek	◯ 10/50/125 mg tablets	Take 2 tablets once daily with fat containing food		
	◯ 4/20/50 mg tablets	Take 3 tablets once daily with fat containing food		
Kalydeco	◯ 150 mg tablet	Take 1 tablet every 12 hours with fat containing food		
	◯ 75 mg granules (Pedi) ◯ 50 mg granules (Pedi) ◯ 25 mg granules (Pedi) ◯ 13.4 mg granules (Pedi) ◯ 5.8 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	◯ 200/125 mg tablets ◯ 100/125 mg tablets (Pedi	Take 2 tablets every 12 hours with fat containing food		
	◯ 150/188 mg granules (Pedi) ◯ 100/125 mg granules (Pedi) ◯ 75/94 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	◯ 100/150 & 150 mg tablets ◯ 50/75 & 75 mg tablets (Pedi)	Take 1 tablet every 12 hours with fat containing food		
Trikafta	◯ 100/50/75 & 150 mg tablets ◯ 50/25/37.5 & 75 mg tablets	Take 2 tablets in the morning and 1 tablet in the evening with fat containing food		
	◯ 100/50/75 & 75 mg granules (Pedi) ◯ 80/40/60 & 59.5 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		
ENZYMES				
Creon	◯ 3,000 ◯ 6,000 ◯ 12,000 ◯ 24,000 ◯ 36,000	# of caps per meals: _____ # of caps per snacks: _____		
Pancreaze	◯ 4,200 ◯ 10,500 ◯ 16,800 ◯ 21,000			
Pertzye	◯ 4,000 ◯ 8,000 ◯ 16,000 ◯ 24,000	Dispense quantity for _____ meals and _____ snacks per day		
Viokace	◯ 10,440 ◯ 20,880			
Zenpep	◯ 3,000 ◯ 5,000 ◯ 10,000 ◯ 15,000 ◯ 20,000 ◯ 25,000 ◯ 40,000	Max Caps per day: _____		
VITAMINS				
DEKAs	◯ Capsule ◯ Chewable ◯ Liquid	SIG:		
MVW Complete	◯ Softgel ◯ Chewable ◯ Liquid	SIG:		
	◯ Softgel D3000 ◯ Softgel D5000	SIG:		
	◯ Chewable D3000 ◯ Chewable D5000	SIG:		
OTHER:				

Physician Signature Date

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