###### OREGON HEALTH AUTHORITY TB DRUG ORDER FORM

Email to: TBSTD.Faxes@odhsoha.oregon.gov Phone: 503-358-8516

Please allow a maximum of one week for processing and shipping of routine drug orders.

Urgent drug orders will be shipped within one business day.

Select one: Routine Monthly URGENT Date Needed\_\_\_\_\_\_\_\_\_\_\_\_

As of October 2020 – Benton, Clackamas, Clatsop, Deschutes, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Umatilla, and Washington do **not** use this form to order drugs.

Contact heidi.behm@oha.oregon.gov with questions.

| DRUG | **STRENGTH & PILLS PER BOTTLE** | **Order per Bottle****QUANTITY NEEDED** | **QUANTITY** **SHIPPED** | LOT NUMBER*(HS USE ONLY)* | EXPIRATION DATE*(HS USE ONLY)* |
| --- | --- | --- | --- | --- | --- |
| EMB Ethambutol | 100mg/100 |  |  |  |  |
| EMB Ethambutol | 400mg/100 |  |  |  |  |
| INH Isoniazid | 100mg/100 |  |  |  |  |
| INHIsoniazid | 300mg/30 |  |  |  |  |
| INHIsoniazid | 300mg/100 |  |  |  |  |
| PZAPyrazinamide | 500mg/100 |  |  |  |  |
| RIF Rifampin  | 150mg/30­ |  |  |  |  |
| RIFRifampin | 300mg/60 |  |  |  |  |
| Rifapentine,Priftin | 150mg/24pill blister pack |  |  |  |  |
| Vitamin B6Pyridoxine | 25mg/100 |  |  |  |  |
| Vitamin B6Pyridoxine | 50mg/100 |  |  |  |  |

**SHIP ORDER TO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**

***Contact TBSTD.Faxes@odhsoha.oregon.gov if your order is not as noted on packing list.***

*OHA Use Only:*

#### Filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### OREGON HEALTH AUTHORITY TB DRUG ORDER FORM

###### SECOND LINE DRUGS

***SECOND LINE DRUGS (NOT ALL ARE KEPT IN STOCK--Allow extra time to order from supplier)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DRUG | **STRENGTH & PILLS** **PER BOTTLE** | **Order per Unit****QUANTITY****NEEDED** | **QUANTITY****SHIPPED** | Lot Number(HS Use Only) | ExpirationDate(HS Use Only) |
| Amikacin | 4ml VIALS |  |  |  |  |
| Cycloserine | 250mg/30pill blister pack |  |  |  |  |
| Ethionamide,Trecator | 250mg/100 |  |  |  |  |
| Levofloxacin,Levaquin | 250mg/50 |  |  |  |  |
| Levofloxacin,Levaquin | 500mg/50 |  |  |  |  |
| Moxifloxacin,Avelox | 400mg/30 |  |  |  |  |
| Para-Aminosalicylate Acid, PAS | 4g/30 Packet |  |  |  |  |
| Rifabutin,Mycobutin | 150mg/100 |  |  |  |  |
| Streptomycin | 1g VIALS |  |  |  |  |
| Child Resistant Pouch | Small 8.5x6” |  |  |  | N/A |
| Child Resistant Pouch | Large 13.5x9” |  |  |  | N/A |

**SHIP ORDER TO:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**

***Contact TBSTD.Faxes@odhsoha.oregon.gov if your order is not as noted on packing list.***

*Health Services Use Only*

*Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date*: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*