



Iowa Department of Public Health
Tuberculosis Control Program

TREATMENT OF LATENT TUBERCULOSIS INFECTION (LTBI)
Medication Request Form

Report all Suspected/Confirmed cases of "Active" TB Disease by phone: Nurse Consultant 515-281-8636 or Program Manager 515-281-7504

Demographics				
Name: (Last, First)		Date of Birth: (MM/DD/YYYY)		Weight:
Street Address:		City:		Zip:
County of Residence:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		Medication Allergies:		
<input type="checkbox"/> Interpreter Required (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 Date: Submit Radiology report with this form. CXR must be dated within three months of medication request.		Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
LTBI Diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pulmonary TB disease ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No		Extra pulmonary TB disease ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No
2020 Preferred Regimens CDC/NTCA: Check the box for preferred regimen or write 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 strongly recommended.				
Adults and Children ≥ 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 ≥ 50.0 kg 900 mg maximum		Children 2 - 11 years: INH: 25 mg/kg (max 900 mg). RPT: Same as Adult and Children ≥ 12 years dosing.		
<input type="checkbox"/> Isoniazid (INH) 300 mg daily and Rifampin 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:				
Clinician Contact Information				
Clinician's Name:		Clinic Name:		
Street Address:		City:		State: Iowa Zip:
Phone Number:		Fax Number:		
Send Medication to: <input type="checkbox"/> County Public Health Department <input type="checkbox"/> Clinician's Office <input type="checkbox"/> Other: _____				
Checklist:				
<input type="checkbox"/> Patient is aware of LTBI diagnosis, treatment plan, and where to pick up medication.				
<input type="checkbox"/> Radiology report of Chest X-ray (must be dated within 3 months of medication order)				
<input type="checkbox"/> Clinician signature (if this form is not signed by the clinician, a separate prescription is required)				
<input type="checkbox"/> Fax this form, x-ray report, and prescriptions to: 515-281-4570				