Instructions: Place order for rifabutin in PIOS, then complete this form. Indicate in Section 1 or 2 the reason for using rifabutin. Indicate medical consultation details when required in Section 3. Complete **all** fields in Section 4, then upload this form (and applicable consult) to the supplemental info tab in NEDSS. If rifabutin order is denied, submitter will be notified. If approved, the PIOS order will be filled.

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| **Section 1: Rifabutin Criteria for Patients with Known/Suspected Active TB Disease** | | | |
| **A: New/Existing Patient on Medication(s) Contraindicated with Rifampin** | | | |
| Select all that apply:  Patient has HIV and is taking antiretrovirals (ARVs)  Patient is on anti-rejection therapy for transplant (not limited to: cyclosporine, tacrolimus)  Patient is on methadone  Patient is on *other* medication(s) that may be contraindicated with rifampin and requires rifabutin. **Consultation required.** | | | |
| **B: New Patient Needs a Liver-Friendly Regimen *and* Has Failed a Rifampin Trial** | | | |
| Rifampin is usually well tolerated as part of a liver-friendly regimen. An initial trial of rifampin/fluoroquinolone/ethambutol should first be attempted.  Patient has a documented rifampin failure. | | | |
| **C: Existing Patient Currently Prescribed Rifabutin** | | | |
| Rifabutin may only be continued for the following reasons (Select all that apply):  Patient is on rifabutin after developing a documented intolerance/adverse reaction to rifampin.  Other. **Consultation required.** | | | |
| **Section 2: Rifabutin Criteria for Patients with Latent TB Infection or On Window Prophylaxis** | | | |
| **A: New Patient** | | | |
| Select all that apply:  Patient is unable to use rifampin, rifapentine, *or* 6-month isoniazid regimen. **Consultation required.** | | | |
| **B: Existing Patient Currently Prescribed Rifabutin** | | | |
| Rifampin should be tried unless there is an **absolute** contraindication. If trial is successful, complete therapy with rifampin. If patient cannot transition to rifampin, rifabutin may be used if the following applies:  Patient has less than 2 months of rifabutin treatment remaining.  Medical consultant recommends rifabutin. **Consultation required.** | | | |
| **Section 3:** **Consultation Information (upload to NEDSS Supplemental Info tab)** | | | |
| Name of Medical Consultant recommending rifabutin:  Click or tap here to enter text. | | | Date of Consult:  Click or tap to enter a date. |
| **Section 4:** **Submission Details** | | | |
| Name of requestor:  Click or tap here to enter text. | Contact information (direct phone or email):  Click or tap here to enter text. | | Date of submission:  Click or tap here to enter text. |
| PIOS Order Number:  Click or tap here to enter text. | PIOS Patient ID:  Click or tap here to enter text. | Date Rifabutin ordered in PIOS:  Click or tap to enter a date. | NEDSS Investigation ID:  Click or tap here to enter text. |