

San Juan County Rx for Novel Influenz A (H1N1) Meds

Pharmacy: <i>Check (✓) Lopez (✓) Orcas (✓) San Juan</i>		Date: _____
Rx: Patient Name _____ <i>(Intended Recipient)</i>		DOB: _____
Patient Address: _____		
Patient Phone: _____		
Designee Picking up Rx for Patient: _____		DOB: _____
Rx: Dispense medications as checked below at no charge to patient.		
<input type="checkbox"/>	Tamiflu 75mg Lot#:	Oseltamivir , one (1) 75mg capsule twice per day for 5 days (adults and children >40kg)
<input type="checkbox"/>	Tamiflu 30mg Lot#:	Oseltamivir , two (2) 30mg capsules (60mg total) twice per day for 5 days (children 24kg - 40kg)
<input type="checkbox"/>	Tamiflu 45mg Lot#:	Oseltamivir , one (1) 45mg capsule twice per day for 5 days (children 15kg - 23kg)
<input type="checkbox"/>	Tamiflu 30mg Lot#:	Oseltamivir , one (1) 30mg capsule twice per day for 5 days (children 15kg or less)
<input type="checkbox"/>		(If Zanamivir is released it will be added to this form)
<input type="checkbox"/>	Lot#:	Special dosing instructions for children under 1 year:
This medication was prescribed for the purpose of: TREATMENT OF A CLINICALLY DIAGNOSED CASE OF NOVEL INFLUENZA A (H1N1) "Swine Flu"		
Physician Signature (Dispense as Written)		By signing this document you declare this prescription is made in accordance with CDC and San Juan Co. Strategic National Stockpile supplies.

Prescribing Physician Contact Information	
Name: _____	Clinic: _____
Address: _____	
Phone: _____	Fax: _____

Patient Confirmation of Receipt of Prescribed Medications	
	Date
Patient (or designee) Signature	By signing this document you declare you are the intended recipient of the prescribed medications, or authorized by that person to pick up the prescription on their behalf.
Printed Name	

INSTRUCTIONS TO FULFILLING PHARMACY

1. Upon receipt of the Fax Prescription, prepare order as indicated.
2. Write the Lot # from the side of the medicine box on the form.
3. When the patient or designee arrives to pick up the prescription, check their ID to ensure a match. The name must match either that of the patient, or designee listed on form. No other persons are authorized to pick up the prescription.
4. Present dosing instructions to the patient (or designee).
5. Have the patient (or designee) sign and print their name in the “Patient Confirmation of Prescribed Medications” section.
6. Fax the completed and signed form to the San Juan County Health Department at 360-378-7036.
7. Store the completed form in a Faxed Prescription folder for review and documentation. This file will eventually be collected by the Health Department.
8. Reformulation of adult antiviral capsules into a pediatric suspension is permitted if done according to federal and state law and regulation including regulations of the United States Food and Drug Administration.
9. Health care providers phoning in prescriptions for anti-virals should instruct the pharmacy to complete the approved “Novel Influenza A (H1N1)” form. The pharmacy should then treat the form in the same manner as a faxed form.

INSTRUCTIONS TO PRESCRIBING PHYSICIAN

1. Complete Patient Information Section at top of form
2. It is preferred that the patient not be the one to pick up the prescription from the pharmacy to minimize exposure to critical health care providers. If the patient will not be the person picking up the prescription, fill in the name of the patient's designee. A designee name must be filled in prior to faxing to the pharmacy, and only that person (or the patient) will be permitted to pick up the prescription, so please confirm this with the patient.
3. Clearly mark the box with an "X" next to the appropriate prescription dosage to be issued. **DO NOT FILL IN ANYTHING NEXT TO THE "LOT #:"** – this information to be provided by the pharmacy.
4. Sign above "Physician Signature" line.
5. Complete "Prescribing Physician Contact Information."
6. Mark the box next to the participating partner pharmacy at which the patient wishes to pick up their prescription (confirm the pharmacy address/location with patient).
7. Fax the form to the pharmacy.
8. Place completed form in the appropriate a folder for storage and review.
9. Complete the Novel Influenza Reporting form and Fax it to: 378-7036.
10. If you are phoning in a prescription to a participating pharmacy, instruct the pharmacist to fill out the approved "Novel Influenza A (H1N1)" form on your behalf.