

Latent Tuberculosis Checklist

Formulary: Isoniazid (INH), Rifampin, and Vitamin B6 will be available. 3 month Isoniazid and Rifapentine are not covered. See guidelines at <https://www.cdc.gov/tb/topic/treatment/ltbi.htm>.

Pyridoxine (vitamin B6), 25–50 mg/day, is recommended with INH to all persons at risk of neuropathy (e.g., pregnant women; breastfeeding infants; persons with HIV; patients with diabetes, alcoholism, malnutrition, or chronic renal failure; patients with advanced age; or contact program for certain requests).

Demographics				
First Name:		Last Name:		Date of Birth:
Street Address:		City:	State:	Zip Code: Phone Number:
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Refused		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnancy Status: <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> N/A		Country of Birth:
Drug Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:		Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		
Current Prescriptions/ Non-Prescription Drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No List:		Nebraska Tuberculosis Financial Assistance Application <input type="checkbox"/> Form submitted and approved Date approved _____ Initials _____ (DHHS staff to fill)		

Testing Information		
Tuberculin Skin Test (TST): <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed <input type="checkbox"/> Documented Prior Positive	Date Test Performed:	Induration in mm:
IGRA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed <input type="checkbox"/> Documented Prior Positive	Date Test Performed:	Test Value:
Chest X-ray: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, but not consistent with active TB <input type="checkbox"/> Abnormal, consistent with active TB If yes, has active TB been ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Performed:	To prevent drug-resistant TB, LTBI treatment must not be started until active TB disease is ruled out.

The standard of care requires CXR's to be performed within 6 months of treatment initiation and within 3 months for high risk patients such as young children, a contact to an Active TB case, new convertor, immunocompromised, prior abnormal CXR or other risk factors.

- If patient has insurance or Medicaid, please bill that entity. DHHS will not be paying for LTBI medication for patients that have insurance or Medicaid.
- Only 3 month supply (duration) provided per medication order.

First Name:	Last Name:	Date of Birth:		
Street Address:	City:	State:	Zip Code:	Phone Number:

Pharmacy Information	
Pharmacy Name:	Date Sent to Pharmacy (DHHS staff to fill in):
Pharmacy Address:	
Pharmacy Fax:	

Medication Request			
Month # Treatment:			
Medication	Dose/mg	Frequency	Duration
Isoniazid			
B6*			
Rifampin			
Weight: <input type="checkbox"/> lb <input type="checkbox"/> kg	Weight required for patients that are being dosed at less than the maximum per CDC guidelines.		
*The CDC treatment guidelines state Vitamin B6 is clinically indicated while taking INH to prevent peripheral neuropathy in some patients.			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Renal Failure/Alcoholism
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> HIV	
Provider Name/Credentials:			
Provider Address:		Provider Phone Number:	
Provider Signature:			
Date Latent Tuberculosis Infection Checklist Filled Out:			

Prescribing provider will monitor the patient for adverse drug effects, signs/symptoms of active TB and adherence.

Questions:

Nebraska TB Program Manager Phone: 402-471-6441
Nebraska Infectious Disease Program Manager: 402-471-2504
Nebraska TB Program Fax: 402-742-8359

Reference: MMWR, June, 9, 2000/49(RR06, 1-54). Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection