NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services

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: ☐ American Indian ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Refused			Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Refused	
Gender: ☐ Male ☐ Female	Pregnancy Status: ☐ Pregnant ☐ Not Pregnant ☐ N/A		Country of Birth:	
Drug Allergies: ☐ Yes ☐ No Specify:	Language: ☐ English ☐ Spanish ☐ Other			
Current Prescriptions/ Non-Prescription Drugs: ☐ Yes ☐ No List:	Insurance: ☐ Pharmaceutical Insurance Coverage ☐ Underinsured (no pharmacy coverage) ☐ Health Savings Account (HSA)			

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

continued

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: ☐ lb ☐ 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 neurophathy in some patients. ☐ Diabetes ☐ Malnutrition ☐ Seizure Disorder ☐ Renal Failure/Alcoholism ☐ Pregnancy ☐ Breastfeeding ☐ 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 Hepatitis Coordinator/TB Backup Phone: 402-471-8252
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