PHARMACY REPORTING FOR TWO OR MORE ANTI-TUBERCULOSIS MEDICATIONS

The Arizona Administrative Code R9-6-205, effective October 2, 2004, requires all pharmacists or administrators of a pharmacy to report to the Arizona Department of Health Services within 5 working days when filling an initial prescription for two or more anti-tuberculosis medications (isonazed, streptomycin, any rifamycin, pyrazinamide, or ethambutol). Reporting is only required the first time the prescription is filled for any patient. If you would like to set up electronic pharmacy reporting through sFTP or secure e-mail please contact the TB program at (602) 364-4750.

Clear Form

1. Complete the PATIENT INFORMATION

Patient's Name (Last, First, Middle)	Date of Birth	Telephone Number	Email
Street Address	City	State	Zip Code
County		Reservation (if applicable)	

2. Complete the PRESCRIPTION INFORMATION

Drug Prescribed:

☐ Isoniazid ☐ Streptomycin ☐ Rifamycin (any) ☐ Pyrazinamide ☐ Ethambutol

☐ Other Drug 1 (please specify) _____ ☐ Other Drug 2 (please specify) _____

Date of Prescription	Name of Prescribing Health Care Provider:	Phone Number of Prescriber:

3. Complete the PHARMACY INFORMATION

Name of Pharmacy	Pharmacy Contact (Name)	Telephone Number	Email
Street Address	City	State	Zip Code

4. SUBMIT the Form

To submit a completed form:

- **FAX** to **(602) 364-3267**

- **EMAIL SECURELY to tb@azdhs.gov**

- If your pharmacy is interested in implementing electronic reporting, please contact the TB program at (602) 364-4750.

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