

**DRUG ORDER FORM - CHEMOPROPHYLAXIS UNITS for**  
***Neisseria meningitidis* (meningococcal) and**  
***Haemophilus influenzae* type b disease**



**BC Centre for Disease Control**  
 Provincial Health Services Authority

<p><b>SUPPLY TO (MAILING ADDRESS):</b></p> <p><b>PHONE NUMBER:</b></p> <p><b>CONTACT NAME:</b></p> <p><b>SPECIAL INSTRUCTIONS:</b></p>	<p><b>MAIL or FAX COMPLETED FORMS TO:</b></p> <p><b>BCCDC PHARMACY</b>  <b>BC CENTRE FOR DISEASE CONTROL</b>  <b>655 WEST 12<sup>TH</sup> AVENUE SUITE 1100</b>  <b>VANCOUVER BC V5Z 4R4</b></p> <p><b>PHONE: 604-707-2580</b>  <b>FAX: 604-707-2583</b></p>
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**CHEMOPROPHYLAXIS UNITS FOR NEISSERIA MENINGITIDIS (MENINGOCOCCAL) and**  
**HAEMOPHILUS INFLUENZAE type b DISEASE**

Refer to BCCDC Communicable Disease Control Guidelines (<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/communicable-disease-control>) for the respective chemoprophylaxis recommendations.

*(POST-EXPOSURE PROPHYLAXIS TREATMENT UNITS ARE RESTRICTED TO PUBLIC HEALTH UNITS ONLY)*

DRUG	UNIT SIZE	NUMBER OF UNITS REQUESTED	<i>(For Pharmacy Use Only)</i>	
			Number of Units Supplied	Code
<i>Neisseria meningitidis</i> : <b>rifampin 600 mg twice daily x 2 days</b>	8 x 300 mg capsules			
<i>Neisseria meningitidis</i> : <b>rifampin 450 mg twice daily x 2 days</b>	12 x 150 mg capsules			
<i>Neisseria meningitidis</i> : <b>ciprofloxacin 500 mg x 1 dose</b>	1 tablet			
<i>Neisseria meningitidis</i> and <i>Haemophilus influenzae</i> type b: <b>ceftriaxone injection 250 mg</b> per BCCDC labeled instructions	1 vial (powder)	<input type="checkbox"/> <i>N. meningitidis</i> #:  <input type="checkbox"/> <i>H. influenzae</i> type b #:		
<i>Neisseria meningitidis</i> and <i>Haemophilus influenzae</i> type b: <b>lidocaine (hydrochloride) 1%</b> (single use, diluent for ceftriaxone)	1 ampoule			
<i>Haemophilus influenzae</i> type b: <b>rifampin 600 mg once daily x 4 days</b>	8 x 300 mg capsules			
Other: <i>specific indication, drug and dose</i>	<i>specify amount</i>			

**Number Codes:**  
 1 = in short supply – please reorder  
 2 = quantity reduced – short dated – please reorder  
 3 = item discontinued  
 4 = not a stock item  
 5 = quantity reduced; usage reviewed

<p><b>AUTHORIZING PRACTITIONER:</b></p> <p><b>Print Name:</b></p> <p><b>Signature:</b></p>	<p><b>PRACTITIONER ID:</b></p> <p><b>DATE:</b></p>
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