

## WY STD PROGRAM ANTIBIOTIC REQUEST FORM

ANTIBIOTIC	PACKAGE	FORMULARY	# OF SINGLE-DOSE UNITS
Benzathine Penicillin	1.2 mu Tubex	1.2 mu Tubex (tx of syphilis)	*Not kept in inventory; if needed please contact via phone.*
Ceftriaxone (Rocephin)	1g vial	250 mg IM single dose (tx of gonorrhea)	
1% Xylocaine Solution	10 mg/ml	1 vial per 1 vial Ceftriaxone	
Suprax (cefixime)	400 mg tablets	1 tablet – single dose (alt. tx of gonorrhea)	
Azithromycin	250 mg tablets	4 tablets per container (tx of chlamydia)	
Doxycycline	100 mg capsules	14 capsules per container (alt. tx of chlamydia & add'l alt. tx of gonorrhea)	
Amoxicillin	500 mg tablets	500 mg TID x 7 days (21 tablets per container) (alt tx of chlamydia)	*Not kept in inventory; if needed please contact via phone.*
PARTNER PACKETS (PDPT)	PACKAGE	FORMULARY	REQUESTED SINGLE UNITS
Azithromycin / contact info packet	4/250 mg tablets azithromycin, educational material	1 gm single dose (tx of chlamydia)	
Suprax (cefixime)/ Azithromycin/contact info packet	1/400 mg tablets cefixime, 4/250 mg tablets azithromycin, educational material	1 400 mg dose cefixime 1 gm single dose azithromycin (tx of gonorrhea)	

**\*For phone orders, please contact the STD Prevention Program at 307-777-7585.**

ORDERING FACILITY INFORMATION			
Facility Name:		Order Date:	
Shipping Address, City, and Zip :		Contact Name:	
Additional Shipping Instructions:		Contact Email Address:	
		Contact Phone number:	
Provider Signature (not required for PHN offices):			

**SUBMISSION OF ORDER FORMS: EMAIL TO [cdusupplies@wyo.gov](mailto:cdusupplies@wyo.gov) OR FAX TO 307-777-5279**

**ORDERS SHIPPED TUESDAY AND WEDNESDAY MORNING UNLESS OTHERWISE REQUESTED**

### INTERNAL USE ONLY

Date Filled: \_\_\_\_\_ By: \_\_\_\_\_ Medication: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

References: 2015 CDC STD TREATMENT GUIDELINES

Updated 11/2016

