

PATIENT ENROLLMENT: ESBRIET, JASCAYD, NINTEDANIB, OFEV, AND PIRFENIDONE

1 PATIENT INFORMATION (Please complete the following information) Please attach demographic information

Patient Name (First, MI, Last): _____ DOB: _____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Patient Phone Number: _____ Email: _____
 Parent/Caregiver Name (First, MI, Last): _____ Parent/Caregiver Phone Number: _____

2 INSURANCE INFORMATION Please attach front and back of patient's insurance card, prescription card, and/or Medicaid card.

Primary Insurance Name: _____	Secondary Insurance Name: _____
Primary Insurance ID: _____	Phone: _____ Subscriber Name: _____
Insurance Phone Number: _____	Subscriber ID #: _____
Policyholder Name: _____	Group #: _____

3 DIAGNOSIS INFORMATION Please fax clinical documentation to pharmacy along with referral form.

(J84.112) Idiopathic pulmonary fibrosis (M34.81) Systemic Sclerosis with Lung Involvement (J84.10) Pulmonary Fibrosis, Unspecified
 (J84.170) Interstitial lung disease with a progressive fibrotic phenotype in diseases classified elsewhere Other (ICD-10): _____

4 PRESCRIBER INFORMATION Practice Name: _____

Prescriber Name: _____ Specialty: _____ NPI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Prescriber Tax ID #: _____ Prescriber NPI #: _____ Group NPI #: _____
 Office Contact: _____ Office Contact Phone: _____ Fax: _____

5 PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY & REFILLS
<input type="checkbox"/> Esbriet (pirfenidone)	267mg capsule 267mg tablet	<input type="checkbox"/> Initial Titration Order Directions: Days 1 through 7: Take one capsule/tablet by mouth three times daily with food Days 8 through 14: Take two capsules/tablets by mouth three times daily with food Day 15 and onward: Take three capsules/tablets by mouth three times daily with food	<input type="checkbox"/> Qty: 207 (30 day supply) Refills: 0
		<input type="checkbox"/> Maintenance Order: Take three capsules/tablets by mouth three times daily with food <input type="checkbox"/> Other: _____	<input type="checkbox"/> Qty: 270 (30 day supply) Refills: _____ <input type="checkbox"/> Other Qty: _____ (30 day supply) Refills: _____
<input type="checkbox"/> Esbriet (pirfenidone)	801mg tablet (for maintenance dose)	Maintenance Dose: Take one tablet (801mg) by mouth three times daily with food	Qty: 90 (30 day supply) Refills: _____
<input type="checkbox"/> Jascayd (nerandomilast)	9mg tablet 18mg tablet	Take one capsule by mouth twice per day	Qty: 60 (30 day supply) Refills: _____
		Other: _____	Other Qty: _____ (30 day supply) Refills: _____
<input type="checkbox"/> Nintedanib	150mg capsule 100mg capsule	Take one capsule by mouth every 12 hours as directed with food	Qty: 60 (30 day supply) Refills: _____
		Other: _____	Other Qty: _____ (30 day supply) Refills: _____
<input type="checkbox"/> Ofev (nintedanib)	150mg capsule 100mg capsule	Take one capsule by mouth every 12 hours as directed with food	Qty: 60 (30 day supply) Refills: _____
		Other: _____	Other Qty: _____ (30 day supply) Refills: _____
<input type="checkbox"/> Pirfenidone	267mg capsule 267mg tablet	<input type="checkbox"/> Initial Titration Order Directions: Days 1 through 7: Take one capsule/tablet by mouth three times daily with food Days 8 through 14: Take two capsules/tablets by mouth three times daily with food Day 15 and onward: Take three capsules/tablets by mouth three times daily with food	<input type="checkbox"/> Qty: 207 (30 day supply) Refills: 0
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<input type="checkbox"/> Pirfenidone	801 mg tablet (for maintenance dose)	Maintenance Dose: Take one tablet (801mg) by mouth three times daily with food	Qty: 90 (30 day supply) Refills: _____

6 PHYSICIAN SIGNATURE (Required)

_____ _____
 PRODUCT SUBSTITUTION PERMITTED DATE OF SIGNATURE DISPENSE AS WRITTEN DATE OF SIGNATURE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by the express authority of the sender to the named addressee.