

PATIENT ENROLLMENT: ESBRIET, JASCAYD, 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
☐ Esbriet (pirfenidone)	267mg capsule 267mg tablet	☐ 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 ☐ Maintenance Order: Take three capsules/tablets by mouth three times daily with food ☐ Other: _____	☐ Qty: 207 (30 day supply) Refills: 0 ☐ Qty: 270 (30 day supply) Refills: _____ ☐ Other Qty: _____ (30 day supply) Refills: _____
☐ 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: _____
☐ Jascayd (nerandomilast)	9mg tablet 18mg tablet	Take one capsule by mouth twice per day Other: _____	Qty: 60 (30 day supply) Refills: _____ Other Qty: _____ (30 day supply) Refills: _____
☐ OFEV	150mg capsule 100mg capsule	Take one capsule by mouth every 12 hours as directed with food Other: _____	Qty: 60 (30 day supply) Refills: _____ Other Qty: _____ (30 day supply) Refills: _____
☐ Pirfenidone	267mg capsule 267mg tablet	☐ 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 ☐ Maintenance Order: Take three capsules/tablets by mouth three times daily with food ☐ Other: _____	☐ Qty: 207 (30 day supply) Refills: 0 ☐ Qty: 270 (30 day supply) Refills: _____ ☐ Other Qty: _____ (30 day supply) Refills: _____
☐ 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)

X

PRODUCT SUBSTITUTION PERMITTED

DATE OF SIGNATURE

X

DISPENSE AS WRITTEN

DATE OF SIGNATURE

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