

Step 1 Patient Information

*First name: _____ *Last name: _____
 *Date of birth (MM/DD/YYYY): ____ / ____ / ____ Gender: Male Female
 Street: _____ Apt: _____
 City: _____ *State: _____ ZIP: _____
 Home phone: (____) ____ - ____ Cell phone: (____) ____ - ____ Do not contact patient
 Preferred language: English Spanish Other: _____ Has patient started therapy? Yes No

Step 2 Insurance Information

Is the patient insured? Yes No
If patient is uninsured, please complete the Genentech Patient Foundation Enrollment Form or call (888) 941-3331 for assistance. If insured, please fill out the information below or attach a copy of the patient's insurance cards.
 Is prior authorization in place? Yes No Auth #: _____

Primary Insurance		Secondary Insurance
Insurance name		
Subscriber name (if not patient)		
Subscriber/Policy ID #		
Group #		
Insurance phone		

Step 3 Diagnosis and Clinical Information

*To the highest level of specificity, provide primary diagnosis code: J84.112 Idiopathic pulmonary fibrosis Other code: _____

Initial Tablet Titration Esbriet 267 mg 30-day supply (207 tablets)

Treatment Days	Dosing Instruction From PI
Days 1-7	1 tablet by mouth 3 times/day with meals
Days 8-14	2 tablets by mouth 3 times/day with meals
Days 15+	3 tablets by mouth 3 times/day with meals

Maintenance Tablet Dose

Esbriet 267 mg 30-day supply (270 tablets) _____ refills
 Directions: 3 tablets by mouth 3 times/day with meals
 Esbriet 801 mg 30-day supply (90 tablets) _____ refills
 Directions: 1 tablet by mouth 3 times/day with meals
 If selecting 801 mg maintenance dose, please ensure the patient is currently tolerating 267 mg (3 doses by mouth 3 times/day with meals)

Other special instructions: _____

 Preferred specialty pharmacy: _____

Step 4 Prescriber Information


*First name: _____ *Last name: _____
 *Practice name: _____
 *Street: _____ Suite: _____ *City: _____
 *State: _____ *ZIP: _____ Prescriber tax ID #: _____
 Prescriber NPI[†] #: _____ Group NPI[†] #: _____
 Office contact: _____ Contact phone: (____) ____ - ____ Contact fax: (____) ____ - ____

Step 5 Start Now Program (signature required)

I approve the dispense of up to a 30-day free supply of Esbriet 267 mg to my patient if they experience an insurance coverage delay and otherwise meet eligibility criteria. For full eligibility criteria, please visit Genentech-Access.com/Esbriet or speak to your Esbriet representative.

Step 6 Health Care Provider Certification

By submitting this form, I certify: (a) The above therapy is medically necessary for this patient and the treatment decision has been made by the prescribing physician. (b) If the indication for which this Genentech product is being prescribed to treat is not listed in the FDA-approved label, the prescriber is prescribing the medication for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medication for such a use. (c) The provider's office received the authorization to release the information above and other protected health information (as defined by the Health Insurance Portability and Accountability Act of 1996 [HIPAA]) to Genentech, Inc., Genentech Access Solutions, the contracted dispensing pharmacy, or other contractors for the purpose of requesting reimbursement support, assisting in initiating or continuing therapy, as a break in treatment would negatively impact the patient's therapeutic outcome. (d) The provider's office will not attempt to seek reimbursement for free product provided to the patient. (e) The services requested on behalf of the patient may include benefits investigation (BI), prior authorization (PA) and appeals support, co-pay card and co-pay assistance foundation referral. (f) **No action on these services will be taken until the patient consent document has been received.**

 Sign, date & fax to (844) 372-7444 *Prescriber's Signature: _____ *Date: ____ / ____ / ____
 (Original or stamped signature required)

[†]National Provider Identifier.

TWO OPTIONS to Help Patients Get Esbriet

Option 1

Genentech Access Solutions for Esbriet offers a range of access and reimbursement support for your patients and practice.



Full benefits investigations (BIs)



Resources for appeals



Prior authorization (PA) resources



Patient assistance options



Enroll your patients now

To get started, fax the Prescriber Service Form and the Patient Consent Form to (844) 372-7444. Please **do not** submit any additional documentation.

Option 2

Work directly with one of the following **specialty pharmacies**.[‡]

Name	Phone	Fax
Accredo Specialty Pharmacy	(866) 206-5015	(888) 302-1028
Acro Pharmaceutical Services	(800) 906-7798	(855) 439-4768
Advanced Care Scripts	(866) 681-7131	(866) 679-7131
Aetna Specialty Pharmacy	(866) 782-2779	(866) 329-2779
AllianceRx Walgreens Prime	(888) 347-3416	(877) 231-8302
BriovaRx	(800) 850-9122	(800) 218-3221
Cigna Specialty Pharmacy	(800) 351-3606	(800) 351-3616
CVS/Specialty	(800) 237-2767	(800) 323-2445
Diplomat Specialty Pharmacy	(877) 977-9118	(800) 550-6272
Humana Specialty Pharmacy	(800) 486-2668	(877) 405-7940
Kroger Specialty Pharmacy	(855) 274-1694	(855) 819-6922
Orsini Healthcare	(800) 355-9366	(877) 358-9246
Perform Specialty	(855) 287-7888	(844) 489-9565

Genentech does not influence or advocate the use of any one specialty distributor or specialty pharmacy. We make no representation or guarantee of service or coverage of any item. To view the most recent list of specialty pharmacies, visit Genentech-Access.com/Esbriet.

[‡]Individual payer policies may vary. Some payers may require the use of certain specialty pharmacies.

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