

# **Esbriet Prescription Form**

Esbriet 267-mg 30-day supply (270 tablets) \_\_\_\_\_ refills 3 tablets by mouth 3 times/day with meals

SUBMIT ONLY REQUESTED DOCUMENTS

M-US-00020950(v1.0)

Step 1 Patient Information

· · · · · · · · · · · · · · · · · · ·											
First name:					_Last name	2:					
Date of birth (MM/DE	)/YYYY):	/	/		_Gender:	Male	Female				
Street:								Apt	:		
City:							_State:	ZIP:			
Home phone: (	)	-		_Cell phone:	( )	-			Do not con	tact patie	nt
Alternate contact na	me:			_Relationship	):		_ Alt. phone: (	)	-		_
Preferred language:	English	Spanish	Other:				_ Has patient star	ted thera	apy? Ye	es No	)
Step 2	Insurance Ir	nformation									
		_									

Please fill out the information below or attach a copy of the patient's insurance card(s).

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 Complete Prescription for Esbriet

To the highest level of specificity, provide primary diagnosis code: J84.112 Idiopathic pulmonary fibrosis Other code: Must Select Initial Tablet Titration and Maintenance Tablet Dose for New Patients: **INITIAL TABLET TITRATION** MAINTENANCE TABLET DOSE

Esbriet 267-mg 30-day supply (207 tablets)

Treatment Days	Dosing Instruction From PI	Directions: 3 tablets by mouth 3 times/day with meals Esbriet 801-mg 30-day supply (90 tablets) refills
Days 1-7	1 tablet by mouth 3 times/day with meals	Directions: 1 tablet by mouth 3 times/day with meals
Days 8-14	2 tablets 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)
Days 15+	3 tablets by mouth 3 times/day with meals	Other special instructions:

NKDA Known drug allergies: \_\_\_\_\_

Concurrent medications: \_

Step 4

**Prescriber Information** 

First name:		Last name:					
Practice name:							
State:	ZIP:	Prescriber tax ID #: _					
Prescriber NPI*	#:	Group NPI* #:					
Office contact:	Contact phone: (	) -	Contact fax: (	)	-		
SIGN AND DATE HERE	Prescriber Authorization <sup>†</sup> Prescriber's Signature	(Brand Necessar		ate:	/	/	
	Prescriber Authorization <sup>†</sup> Prescriber's Signature	(Substitution Permi		ate:	/	/	
By your acknowled	gment and signature above, an authorization is provided to disper	use the prescription					

\*National Provider Identifier.

\*Signature stamps not acceptable. If required by applicable law, please attach copies of all prescriptions on official state prescription forms. Prescription is valid only if received by fax.

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### ESBRIET PRESCRIPTION FORM INSTRUCTIONS —

Guide to completing the prescription form

for Est	e)			Esbriet Prescription Fo SUBMIT ONLY REQUESTED DOCUM
Step 1	Patient Inform			
First name:			Last name:	
		1 1	Gender: 🗌 Ma	
Street:				Apt:
City:				State:ZIP:
		Cell pho		
Alternate contact				Alt. phone: ( ) -
Preferred languag	e: 🗌 English 📋	Spanish Other:		Has patient started therapy? Yes
Step 2	Insurance Info	ormation		
Please fill out the	information belo	w or attach a copy of the pai	tient's insurance car	d(s)
		/es No Auth#:		0(5)
is prior dutionizati		Primary Ins		Secondary Insurance
Insurance name				
Subscriber name	(if not patient)			
Subscriber/Policy				
Group #	,			
Insurance phone				
		and Maintenance Tablet Dos	e for New Patients:	
INITIAL TABLET	TITRATION		MAINTENANCE	TABLET DOSE g 30-day supply (270 tablets) refills
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# CHECK ITEMS UPON COMPLETION Step 1 Patient Information Step 2 Insurance Information Step 3 Complete Prescription for Esbriet Step 4 Prescriber Information & Signature (NOTE: Omission of signature will result in processing delays.) Step 5 Fax the COMPLETED Prescription Form directly to your preferred specialty pharmacy. Do not fax to Genentech Access Solutions.

Esbriet product access is no longer limited to specific specialty pharmacies.

### Thank you for completing the Esbriet Prescription Form.

Additional forms can be found at

https://www.esbriethcp.com/resources/practice-forms-and-documents.html.