

Esbriet Statement of Medical Necessity (SMN)

SUBMIT SMN AND PAN FORMS ONLY

Genentech-Access.com/Esbriet

Phone: (844) 372-7438 Fax: (844) 372-7444

Esbriet | ACCESS SOLUTIONS[®]
(pirfenidone) tablets

ACS/051915/0072(5) 03/17

BY COMPLETING THIS FORM, I am requesting services on behalf of the patient, which may include benefits investigation, help navigating the prior authorization (PA) process and appeals support.

- ☐ Refer Patient to Co-pay Assistance
☐ GATCF* Patient Assistance

Step 1: Patient Information

Last name: _____ First name: _____ DOB: ____/____/____ Gender: ☐ M ☐ F
Street: _____ City: _____ State: _____ ZIP: _____
Home phone: (____) _____ - _____ Work/cell: (____) _____ - _____ Email: _____
Patient preferred language (if other than English): _____
Alternate contact name: _____ Relationship: _____ Alternate phone: (____) _____ - _____

Step 2: Insurance Information *Please do not send a copy of the patient's insurance card.*

☐ No Insurance

Primary insurance name: _____ Secondary insurance name: _____
Phone: (____) _____ - _____ Subscriber name: _____ Phone: (____) _____ - _____ Subscriber name: _____
Subscriber ID #: _____ Subscriber ID #: _____
Group #: _____ Group #: _____

Step 3: Diagnosis Information

☐ Idiopathic pulmonary fibrosis (J84.112) (ICD-10-CM) ☐ Other (ICD-10-CM) _____

Step 4: Prescriber Information

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

Step 5: Esbriet Prescription Information

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

Other special instructions: _____

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

Maintenance Capsule Dose

☐ Esbriet 267 mg 30-day supply (270 capsules) _____ Refills
Directions: 3 capsules by mouth 3 times/day with meals



Preferred specialty pharmacy: _____

Step 6: Start Now Program

☐ 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 7: Sign and Date Form

PHYSICIAN CERTIFICATION: By signing below, I certify: (a) the above therapy is medically necessary, (b) I 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 and/or the evaluation of the patient's eligibility for GATCF, as a break in treatment would negatively impact the patient's therapeutic outcome and (c) I will not attempt to seek reimbursement for free product provided to the patient. I request Genentech Access Solutions convey to the pharmacy chosen by the above-named patient the prescription described herein. I agree to comply with the Genentech, Inc. program guidelines and understand that GATCF, at its sole discretion, reserves the right to modify or discontinue the program at any time and to verify the accuracy of the information submitted. I further understand that Genentech will provide vial replacement in a configuration that will create the least wastage. If applying for GATCF, I certify that (a) this patient has no medical insurance coverage or otherwise meets the financial criteria for the prescribed therapy, and is not eligible for other product financial support programs, and (b) the therapy identified above will not be used in a clinical trial. Note: Prescribers in all states must follow applicable law for a valid prescription and who is considered an authorized prescriber. For prescribers in states with official prescription form requirements, such as New York, please submit prescriptions on an official state prescription blank along with this form.

Unapproved Use Warning: Please read the FDA-approved label for Genentech products before prescribing. If the indication for which you are prescribing a Genentech product is not listed in the FDA-approved label, you are prescribing the medication for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medication when used for such a use. Nevertheless, GATCF will consider providing the medication for your patient with this admonition, based upon your medical order, within program requirements.



Sign and date here,
then fax to (844) 372-7444

Prescriber's Signature: _____ Date: ____/____/____
(Original signature required. This form cannot be processed without a prescriber's signature.)

*Genentech[®] Access to Care Foundation. [†]National Provider Identifier.

TWO OPTIONS to Help Patients Get Esbriet

Option 1

Esbriet Access Solutions 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 Statement of Medical Necessity (SMN) and the Patient Authorization and Notice of Release of Information (PAN) to **(844) 372-7444**. Please submit SMN and PAN forms only—additional documentation not needed.

Option 2

Work directly with one of the following **specialty pharmacies***:

Name	Phone	Fax
Accredo Specialty Pharmacy	(888) 608-9010	(888) 302-1028
Acro Pharmaceutical Services	(800) 906-7798	(877) 381-3806
Advanced Care Scripts	(866) 681-7131	(866) 679-7131
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
Orsini Healthcare	(800) 355-9366	(877) 358-9246
Prime Therapeutics Specialty Pharmacy	(877) 627-6337	(877) 828-3939
Walgreens Specialty Pharmacy	(888) 347-3416	(877) 231-8302

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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