



# Pulmonary Fibrosing Agents

Please provide the information below, please print your answer, attach supporting documentation, sign, date and return to our office as soon as possible to expedite this request.

**Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082, Options 0,1,2,3**

Apple Health Preferred Drug List:

<https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

Date of Request:			
Patient	Date of Birth	Molina ID	
Pharmacy Name	Pharmacy NPI	Telephone Number	Fax Number
Prescriber	Prescriber NPI	Telephone Number	Fax Number
Medication and Strength		Directions for Use	Qty/Days Supply
<p>1. Does the patient have a documented positive clinical response for the requested medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Start</p> <p>2. Indicate the patient's diagnosis?</p> <p><input type="checkbox"/> Idiopathic pulmonary fibrosis confirmed by:</p> <p><input type="checkbox"/> Presence of usual interstitial pneumonia (UIP) on high-resolution computed tomography (HRCT)</p> <p><input type="checkbox"/> Surgical lung biopsy</p> <p><input type="checkbox"/> Others. Specify: _____</p> <p><input type="checkbox"/> Other. Specify: _____</p> <p>3. Will Ofev and Esbriet be used in combination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is the medication prescribed by or in consultation with a specialist in pulmonology? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<b>CHART NOTES ARE REQUIRED</b>			
Prescriber Signature	Prescriber Specialty	Date	