



Pulmonary Fibrosing Agents

Please fax this completed form to (833) 645-2734 OR mail to: Centene Pharmacy Services | 5 River Park Place East, Suite 210 | Fresno, CA 93720. You can also complete online at CoverMyMeds.com.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID or Coordinated Care 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

- Does the patient have a documented positive clinical response for the requested medication?
 Yes
 No
 New start
- Indicate the patient's diagnosis?
 Idiopathic pulmonary fibrosis confirmed by:
 Presence of usual interstitial pneumonia (UIP) on high-resolution computed tomography (HRCT)
 Surgical lung biopsy
 Others. Specify:

 Other. Specify:
- Will Ofev and Esbriet be used in combination? Yes No
- Is the medication prescribed by or in consultation with a specialist in pulmonology? Yes No

CHART NOTES ARE REQUIRED

Prescriber signature	Prescriber specialty	Date
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Centene Pharmacy Services will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)