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**Patient Name:** \_\_\_\_\_ **Date:** 1/23/2026  
**Patient ID:** \_\_\_\_\_ **Patient Date Of Birth:** \_\_\_\_\_  
**Patient Group No:** \_\_\_\_\_ **Patient Phone:** \_\_\_\_\_ **Physician Name:** \_\_\_\_\_  
 \_\_\_\_\_ **NPI#:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_  
 \_\_\_\_\_ **Physician Office Telephone:** \_\_\_\_\_  
**Physician Office Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Drug Name (specify drug)** \_\_\_\_\_  
**Quantity:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Strength:** \_\_\_\_\_  
**Route of Administration:** \_\_\_\_\_ **Expected Length of Therapy:** \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check the appropriate answer for each applicable question.**

1. What is the diagnosis?
  - Idiopathic pulmonary fibrosis (IPF) (If checked, go to 2)
  - Other, please specify. (If checked, no further questions)
  - \_\_\_\_\_
2. Is the requested drug prescribed by or in consultation with a pulmonologist or a specialist in the treatment of idiopathic pulmonary fibrosis? **Y**  **N**
3. Is the patient currently receiving treatment with the requested drug? **Y**  **N**
4. Is the patient currently receiving the requested drug through samples or a manufacturer's patient assistance program?
  - Yes (If checked, go to 6)
  - No (If checked, go to 5)
  - Unknown (If checked, go to 6)
5. Is the patient experiencing disease stability or improvement while receiving the requested drug? **Y**  **N**
6. Have other known causes of interstitial lung disease (e.g., domestic and occupational environmental exposures, connective tissue disease, drug toxicity) been excluded? **Y**  **N**
7. Has the patient undergone a high-resolution computed tomography (HRCT) study of the chest? ACTION REQUIRED: If Yes, attach the radiology report. ACTION REQUIRED: Submit supporting documentation **Y**  **N**
8. Has the patient undergone a lung biopsy? ACTION REQUIRED: If Yes, attach the pathology report. ACTION REQUIRED: Submit supporting documentation **Y**  **N**
9. Does the lung biopsy report demonstrate usual interstitial pneumonia (UIP) pattern? **Y**  **N**
10. Please indicate what the high-resolution computed tomography (HRCT) scan demonstrates:
  - Usual interstitial pneumonia (UIP) pattern (If checked, no further questions)
  - Other (e.g., probable UIP, indeterminate for UIP, or alternative diagnosis) (If checked, go to 11)



11. Has the diagnosis of idiopathic pulmonary fibrosis been supported by a lung biopsy?      Y       N   
ACTION REQUIRED: If Yes, attach the pathology report.  
ACTION REQUIRED: Submit supporting documentation
12. Has the diagnosis of idiopathic pulmonary fibrosis been supported by a multidisciplinary discussion between at least a pulmonologist and a radiologist who are experienced in idiopathic pulmonary fibrosis?      Y       N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

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**Prescriber (Or Authorized) Signature and Date**

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