



NINTEDANIB AND PIRFENIDONE FOR IDIOPATHIC PULMONARY FIBROSIS

INITIAL (complete section 1-3, 5 if applicable)

RENEWAL (complete section 1-2, 4, 5 if applicable)

For up to date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1 800 609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

This facsimile is Doctor-Patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

SECTION 1 - PRESCRIBING RESPIROLOGIST'S INFORMATION

Form for Section 1 containing fields for Name and Mailing Address, Mail Confirmation, College ID, MSP Number, Phone Number, and Respirologist's Fax Number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' warning.

SECTION 2 - PATIENT INFORMATION

Form for Section 2 containing fields for Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, and Personal Health Number (PHN). Includes a 'CRITICAL FOR PROCESSING' warning.

SECTION 3 - MEDICATION DETAIL INFORMATION

3A: MEDICATION REQUESTED (nintedanib + pirfenidone combination not eligible for coverage)

- Options for Nintedanib (100 mg, 150 mg capsules) or Pirfenidone (267 mg capsules and tablets, 801 mg tablets) with dosing instructions.

3B: INITIAL APPROVAL - 7 MONTHS

For the treatment of adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

- Checklist for initial approval including: Current % of predicted FVC value, Patient under care of a respirologist, Copy of high resolution CT scan report, and All other causes of restrictive lung disease listed below have been excluded.

Please complete additional information on page 2 >>

PharmaCare may request additional documentation to support this Special Authority request.

Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.

PHARMACARE USE ONLY

Table with 3 columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), and DURATION OF APPROVAL.

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Patient (Family) Name	Patient (Given) Name(s)	Personal Health Number (PHN)
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SECTION 4 – RENEWALS

4A: MEDICATION REQUESTED (nintedanib + pirfenidone combination not eligible for coverage)

Nintedanib (100 mg, 150 mg capsules) **OR** **Pirfenidone** (267 mg capsules and tablets, 801 mg tablets)

Dosing Regimen: _____

4B: FIRST RENEWAL - 7 MONTHS

Patients must NOT demonstrate progression of disease, defined as an absolute decline in percent predicted of FVC $\geq 10\%$ from initiation of therapy until this renewal. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory PFT conducted 4 weeks later.

Current % of predicted FVC value: _____ (and attach copy of PFT report done within the last three months)

4C: SECOND AND SUBSEQUENT RENEWALS - 1 YEAR

Patients must NOT demonstrate progression of disease, defined as an absolute decline in percent predicted of FVC $\geq 10\%$ within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory PFT conducted 4 weeks later.

Current % of predicted FVC value: _____ (and attach copy of PFT report done within the last three months)

SECTION 5 – ADDITIONAL INFORMATION (ADDITIONAL NOTES IF REQUIRED)

Personal information on this form is collected, used and disclosed under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act* and *Freedom of Information and Protection of Privacy Act*. It will not be disclosed to any persons without the patient's consent. The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.

Respirologist's Signature (Mandatory)