



INITIAL Complete sections 1-3, 5 if applicable

RENEWAL Complete sections 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

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

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 device 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 - RESPIROLOGIST'S INFORMATION

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

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' callout.

SECTION 3 - MEDICATION DETAIL INFORMATION

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

NINTEDANIB: 9901-0295 (100 mg, 150 mg capsules)

150 mg twice daily, or 100 mg twice daily if dose reduction required.

3B: INITIAL APPROVAL - 7 MONTHS

For the treatment of adult patients who have a diagnosis of progressive pulmonary fibrosis (PPF) or progressive fibrosing interstitial lung disease (PF-ILD) confirmed by a respirologist with expertise in interstitial lung diseases (ILDs) and a high-resolution CT (HRCT) scan.

- Checkboxes for: FVC ≥ 45% of predicted, Patient is under the care of a physician with experience in treating ILDs, PPF or PF-ILD diagnosis has been confirmed by a respirologist within the last 24 months, Copy of high resolution CT scan report/summary indicating findings of PPF or PF-ILD is attached.

Additional information supporting diagnosis, if required

PHARMACARE USE ONLY

Please complete additional information on page 2 >>

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

# NINTEDANIB FOR PROGRESSIVE PULMONARY FIBROSIS

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)

**4B: RENEWAL - 12 MONTHS**

Patients must NOT demonstrate progression of disease:

- For first renewal: This patient has **NOT** had an absolute decline in percent predicted of FVC  $\geq$  10% within 7 months of initial approval
- For all subsequent renewals: This patient has **NOT** had an absolute decline in percent predicted of FVC  $\geq$  10% within the last 12 month period
- Current % of predicted FVC value: \_\_\_\_\_ (and attach copy of PFT report done within the last three months)

(If a patient has experienced progression as defined above, then the results should be validated with a confirmatory PFT conducted 4 weeks later.)

## SECTION 5 – ADDITIONAL INFORMATION (ADDITIONAL NOTES IF REQUIRED)

Personal information on this form is collected under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act 22(1)* and *Freedom of Information and Protection of Privacy Act 26 (a),(c),(e)*. The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally. If you have any questions about the collection 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)

*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.*