ANTIFIBROTIC THERAPY REQUEST FORM

The Newfoundland and Labrador Prescription Drug Program (NLPDP)

Pharmaceutical Services
Department of Health and Community Services
P.O. Box 8700, Confederation Bldg.
St. John's, NL A1B 4J6

Phone: (709) 729-6507
Toll Free Line: 1-888-222-0533
Fax: (709) 729-2851

Patient Information

Patient Name	Date of Birth	NLPDP Drug Card/MCP Number

Address

Drug Requested

☐ pirfenidone 267 mg capsules or tablets	☐ nintedanib 150 mg capsules
☐ pirfenidone 801mg tablets	☐ nintedanib 100 mg capsules

Please provide the following information for ALL requests

Diagnosis: ☐ Mild to moderate idiopathic pulmonary fibrosis (IPF)
☐ For nintedanib only: chronic fibrosing interstitial lung disease with aggressive phenotype (PF-ILD)
☐ Other (please specify)

Section I: Please provide the following for NEW requests:
Initial approval period for patients meeting criteria: seven months for IPF (allow four weeks for repeat pulmonary function tests) and twelve months for PF-ILD.

Has the diagnosis been confirmed by a respirologist? ☐ Yes ☐ No (explain)_____

Please provide the pre-treatment Forced Vital Capacity (FVC) (% predicted):_____ Date:_____

For IPF only:

Has the diagnosis been confirmed by a high-resolution CT scan within the previous 24 months?	☐ Yes	☐ No (explain)_____
Have all other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) been excluded?	☐ Yes	☐ No (explain)_____

Section II: Initial Renewal (at six months) for IPF requests)
Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% from initiation of therapy until renewal (initial six-month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted four weeks later. Approval period for patients meeting criteria is six months

Forced Vital Capacity (FVC) (% predicted)	Date:
In the case of disease progression as defined above, please provide a confirmatory Forced Vital Capacity (FVC) conducted four weeks later (% predicted)	Date

Section III: Second and subsequent RENEWAL for IPF and all RENEWALS for PF-ILD
Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12-month period for ILD or during the preceding year of treatment for PF-ILD. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted four weeks later. Approval period for patients meeting criteria is 12 months.

Forced Vital Capacity (FVC) (% predicted)	Date:
In the case of disease progression as defined above, please provide a confirmatory Forced Vital Capacity (FVC) conducted four weeks later (% predicted)	Date:

Additional information:

Prescriber Information/Requested by:
Prescriber Name: _____ License Number: _____ Phone Number: _____
Address: _____ Fax Number: _____
Signature: _____ Date: _____