IDIOPATHIC PULMONARY FIBROSIS TREATMENT 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

☐ Esbriet® (pirfenidone) 267 mg capsules	☐ Ofev® (nintedanib) 150 mg capsules ☐ Ofev® (nintedanib) 100 mg capsules
☐ Initial request: Is the patient currently on Esbriet/Ofev? ☐ Yes : Start date_____ ☐ No	☐ Renewal request (Skip to Renewal Information Section)
Dose Requested	
Expected start date	Duration of therapy

Clinical Information

1. What is the patient's diagnosis for which Esbriet/Ofev is being requested for funding consideration?
   ☐ Idiopathic Pulmonary Fibrosis (IPF)
   ☐ Other (Please specify): _____
2. Diagnosis confirmation: (If the requesting physician is not the diagnosing Respirologist, please also submit a Respirology consultation note that supports the diagnosis of IPF)
   i) IPF confirmed by Respirologist: ☐ Yes ☐ No
   Name/Location: _____ Date: _____
   ii) IPF confirmed by HRCT Scan: ☐ Yes ☐ No Date: _____
   [Submit a copy of the initial HRCT scan report (with interpretation section) used to confirm IPF]
   iii) All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) have been excluded. ☐ Yes ☐ No
3. Pulmonary Function Tests (PFTs):

		Date Measured (DD-MM-YYYY)	Percent (%) Predicted Result
Forced Vital Capacity (FVC) (% Predicted)	Before Initiation of Esbriet/Ofev treatment (baseline pre-treatment)		
	And on Esbriet/Ofev (if applicable)		

Renewal Information

Start Date of Esbriet/Ofev therapy (DD-MM-YYYY):

Pulmonary Function Tests (PFTs)		Date Measured (DD-MM-YYYY)	Percent (%) Predicted Result
Previous Forced Vital Capacity (FVC) (% Predicted)	Baseline Pre-treatment or within the past 12 months, as applicable		
Most recent Forced Vital Capacity (FVC) (% Predicted)	Most recent Forced Vital Capacity (FVC) (% Predicted) on Esbriet		
Confirmatory Forced Vital Capacity (FVC) on Esbriet/Ofev (% Predicted)	Confirmatory PFT conducted 4 weeks later if there is an absolute decline in the percent predicted FVC of ≥ 10% since initiation of therapy (baseline pre-treatment) or within 12 months since last PFT, as applicable.		

Prescriber Information/Requested by:

- Prescriber Name: _____ License Number: _____ Phone Number: _____
- Address: _____ Fax Number: _____
- Signature: _____ Date: _____