ALBERTA BLUE CROSS®

NINTEDANIB/PIRFENIDONE SPECIAL AUTHORIZATION REQUEST FORM

Please complete all required sections to allow your request to be processed.

Patients may or may not meet eligibility requirements as established by Alberta Government sponsored drug programs.

PATIENT INFORMATION				**COVERAGE TYPE:**
PATIENT LAST NAME	FIRST NAME		INITIAL	☐ Alberta Blue Cross ☐ Alberta Human Services ☐ Other
DATE OF BIRTH (YYYY/MM/DD)	ALBERTA PERSONAL HEALTH NUMBER			
STREET ADDRESS	CITY	PROV	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER

PRESCRIBER INFORMATION				
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION	
			☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other	REGISTRATION NUMBER
STREET ADDRESS				
CITY , PROVINCE			PHONE	FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	

Drug requested (choose *ONE only): ☐ **Nintedanib (e.g. Ofev)** ☐ **Pirfenidone (e.g. Esbriet)**

*Note: Combination use of pirfenidone and nintedanib will not be funded.

Please provide the following information for NEW requests: Initial approval period for patients meeting criteria: seven months (allow four weeks for repeat pulmonary function tests)

a) Diagnosis

☐ Mild to moderate idiopathic pulmonary fibrosis (IPF)

☐ Other (please specify) _____

b) Has the diagnosis been confirmed by a respirologist and a high-resolution CT scan within the previous 24 months? ☐ Yes ☐ No (explain) _____

c) Have all other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) been excluded? ☐ Yes ☐ No (explain) _____

d) Please provide the following pre-treatment information for NEW requests

Forced Vital Capacity (FVC) (% predicted)	Date

Initial Renewal (at six months): 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

Second and subsequent renewals (at 12 months and thereafter): Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12-month 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 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 relating to request

PRESCRIBER'S SIGNATURE	DATE	Please forward this request to
		▪ **Alberta Blue Cross, Clinical Drug Services** **10009 108 Street NW, Edmonton, Alberta T5J 3C5** ▪ **FAX**: **780-498-8384** in Edmonton • **1-877-828-4106** toll free all other areas

ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST

ALBERTA BLUE CROSS®

NINTEDANIB/PIRFENIDONE SPECIAL AUTHORIZATION CRITERIA

Patients may or may not meet eligibility requirements as established by Alberta Government sponsored drug programs.

Criteria for coverage

NINTEDANIB (e.g. Ofev) and PIRFENIDONE (e.g. Esbriet)

Initial approval criteria:

Adult patients with a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF):
- Diagnosis confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.
- All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded.
- Mild to moderate IPF is defined as forced vital capacity (FVC) greater than or equal to 50% of predicted.
- Patient is under the care of a physician with experience in IPF.

Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests)

Initial renewal criteria (at 6 months):

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 6 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 4 weeks later.

Approval period: 6 months

Second and subsequent renewals (at 12 months and thereafter):

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

Approval period: 12 months

Exclusion Criteria:

Combination use of pirfenidone and nintedanib will not be funded.

Notes:

Patients who have experienced intolerance or failure to pirfenidone or nintedanib will be considered for the alternate agent provided that the patient continues to meet the above coverage criteria.