



SPECIAL AUTHORIZATION REQUEST

NINTEDANIB/PIRFENIDONE

Fax requests to (902) 368-4905, email to drugprograms@gov.pe.ca OR mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

SECTION 1- PRESCRIBER INFORMATION

SECTION 2-PATIENT INFORMATION

NAME AND MAILING ADDRESS	PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)
	DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
PHONE NUMBER (INCLUDE AREA CODE)	PATIENT'S MAILING ADDRESS	
FAX NUMBER (INCLUDE AREA CODE)		

SECTION 3 – MEDICATION AND DOSE SELECTION

<input type="checkbox"/> INITIAL REQUEST	<input type="checkbox"/> RENEWAL REQUEST (skip to renewal request section)
MEDICATION AND DOSE REQUESTED:	

SECTION 4 – BACKGROUND DIAGNOSTIC INFORMATION

DIAGNOSIS

Idiopathic Pulmonary Fibrosis (IPF)
 IPF confirmed by HRCT scan? YES NO
 Date measured _____

Interstitial Lung Disease with progressive phenotype (PF-ILD)
 (nintedanib only)

PULMONARY FUNCTION TEST (PFT)
 Forced Vital Capacity (FVC) % predicted _____% Date measured _____

SECTION 5 – RENEWAL REQUEST

Renewal Eligibility: Patient has not declined $\geq 10\%$ in their FVC percent predicted since:

For IPF: initiation of therapy until 6-month renewal; OR during any 12 month period for subsequent renewals.

For PF-ILD: in the preceding 12 months.

Patient meets the above criteria.
 Please provide result of most recent FVC percent predicted _____% Date measured _____ (renewal PFT).

Patient does not meet the above renewal criteria. However, the patient meets the above criteria based on results from a subsequent PFT (performed within 4 weeks following the renewal PFT).
 Please provide subsequent FVC% predicted _____% Date measured _____.

Special Authorization grants coverage to a drug that otherwise would not be eligible for coverage. Coverage is provided to patients in specific medical circumstances as defined in the PEI Pharmacare Formulary and **subject to Pharmacare Drug Program plan rules, including deductible and eligibility requirements.**

PEI Pharmacare may request additional documentation to support this Special Authorization Request. Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI High-Cost Drugs Program.

If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947 or at the address at the top of the form.

PRESCRIBER SIGNATURE (REQUIRED)	DATE
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