

Nova Scotia Provincial Pharmacare Programs
Request for Coverage of Ofev (nintedanib)

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC INFORMATION			
<input type="checkbox"/> Idiopathic pulmonary fibrosis (IPF) <input type="checkbox"/> Chronic fibrosing interstitial lung disease with a progressive phenotype (progressive fibrosing ILD)			
INITIAL REQUEST			
For All Patients – Baseline Information (Prior to Ofev Initiation)			
Patient's baseline % predicted Forced Vital Capacity (FVC): _____			
Date on which baseline FVC was obtained: _____			
For Patients with Idiopathic Pulmonary Fibrosis (IPF)			
Diagnosis of IPF has been confirmed by a respirologist and a high-resolution CT scan within the previous 24 months:			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
All other causes of restrictive lung disease (e.g., collagen vascular disorder or hypersensitivity pneumonitis) have been excluded:			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
For Patients with Chronic Fibrosing Interstitial Lung Disease with a Progressive Phenotype (Progressive Fibrosing ILD)			
Diagnosis of chronic fibrosing ILD with a progressive phenotype has been confirmed by a specialist with experience in the diagnosis and management of ILD:			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
RENEWAL REQUEST			
For All Patients – Post-Treatment Information			
Patient's current % predicted Forced Vital Capacity (FVC): _____			
Date on which current FVC was obtained: _____			
PRESCRIBER NAME & ADDRESS:			
_____ LICENCE #		_____ PRESCRIBER SIGNATURE	_____ DATE

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
 P.O. Box 500, Halifax, NS B3J 2S1
 Fax: (902) 496-4440