BULLETIN

NO. 151

October 30, 2014

Dear Provider:

Benefit List Updates

The following product has been added to the Newfoundland and Labrador Prescription Drug Program (NLPDP) benefit list effective October 14, 2014.

Special Authorization

New Additions

PIRFENIDONE (ESBRIET 267 MG CAPSULE)

Initial approval criteria:

Adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF)* confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

*Mild-moderate IPF is defined as: a FVC between 50-80% predicted, and a Percent Carbon Monoxide Diffusing Capacity (%DLCO) between 30-90% predicted.

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

Initial renewal criteria:
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 renewal (12 months after initiation of therapy):
Patients must NOT demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% since initiation of therapy (baseline). 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

NOTE:
To avoid delay in Special Authorization assessment, please provide a copy of the high-resolution CT scan and pulmonary function test (PFT) report.

Special authorization criteria is located at:
http://www.health.gov.nl.ca/health/prescription/newformulary.asp

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