

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Nintedanib

Initial application — idiopathic pulmonary fibrosis

Applications only from a respiratory specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist
- and Forced vital capacity is between 50% and 90% predicted
- and Nintedanib is to be discontinued at disease progression (See Note)
- and Nintedanib is not to be used in combination with subsidised pirfenidone
- and
 - The patient has not previously received treatment with pirfenidone
 - or Patient has previously received pirfenidone, but discontinued pirfenidone within 12 weeks due to intolerance
 - or Patient has previously received pirfenidone, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with pirfenidone)

Renewal — idiopathic pulmonary fibrosis

Current approval Number (if known):.....

Applications only from a respiratory specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

- Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment
- and Nintedanib is not to be used in combination with subsidised pirfenidone
- and Nintedanib is to be discontinued at disease progression (See Note)

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz