

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

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Pirfenidone**

**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**  Pirfenidone is to be discontinued at disease progression (See Note)  
**and**  Pirfenidone is not to be used in combination with subsidised nintedanib

The patient has not previously received treatment with nintedanib  
**or**  Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance  
**or**  Patient has previously received nintedanib, 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 nintedanib)

**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**  Pirfenidone is not to be used in combination with subsidised nintedanib  
**and**  Pirfenidone 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](mailto:customerservice@health.govt.nz)