

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

**PRESCRIBER**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Nintedanib**

**INITIATION – idiopathic pulmonary fibrosis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a respiratory specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

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)

**CONTINUATION – idiopathic pulmonary fibrosis**

Re-assessment required after 12 months

**Prerequisites** (tick boxes where appropriate)

Prescribed by, or recommended by a respiratory specialist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

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 that the above details are correct:

Signed: ..... Date: .....