

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**

**PATIENT:**

Name: .....

Ward: ..... 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 Te Whatu Ora 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 Te Whatu Ora 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: .....