

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
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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](mailto:customerservice@health.govt.nz)