HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

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.

| PRES | SCRIBER | | PATIENT: |
|---|--|---|--|
| Name | e: | | Name: |
| Ward | · | | NHI: |
| Nintedanib | | | |
| Re-a | ssessment equisites (Presci NZ Ho and and and and | Patient has been diagnosed with idiopathic pulmonary fibrosis Forced vital capacity is between 50% and 90% predicted Nintedanib is to be discontinued at disease progression (See I Nintedanib is not to be used in combination with subsidised pil The patient has not previously received treatment with p Patient has previously received pirfenidone, but discontinued | Note) rfenidone pirfenidone nued pirfenidone within 12 weeks due to intolerance ent's disease has not progressed (disease progression defined as 10% |
| CONTINUATION – idiopathic pulmonary fibrosis Re-assessment required after 12 months Prerequisites (tick boxes where appropriate) O Prescribed by, or recommended by a respiratory specialist, or in accordance with a protocol or guideline that has been endorsed b 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) | | | ting from and tolerating treatment |
| Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period. | | | |