## 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.

PRESCRIBER	PATIENT:
Name:	. 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 a NZ Hospital.	ccordance with a protocol or guideline that has been endorsed by the Health
Patient has been diagnosed with idiopathic pulmonary fibros	sis by a multidisciplinary team including a radiologist
Forced vital capacity is between 50% and 90% predicted	
Nintedanib is to be discontinued at disease progression (Se	e Note)
Nintedanib is not to be used in combination with subsidised and	pirfenidone
The patient has not previously received treatment with	pirfenidone
	ntinued pirfenidone within 12 weeks due to intolerance
O Patient has previously received pirfenidone, but the pa or more decline in predicted FVC within any 12 month	atient's disease has not progressed (disease progression defined as 10% 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 a NZ Hospital.	ccordance with a protocol or guideline that has been endorsed by the Health
Treatment remains clinically appropriate and patient is bene	fitting from and tolerating treatment
Nintedanib is not to be used in combination with subsidised and	pirfenidone
O Nintedanib is to be discontinued at disease progression (Se	e Note)
Note: disease progression is defined as a decline in percent predicted FV0 period.	C of 10% or more within any 12 month

I confirm that the above details are correct:	
Signed:	Date: