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 | SCRIE | BER | | PATIENT: | |
|-------|---------------------|------------|--|---|--|
| Name: | | | | Name: | |
| Ward: | | | | NHI: | |
| Nint | edar | nib | | | |
| Re-a | assess | smer | idiopathic pulmonary fibrosis nt required after 12 months (tick boxes where appropriate) | | |
| and | | | cribed by, or recommended by a respiratory specialist, or in acc dospital. | ordance with a protocol or guideline that has been endorsed by the Health | |
| | and | 0 | Patient has been diagnosed with idiopathic pulmonary fibrosis | by a multidisciplinary team including a radiologist | |
| | and (and (and | \bigcirc | Forced vital capacity is between 50% and 90% predicted | | |
| | | \bigcirc | Nintedanib is to be discontinued at disease progression (See Note) | | |
| | | \bigcirc | Nintedanib is not to be used in combination with subsidised pi | rfenidone | |
| | | or | O The patient has not previously received treatment with p | irfenidone | |
| | | | O Patient has previously received pirfenidone, but disconti | nued pirfenidone within 12 weeks due to intolerance | |
| | | or | | ent's disease has not progressed (disease progression defined as 10% eriod since starting treatment with pirfenidone) | |
| Re-a | assess | smer | DN – idiopathic pulmonary fibrosis nt required after 12 months (tick boxes where appropriate) | | |
| and | | | cribed by, or recommended by a respiratory specialist, or in accidospital. | ordance with a protocol or guideline that has been endorsed by the Health | |
| | and | 0 | Treatment remains clinically appropriate and patient is benefitt | ing from and tolerating treatment | |
| | and | \bigcirc | Nintedanib is not to be used in combination with subsidised pi | rfenidone | |
| | anu | 0 | Nintedanib is to be discontinued at disease progression (See I | Note) | |
| 1 | te: dis | ease | e progression is defined as a decline in percent predicted FVC of | of 10% or more within any 12 month | |

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