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

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Pirfenidone

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 Health NZ 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

- ○ Pirfenidone is to be discontinued at disease progression (See Notes)

and

- ○ Pirfenidone is not to be used in combination with subsidised nintedanib

and

- ○ The patient has not previously received treatment with nintedanib

or

- ○ Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance

or

- ○ Patient has previously received nintedanib, 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 nintedanib)

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 Health NZ Hospital.

and

- ○ Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment

and

- ○ Pirfenidone is not to be used in combination with subsidised nintedanib

and

- ○ Pirfenidone 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: .....