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: ....

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 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

○ 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)

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

○ 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 that the above details are correct:

Signed: .... Date: ....