

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Pirfenidone

Initial application — idiopathic pulmonary fibrosis

Applications only from a respiratory specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

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 Note)
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)

Renewal — idiopathic pulmonary fibrosis

Current approval Number (if known):.....

Applications only from a respiratory specialist. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:
Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz