

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....
Fax Number:	Fax Number:	

Nintedanib

Initial application — idiopathic pulmonary fibrosis

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

Prerequisites(tick boxes where appropriate)

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)

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)

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

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz