

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> 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)

<input type="checkbox"/>	Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist
<b>and</b>	
<input type="checkbox"/>	Forced vital capacity is between 50% and 90% predicted
<b>and</b>	
<input type="checkbox"/>	Pirfenidone is to be discontinued at disease progression (See Note)
<b>and</b>	
<input type="checkbox"/>	Pirfenidone is not to be used in combination with subsidised nintedanib
<b>and</b>	
<input type="checkbox"/>	The patient has not previously received treatment with nintedanib
<b>or</b>	
<input type="checkbox"/>	Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance
<b>or</b>	
<input type="checkbox"/>	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)

<input type="checkbox"/>	Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment
<b>and</b>	
<input type="checkbox"/>	Pirfenidone is not to be used in combination with subsidised nintedanib
<b>and</b>	
<input type="checkbox"/>	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 Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)