APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2013
May 2026

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