

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

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Bosentan**

**Initial application**

Applications only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist.  
Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has pulmonary arterial hypertension (PAH)\*
- and  PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications
- and  PAH is at NYHA/WHO functional class II, III, or IV

- and  Bosentan is to be used as PAH monotherapy
- or  Patient is intolerant or contraindicated to sildenafil
- or  Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease

- or  Bosentan is to be used as PAH dual therapy
- and  Patient has tried a PAH monotherapy for at least three months and failed to respond
- or  Patient deteriorated while on a PAH monotherapy

- or  Bosentan is to be used as PAH triple therapy
- and  Patient is on the lung transplant list
- or  Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV
- or  Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised
- or  Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy

**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](mailto:customerservice@health.govt.nz)

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Fax Number: .....      Fax Number: .....

**Bosentan** - continued

**Renewal**

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

Applications only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist.  
Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

Bosentan is to be used as PAH monotherapy  
**and**  
 Patient is stable or has improved while on bosentan

or

Bosentan is to be used as PAH dual therapy  
**and**  
 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated

or

Bosentan is to be used as PAH triple therapy  
**and**

Patient is on the lung transplant list  
**or**  
 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV  
**or**  
 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised  
**or**  
 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy

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