

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Sildenafil

INITIATION – tablets Raynaud’s Phenomenon

Prerequisites (tick boxes where appropriate)

- Patient has Raynaud’s phenomenon
- and Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene)
- and Patient is following lifestyle management (proper body insulation, avoidance of cold exposure, smoking cessation support, avoidance of sympathomimetic drugs)
- and Patient has persisting severe symptoms despite treatment with calcium channel blockers and nitrates (unless contraindicated or not tolerated)

INITIATION – tablets Pulmonary arterial hypertension

Prerequisites (tick boxes where appropriate)

- Patient has pulmonary arterial hypertension (PAH)
- and
 - PAH is in Group 1 of the WHO (Venice) clinical classifications
 - or PAH is in Group 4 of the WHO (Venice) clinical classifications
 - or PAH is in Group 5 of the WHO (Venice) clinical classifications
- and
 - PAH is in NYHA/WHO functional class II
 - or PAH is in NYHA/WHO functional class III
 - or PAH is in NYHA/WHO functional class IV
- and
 - Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg
 - and
 - Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg
 - or Patient is peri Fontan repair
 - and Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm⁻⁵)
- or Testing for PCWP, PAPm, or PVR cannot be performed due to the patient’s young age
- or For use in neonatal units for persistent pulmonary hypertension of the newborn (PPHN)
- or In-hospital stabilisation in emergency situations

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Sildenafil - continued

INITIATION – tablets other conditions

Prerequisites (tick boxes where appropriate)

- For use in weaning patients from inhaled nitric oxide
- or
- For perioperative use in cardiac surgery patients
- or
- For use in intensive care as an alternative to nitric oxide
- or
- For use in the treatment of erectile dysfunction secondary to spinal cord injury in patients being treated in a spinal unit

INITIATION – injection

Prerequisites (tick boxes where appropriate)

- For use in the treatment of pulmonary hypertension in infants or children being treated in paediatric intensive care units and neonatal intensive care units when the enteral route is not accessible
- and
- For perioperative use following cardiac surgery
- or
- For use in persistent pulmonary hypertension of the newborn (PPHN)
- or
- For use in congenital diaphragmatic hernia

I confirm that the above details are correct:

Signed: Date: