HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

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 (Vedafil)

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)

- ○ Prescribed by, or recommended by a respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.

and

- ○ Patient has pulmonary arterial hypertension (PAH)*

and

- ○ PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications

and

- ○ PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV

and

- ○ PAH is confirmed by right heart catheterisation

and

- ○ A mean pulmonary artery pressure (PAPm) of greater than 20 mmHg

and

- ○ A pulmonary capillary wedge pressure (PCWP) that is less than or equal to 15 mmHg

and

- ○ Pulmonary vascular resistance (PVR) of at least 2 Wood Units or at least 160 International Units (dyn s cm^{-5})

and

- ○ PAH is non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines) †

or

- ○ Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**

or

- ○ Patient has PAH other than idiopathic / heritable or drug-associated type

or

- ○ Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease

or

- ○ Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures

I confirm that the above details are correct:

Signed: ..... Date: .....

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PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

sildenafil (Vedafil) *- 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

Note: † The European Respiratory Journal Guidelines can be found here: 2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension PAH
** the requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.

I confirm that the above details are correct:

Signed: ..... Date: .....