Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA2253 January 2025

APPLICANT (stamp or sticker acceptable)				er acceptable)	PATIENT NHI:	REFERRER Reg No:	
Reg No:					First Names:	First Names:	
Name:					Surname:	Surname:	
Address:					DOB:	Address:	
					Address:		
						Fax Number:	
Ambriseı	ntan						
Application cardiologis	ns only st or rh ites(tio	from euma de k box Patien PAH is PAH is and	a restologices will that that in Gillian in New June 1 or or or Patier disorce	ist. Approvals valid for here appropriate)  pulmonary arterial hy roup 1, 4 or 5 of the Volume appropriate.  PAH has been confirmated a pulmonary capillared applementation and pulmonary vasculared applementation.  PAH has been defined in the second applementation applementation and patient has patient has patient has palliated single appropriate appropriate applementation.	pertension (PAH)  WHO (Venice 2003) clinical classifications  ation/World Health Organization (NYHA/WHO) function  med by right heart catheterisation  artery pressure (PAPm) greater than 20 mmHg (unless by wedge pressure (PCWP) less than or equal to 15 mm  resistance greater than 2 Wood Units or greater than demonstrated to be non-responsive in vasoreactivity 2022 ECS/ERS Guidelines for PAH 2022 (see note be at experienced an acceptable response to calcium antal	onal class II, III or IV  s peri Fontan repair)  mHg  160 International Units (dyn s cm <sup>-5</sup> )  assessment using iloprost or nitric oxide, as elow for link to these guidelines) †  agonist treatment, according to a validated type  idiopathic, congenital or developmental lung onary pressures or a major complication of the	
and			Ambri	isentan is to be used	as PAH monotherapy		
	and	or		Patient has experience	ced intolerable side effects with both sildenafil and bo		
		or			bined oral contraceptive or liver disease)  i idiopathic PAH or PAH secondary to congenital hear	t disease	

Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 2 Form SA2253 January 2025

APPLICANT (stamp or sticker acceptable)			ker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:				First Names:	First Names:
Name:				Surname:	Surname:
Address:				DOB:	Address:
				Address:	
Fax Number:	:				Fax Number:
Ambrisen	tan -	continue	ed		
Applications cardiologist	s only f or rhe	rom a re umatolog	dual therapy spiratory specialist, car gist. Approvals valid for where appropriate)	diologist, rheumatologist or any relevant practitioner of 6 months.	on the recommendation of a respiratory specialist,
and	Pa	tient has	s pulmonary arterial hyp	pertension (PAH)	
and	PA	H is in C	Group 1, 4 or 5 of the W	/HO (Venice 2003) clinical classifications	
and	PA	.H is in N	New York Heart Associa	ation/World Health Organization (NYHA/WHO) functio	nal class II, III or IV
and	Г				
		and	PAH has been confirm	ned by right heart catheterisation	
		and	A mean pulmonary a	rtery pressure (PAPm) greater than 20 mmHg (unless	peri Fontan repair)
			A pulmonary capillary	wedge pressure (PCWP) less than or equal to 15 mi	mHg
		and	Pulmonary vascular r	esistance greater than 2 Wood Units or greater than	160 International Units (dyn s cm <sup>-5</sup> )
		OI	defined in the 2	demonstrated to be non-responsive in vasoreactivity and 2022 ECS/ERS Guidelines for PAH 2022 (see note be	
		OI	risk stratificatio	experienced an acceptable response to calcium anta n tool**	agonist treatment, according to a validated
			Patient has PA	H other than idiopathic / heritable or drug-associated	type
	or _		ent is a child with PAH s	secondary to congenital heart disease or PAH due to neonatal lung disease	idiopathic, congenital or developmental lung
				ventricle congenital heart disease and elevated pulme the minimising of pulmonary/venous filling pressures	
and	and	Amb	orisentan is to be used a	as PAH dual therapy	
				NH monotherapy (sildenafil or bosentan) for at least the to treatment according to a validated risk stratification	
		or	Patient has tried PAH	dual therapy including bosentan and has experience	d intolerable side effects on bosentan
	and	and	Patient is presenting initial dual therapy	in NYHA/WHO functional class III or IV, and in the opi	inion of the treating clinician would benefit from
			Patient has an absolution liver disease)	ate or relative contraindication to bosentan (e.g. due t	o current use of a combined oral contraceptive

Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 3
Form SA2253

January 2025 APPLICANT (stamp or sticker acceptable) PATIENT NHI: REFERRER Reg No: ..... First Names: First Names: ..... Name: ..... Surname: Surname: Address: ..... Fax Number: ..... Fax Number: ..... Ambrisentan - continued Initial application — PAH triple therapy Applications only from a respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. 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 2003) clinical classifications and PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV and PAH has been confirmed by right heart catheterisation and A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair) and A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg and Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm<sup>-5</sup>) and PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH 2022 (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 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 and Ambrisentan is to be used as PAH triple therapy and Patient is on the lung transplant list or Patient is presenting in NYHA/WHO functional class IV and Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease) or Patient has tried PAH dual therapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool\*\* and Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario

Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 4 Form SA2253 January 2025

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:					
Ambrisentan - continued							
Renewal							
Current approval Number (if known):							
Applications only from a respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 2 years.							
Prerequisites(tick box where appropriate)							
The patient is continuing to derive benefit from ambrisentan treatment according to a validated PAH risk stratification tool**							

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.