

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:

Sildenafil (Vedafil)

Initial application — Raynaud's Phenomenon*

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

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 (avoidance of cold exposure, sufficient protection, smoking cessation support, avoidance of sympathomimetic drugs)
- and
- ☐ Patient is being treated with calcium channel blockers and nitrates (or these are contraindicated/not tolerated)

Initial application — Pulmonary arterial hypertension*

Applications only from a respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid without further renewal unless notified.

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 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 greater than 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 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

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Sildenafil (Vedafil) - continued

Initial application — erectile dysfunction due to spinal cord injury

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- ☐ Patient has a documented history of traumatic or non-traumatic spinal cord injury
- and
- ☐ Patient has erectile dysfunction secondary to spinal cord injury requiring pharmacological treatment

Renewal — erectile dysfunction due to spinal cord injury

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

Applications from any relevant practitioner. Approvals valid for 2 years.

Prerequisites(tick box where appropriate)

- ☐ The treatment remains appropriate and the patient is benefiting from treatment

Note: Note: Indications marked with * are Unapproved Indications.

† 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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

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