## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA2486 November 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:Ambrisentan		Fax Number:
Initial application — PAH monotherapy Applications only from a respiratory specialist, card cardiologist or rheumatologist. Approvals valid for operation (Prerequisites (tick boxes where appropriate)	liologist, rheumatologist or any relevant practitioner o 6 months.	n the recommendation of a respiratory specialist,
and	ertension (PAH)  HO (Venice 2003) clinical classifications  ion/World Health Organization (NYHA/WHO) function	nal class II, III or IV
and A mean pulmonary art and A pulmonary capillary and Pulmonary vascular re and PAH has been d defined in the 20 or Patient has not e risk stratification Patient has PAH	other than idiopathic / heritable or drug-associated to	nHg 60 International Units (dyn s cm <sup>-5</sup> ) assessment using iloprost or nitric oxide, as ow for link to these guidelines) † gonist treatment, according to a validated ype
and	entricle congenital heart disease and elevated pulmo he minimising of pulmonary/venous filling pressures	nary pressures or a major complication of the
Ambrisentan is to be used as		
Patient has experience	ed intolerable side effects with both sildenafil and bos	entan
	e contraindication to sildenafil and an absolute or rela ned oral contraceptive or liver disease)	ative contraindication to bosentan (e.g. due to
Patient is a child with in	diopathic PAH or PAH secondary to congenital heart	disease

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 2 Form SA2486 November 2025

APPLICAN	T (stam	p or stic	ker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:				First Names:	First Names:
Name:				Surname:	Surname:
Address:				DOB:	Address:
				Address:	
Fax Numbe	er:				Fax Number:
Ambriser	ntan -	continue	ed		
Application cardiologis	or C	rom a refumatologic boxes wattent had all and and and and and and patient boxes watten and and and and and and and and and an	gist. Approvals valid for where appropriate)  s pulmonary arterial hyperocomposition of the Work Heart Associated PAH has been confirmed A mean pulmonary and A pulmonary capillary Pulmonary vascular recomposition of the PAH has been defined in the 2 patient has not risk stratification of Patient has PAH patient has PAH patient has palliated single ent has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has palliated single control of the PAH since the patient has pa	pertension (PAH)  PHO (Venice 2003) clinical classifications  Ition/World Health Organization (NYHA/WHO) function  Interver pressure (PAPm) greater than 20 mmHg (unless  Investigation wedge pressure (PCWP) less than or equal to 15 mm  Interversessure greater than 2 Wood Units or greater than 1  Indemonstrated to be non-responsive in vasoreactivity at 1022 ECS/ERS Guidelines for PAH 2022 (see note be 10022 ECS/ERS Guidelines for PAH 2022 (see note be 1001)  Interverse than 1001 intervention with the minimising of pulmonary/venous filling pressures 1001 intervenous fillin	peri Fontan repair) mHg 60 International Units (dyn s cm <sup>-5</sup> ) assessment using iloprost or nitric oxide, as low for link to these guidelines) † gonist treatment, according to a validated ype diopathic, congenital or developmental lung
		or	Patient has experienced at Patient has experience Patient has an absolution liver disease)  Patient is presenting it	entan (either as PAH monotherapy, or PAH dual therapan acceptable response to treatment according to a valued intolerable side effects on bosentan attended or relative contraindication to bosentan (e.g. due to n NYHA/WHO functional class III or IV, and would be und has an absolute or relative contraindication to bosentare or the contraction of the contr	alidated risk stratification tool**  c current use of a combined oral contraceptive  nefit from initial dual therapy in the opinion of

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 3 Form SA2486 November 2025

APPLICAN	IT (stam	np or sticker acceptable	e) PATIENT NHI:	REFERRER Reg No:
Reg No:			First Names:	First Names:
Name:			Surname:	Surname:
Address:			DOB:	Address:
			Address:	
ax Numbe	er:			Fax Number:
Ambrise	ntan -	continued		
Application cardiologis	ns only to the sites (tick	eumatologist. Approval k boxes where appropr	ialist, cardiologist, rheumatologist or any reles valid for 6 months. iate)	evant practitioner on the recommendation of a respiratory specialist,
and		atient has pulmonary a	rterial hypertension (PAH)	
and		AH is in Group 1, 4 or 5	of the WHO (Venice 2003) clinical classification	tions
and	D PA	AH is in New York Hea	rt Association/World Health Organization (NY	(HA/WHO) functional class II, III or IV
and		DALL been be		
		and	en confirmed by right heart catheterisation	_
		and	monary artery pressure (PAPm) greater than	
		A pulmonary	capillary wedge pressure (PCWP) less than	or equal to 15 mmHg
		Pulmonary v	rascular resistance greater than 2 Wood Unit	s or greater than 160 International Units (dyn s cm <sup>-5</sup> )
		PAH r define	d in the 2022 ECS/ERS Guidelines for PAH 2	in vasoreactivity assessment using iloprost or nitric oxide, as 2022 (see note below for link to these guidelines) † se to calcium antagonist treatment, according to a validated
		or risk st	ratification tool** nt has PAH other than idiopathic / heritable or	
	or		·	
	or _		rith PAH secondary to congenital heart diseas g chronic neonatal lung disease	se or PAH due to idiopathic, congenital or developmental lung
and			ed single ventricle congenital heart disease a requiring the minimising of pulmonary/venou	nd elevated pulmonary pressures or a major complication of the s filling pressures
anu	and	Ambrisentan is to	be used as PAH triple therapy	
		Patient is or	the lung transplant list	
		Patier and	nt is presenting in NYHA/WHO functional clas	ss IV
		Patier contra	nt has an absolute or relative contraindication aceptive or liver disease)	to bosentan (e.g. due to current use of a combined oral
			nt has tried PAH dual therapy for at least three ding to a validated risk stratification tool**	e months and remains in an unacceptable risk category
				bidities and triple therapy is not being used in a palliative

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 4 Form SA2486 November 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.