Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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

Initial application — PAH monotherapy
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^{-5})

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 monotherapy

and

☐ Patient has experienced intolerable side effects with both sildenafil and bosentan

or

☐ Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease)

or

☐ Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease

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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.....	.....	.....
Fax Number:	.....	Fax Number: .....

Ambrisentan *- continued*

Initial application — PAH dual 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^{-5})

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 dual therapy

and

☐ Patient has tried bosentan (either as PAH monotherapy, or PAH dual therapy with sildenafil) for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**

or

☐ Patient has experienced intolerable side effects on bosentan

or

☐ 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 is presenting in NYHA/WHO functional class III or IV, and would benefit from initial dual therapy in the opinion of the treating clinician and has an absolute or relative contraindication to bosentan (eg. due to current liver disease or use of a combined oral contraceptive)

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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^{-5})

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

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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.

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