APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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APPLICANT (stamp or sticker acceptable)				er accep	table)	P	PATIENT NHI:		REFERRER Reg No:	
Reg No:						F	First Names:		First Names:	
Name:						S	Surname:		Surname:	
Address: .							OOB:		Address:	
						Α	Address:			
Fax Number	er:								Fax Number:	
Bosenta	n									
	ns only st or rh sites(tio	r from euma ck bo	a res atologi xes wl	spiratory ist. Appr here app	specialist, car rovals valid for propriate)	r 6 ı	ologist, rheumatologist or any relevant practitione months. tension (PAH)*	r on	the recommendation of a respiratory specialist,	
and	'						O (Venice 2003) clinical classifications			
and	-			-						
and		PAH IS	s in Ne	ew York	Heart Associa	atio	n/World Health Organization (NYHA/WHO) func	iona	al class II, III or IV	
		and and and		A mean A pulmon Pulmon d	n pulmonary ar onary capillary lary vascular re AH has been of efined in the 2	rter y we resi: der 2022	by right heart catheterisation ry pressure (PAPm) greater than 20 mmHg (unle edge pressure (PCWP) less than or equal to 15 stance greater than 2 Wood Units or greater than monstrated to be non-responsive in vasoreactivit 2 ECS/ERS Guidelines for PAH perienced an acceptable response to calcium ar	mm n 16 y as	Hg 50 International Units (dyn s cm ⁻⁵) ssessment using iloprost or nitric oxide, as	
			or		sk stratification			4 + 1		
					adont has FAF	. 1 0	ther than idiopathic / heritable or drug-associate		*	
and	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									
and	Bosentan is to be used as PAH monotherapy									
	and	or		Patient has experienced intolerable side effects on sildenafil						
		or		Patient	has an absolu	ute	contraindication to sildenafil			
				Patient	is a child with	idio	opathic PAH or PAH secondary to congenital hea	ırt c	disease	

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Address:	DOB:	Address:						
	Address:							
Fax Number:		Fax Number:						
Bosentan - continued								
cardiologist or rheumatologist. Approvals valid for Prerequisites(tick boxes where appropriate) Patient has pulmonary arterial hypand	ertension (PAH)*	on the recommendation of a respiratory specialist,						
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								
and A mean pulmonary ar and A pulmonary capillary and Pulmonary vascular re and PAH has been of defined in the 2	need by right heart catheterisation tery pressure (PAPm) greater than 20 mmHg (unless wedge pressure (PCWP) less than or equal to 15 mi esistance greater than 2 Wood Units or greater than 1 demonstrated to be non-responsive in vasoreactivity a 022 ECS/ERS Guidelines for PAH	mHg 60 International Units (dyn s cm ⁻⁵) assessment using iloprost or nitric oxide, as						
or risk stratification	experienced an acceptable response to calcium antantol** Hother than idiopathic / heritable or drug-associated to							
or disorders including severe c	econdary to congenital heart disease or PAH due to i hronic neonatal lung disease ventricle congenital heart disease and elevated pulmo the minimising of pulmonary/venous filling pressures							
Bosentan is to be used as part of and	· · · · · · · · · · · · · · · · · · ·							
response to treatment accor	notherapy (sildenafil) for at least three months and had ding to a validated risk stratification tool** IA/WHO functional class III or IV, and in the opinion of							

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Name:				Surname:	Surname:		
Address:				DOB:	Address:		
				Address:			
Fax Numbe Bosentar					Fax Number:		
Application cardiologis Prerequisi	ns only it or rhe ites(tic	from eumat k box atient	tologist. Approvals valid for es where appropriate) thas pulmonary arterial hyp		on the recommendation of a respiratory specialist,		
and and	□ P/	AH is	in New York Heart Associa	tion/World Health Organization (NYHA/WHO) function	nal class II, III or IV		
	or [and and and	A mean pulmonary and A pulmonary capillary Pulmonary vascular report or PAH has been defined in the 2 Patient has not risk stratification Patient has PAH	tery pressure (PAPm) greater than 20 mmHg (unless wedge pressure (PCWP) less than or equal to 15 mm esistance greater than 2 Wood Units or greater than 1 demonstrated to be non-responsive in vasoreactivity a 022 ECS/ERS Guidelines for PAH experienced an acceptable response to calcium antain tool** If other than idiopathic / heritable or drug-associated to the condary to congenital heart disease or PAH due to interpretation.	mHg 160 International Units (dyn s cm ⁻⁵) assessment using iloprost or nitric oxide, as agonist treatment, according to a validated		
and	or [_ c	disorders including severe of attient has palliated single	wentricle congenital heart disease and elevated pulmo the minimising of pulmonary/venous filling pressures	onary pressures or a major complication of the		
and	Bosentan is to be used as part of PAH triple therapy						
		or or	Patient is on the lung Patient is presenting i	transplant list n NYHA/WHO functional class IV			
			treatment accordand	d PAH dual therapy for at least three months and has ding to a validated risk stratification tool**			
			Patient does no scenario	t have major life-threatening comorbidities and triple t	tnerapy is not being used in a palliative		

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Address:	DOB:	Address:					
	Address:						
Fax Number:		Fax Number:					
Bosentan - 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)							
Patient is continuing to derive benefit from bosentan treatment according to a validated PAH risk stratification tool**							

Note: ** 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.