Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2558
January 2026

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

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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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

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

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