

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:

Bosentan

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)

<input type="checkbox"/> Patient has pulmonary arterial hypertension (PAH)* and <input type="checkbox"/> PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications and <input type="checkbox"/> PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV and	<input type="checkbox"/> PAH has been confirmed by right heart catheterisation and <input type="checkbox"/> A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair) and <input type="checkbox"/> A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg and <input type="checkbox"/> Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm ⁻⁵) and
	<input type="checkbox"/> 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 or <input type="checkbox"/> Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool** or <input type="checkbox"/> Patient has PAH other than idiopathic / heritable or drug-associated type
<input type="checkbox"/> 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 <input type="checkbox"/> 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	<input type="checkbox"/> Bosentan is to be used as PAH monotherapy and
	<input type="checkbox"/> Patient has experienced intolerable side effects on sildenafil or <input type="checkbox"/> Patient has an absolute contraindication to sildenafil or <input type="checkbox"/> 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Bosentan - *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)

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Bosentan - *continued*

Initial application — PAH triple therapy

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Bosentan - *continued*

Renewal

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

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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.

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