

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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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<sup>-5</sup>)
  - 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](mailto:customerservice@health.govt.nz)

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**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)

<b>and</b>	<input type="checkbox"/> Patient has a documented history of traumatic or non-traumatic spinal cord injury
	<input type="checkbox"/> 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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