

**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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**Epoprostenol**

**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 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**  A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm<sup>-5</sup>)

**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

**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**

Epoprostenol is to be used as part of PAH dual therapy with either sildenafil or an endothelin receptor antagonist

**and**  Patient is presenting in NYHA/WHO functional class IV

**and**  Patient has tried a PAH monotherapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool

**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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**Epoprostenol** - *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 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**  A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm<sup>-5</sup>)

**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

**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**

Epoprostenol 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

**or**

Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment 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

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

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**Epoprostenol** - *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 epoprostenol 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.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

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