

**Initial Application for Funding of Pulmonary Arterial Hypertension Treatments  
for Adults (and children aged over 10 years)**

Please send applications to:

PAH Panel Coordinator  
PHARMAC  
P O Box 10-254  
WELLINGTON

Phone: 04 9167 512

Facsimile: 04 460 4858

Email: [PAH@pharmac.govt.nz](mailto:PAH@pharmac.govt.nz)

*Applications **must** be **complete** and accompanied by supporting data where required.*

**Have you attached:**

- Cardiac catheterisation reports
- Lung function tests
- Echocardiography report
- Vasoreactivity data
- CCB trial results

Patient Details – patient sticker is acceptable			
Surname:			
First Name/s:			
NHI No:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
D.O.B:			
Address:			
Phone No:	Home:	Work:	Mobile:
Email:			

Physician Details		
Name:		
NZMC Registration Number:		
Practice Address:		
Phone No:		
Mobile No:		
Fax No:		
Email:		
Signature of applying physician:		Date:



<b>Basis of request for PAH treatments</b>	
<b>Diagnosis</b>	<b>Tick</b>
Patient has been diagnosed as having pulmonary arterial hypertension	<input type="checkbox"/>
<b>NYHA/WHO functional class</b>	
*2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	* Note: Applications for patients with functional class 2 need to demonstrate clear evidence of disease progression on current treatments.
<b>WHO (Venice) clinical classification</b>	
<u>Group One</u> – Pulmonary arterial hypertension	
Idiopathic PAH	<input type="checkbox"/>
Familial PAH	<input type="checkbox"/>
Associated with other diseases:	
Connective tissue disease	<input type="checkbox"/>
Congenital systemic pulmonary shunts	<input type="checkbox"/>
Portal hypertension	<input type="checkbox"/>
HIV infection	<input type="checkbox"/>
Drugs/toxins	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>
Associated with significant venous or capillary involvement	
Pulmonary veno-occlusive disease	<input type="checkbox"/>
Pulmonary capillary haemangiomas	<input type="checkbox"/>
Persistent pulmonary hypertension of the newborn	<input type="checkbox"/>
<u>Group Four</u> – Pulmonary hypertension due to chronic thrombotic and/or embolic disease only	<input type="checkbox"/>
<u>Group Five</u> – Other pulmonary hypertension (specify)	<input type="checkbox"/>

Test results					
Height (cm):		Weight (kg):		BMI (kg/m <sup>2</sup> ):	
<b>Lung function (please report as actual values and percent predicted – please attach report):</b>					
	Actual		Percent predicted		
FEV <sub>1</sub>					
FVC					
FEV <sub>1</sub> /FVC (%)					
DLCO					
DLCO/VA					
TLC					
<b>Six minute walk test:</b>					
Distance walked (m):					
SpO <sub>2</sub> :		Baseline:		Nadir:	
Heart Rate:		Baseline:		Maximum:	
Borg Index:		Pre:		Post:	
<b>Brain natriuretic peptide if available – please provide reference data</b>					

**Right Heart Cardiac Catheter (please attach reports)**

Testing centre:

		Pre vasoreactivity testing	Post vasoreactivity testing
Pulmonary capillary wedge pressure: (Threshold: $\leq 15$ mmHg):			
Pulmonary artery pressures:	Mean:		
	Systolic:		
	Diastolic:		
Mean right atrial pressure:			
Pulmonary vascular resistance:	<input type="checkbox"/> Wood units		
	<input type="checkbox"/> International units		
Cardiac output:			
Cardiac index:			

**Vasoreactivity**

Has the patient been assessed for vasoreactivity using iloprost, adenosine or nitric oxide? If no, please provide reasons:

 Yes No**Cardiac catheterisation contraindicated:****Discussion:**



**Calcium channel blocker (CCB) history**

- If the patient has idiopathic PAH and is vasoreactive, and has had a trial of CCBs for at least three months (preferably six), please attach re-catheterisation data demonstrating disease progression despite CCB treatment.
- If necessary, please provide discussion of CCB treatment:

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**Echocardiography (please attach full report)**

Echo RVP	
Echo RAP	

**Medical History**

Transplant status:	<input type="checkbox"/> Not suitable for referral/turned down
	<input type="checkbox"/> Not yet referred
	<input type="checkbox"/> Inactive waiting list
	<input type="checkbox"/> Active waiting list

**Comorbidities:**

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**Would you like to make any other comments in support of this application?**

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