

**Initial Application for Funding of Pulmonary Arterial Hypertension Treatment  
Application for children less than 10 years for PDE-5 inhibitor (sildenafil)  
treatment**

This form is applicable for younger patients requiring PDE-5 inhibitor (**sildenafil**) monotherapy only. If other treatments are required use the form 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 report
- Echocardiography report
- CT report

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:	



<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>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 haemangiomatosis	<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):	
Height centile:		Weight centile:	
Gestation at birth:	Birth weight (centile):		
Number of hospital admissions:			
ICU Days:			
History of ventilation:			
Current oxygen use:			
Saturations	On Room air: _____	On Oxygen at ___ Litres/min: _____	
Results of overnight oximetry:			
Chest X Ray findings:			
<b>Six minute walk test: (if relevant)</b>			
Distance walked (m):			
SpO2	Baseline:		Nadir:
Heart Rate	Baseline:		Maximum:
Borg Index	Pre:		Post:
<b>Other:</b>			
Brain natriuretic peptide if available – please provide reference data:			
Radiology CT Chest results – if applicable (attach report)			

<b>Right heart cardiac catheterisation (if performed)</b>			
Testing centre:			
Pulmonary capillary wedge pressure:		Threshold: $\leq 15$ mmHg	
Pulmonary artery pressures:	Mean:		Threshold $> 25$ mmHg at rest
	Systolic:		Diastolic:
Mean right atrial pressure:			
Pulmonary vascular resistance – Wood units:		<input type="checkbox"/> Pulmonary vascular resistance Indexed	
Cardiac output:			
Cardiac index:			
<b>Cardiac catheter contraindicated:</b>			
Discussion:			
<b>Echocardiography (please attach report)</b>			
Estimate of PA pressure			
How obtained? (TR jet vs PDA or other)			
Systemic BP			
RV dilation			
RV function			
Structural congenital heart disease (please describe)			