

Renewal 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

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

Have you attached:

- Echocardiography report
- Cardiac catheterisation 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:	

Basis of request for PAH treatments	
Diagnosis	Tick
Patient has been diagnosed as having pulmonary arterial hypertension	<input type="checkbox"/>
WHO (Venice) clinical classification	
<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:	
Oxygen Saturations	On Room air _____	On Oxygen at ___ Litres/min: _____	
Current oxygen use:			
Results of overnight oximetry:			
Hospital admissions since approval (please list dates and diagnoses)			
ICU days since approval:			
Chest X Ray findings:			
Six minute walk test: (if relevant)			
Distance walked (m):			
SpO2:	Baseline:		Nadir:
Heart Rate:	Baseline:		Maximum:
Borg Index:	Pre:		Post:
Other:			
Brain natriuretic peptide if available – please provide reference data:			
Radiology CT Chest results – if applicable (attach report)			

Right heart cardiac catheter if performed (please attach reports)

Testing centre:

		Date of current catheter:	Date of previous catheter:
Pulmonary capillary wedge pressure: (Threshold: ≤ 15 mmHg)			
Pulmonary artery pressures: (mPAP >25 mmHg at rest)	Mean:		
	Systolic:		
	Diastolic:		
Mean right atrial pressure:			
Pulmonary vascular resistance:	<input type="checkbox"/> Wood units		
Cardiac output			
Cardiac index			

Cardiac catheter contraindicated:

Discussion:

Echocardiography (please attach report)

	Date of current echo:	Date of previous echo:
Estimate of PA pressure:		
How obtained? (TR jet vs PDA or other)		
Systemic BP:		
RV dilation:		
RV function:		
Structural congenital heart disease (please describe):		