HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER	PATIENT:	
Name:	Name:	
Ward:	NHI:	

Empagliflozin; Empagliflozin with metformin hydrochloride

INITIATION – heart failure reduced ejection fraction Prerequisites (tick boxes where appropriate)				
	Ο	Patient has heart failure		
and and	Ο	Patient is in NYHA functional class II or III or IV		
		m O Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%		
	or	O An ECHO is not reasonably practicable, and in the opinion of the treating practitioner the patient would benefit from treatment		
and	0	Patient is receiving concomitant optimal standard funded chronic heart failure treatment		

INITIATION – Type 2 Diabetes

Prerequisites (tick boxes where appropriate)

	or or	$\overline{\mathbf{O}}$	For continuation use Patient has previously had an initial approval for a GLP-1 agonist	
		and	 Patient has type 2 diabetes Patient is Māori or any Pacific ethnicity* Patient has pre-existing cardiovascular disease or risk equivalent (see note a)* Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator* Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult* Patient has diabetic kidney disease (see note b)* 	
			agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months	
No	te: * Cr	riteria i	ntended to describe patients at high risk of cardiovascular or renal complications of diabetes.	
,	corona	ary inte	cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous rvention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart ilial hypercholesterolaemia.	
	Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m2 in the presence of diabetes, without alternative cause.			
c)	Funded [empagliflozin / empagliflozin with metformin hydrochloride] treatment is not to be given in combination with a funded GLP-1 unless receiving (empagliflozin / empagliflozin with metformin hydrochloride] for the treatment of heart failure.			