or

or

()

and

and

Patient is in NYHA/WHO functional class IV

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:
Sacubitril with valsartan	
INITIATION Prerequisites (tick boxes where appropriate)	
O Patient has heart failure	
O Patient is in NYHA/WHO functional class II	
O Patient is in NYHA/WHO functional class III	

An ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment

Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%

Patient is receiving concomitant optimal standard chronic heart failure treatments

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