

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**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Empagliflozin; Empagliflozin with metformin hydrochloride**

**INITIATION – heart failure reduced ejection fraction**

**Prerequisites** (tick boxes where appropriate)

- ☐ Patient has heart failure  
and  
☐ Patient is in NYHA functional class II or III or IV  
and  
☐ Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%  
or  
☐ An ECHO is not reasonably practicable, and in the opinion of the treating practitioner the patient would benefit from treatment  
and  
☐ Patient is receiving concomitant optimal standard funded chronic heart failure treatment

**INITIATION – Type 2 Diabetes**

**Prerequisites** (tick boxes where appropriate)

- ☐ For continuation use  
or  
☐ Patient has previously had an initial approval for a GLP-1 agonist  
or  
☐ Patient has type 2 diabetes  
and  
☐ Patient is Māori or any Pacific ethnicity\*  
or  
☐ Patient has pre-existing cardiovascular disease or risk equivalent (see note a)\*  
or  
☐ Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator\*  
or  
☐ Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult\*  
or  
☐ Patient has diabetic kidney disease (see note b)\*  
and  
☐ Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months

Note: \* Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- b) 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/1.73m<sup>2</sup> 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.

I confirm that the above details are correct:

Signed: ..... Date: .....