

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	.....	.....
Fax Number: .....	Fax Number: .....	

### Empagliflozin; Empagliflozin with metformin hydrochloride

#### Initial application — heart failure reduced ejection fraction

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

##### Prerequisites (tick boxes where appropriate)

and  Patient has heart failure  
and  Patient is in NYHA functional class II or III or IV  
and  
or  Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%  
 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

#### Initial application — Type 2 Diabetes

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

##### Prerequisites (tick boxes where appropriate)

or  Patient has previously received an initial approval for a GLP-1 agonist  
and  Patient has type 2 diabetes  
or  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.

- 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.
- 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.
- 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 the above details are correct and that in signing this form I understand I may be audited.

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

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)