

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Sacubitril with valsartan

Initial application

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

Prerequisites(tick boxes where appropriate)

Patient has heart failure

and

Patient is in NYHA/WHO functional class II

or

Patient is in NYHA/WHO functional class III

or

Patient is in NYHA/WHO functional class IV

and

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

or

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

and

Patient is receiving concomitant optimal standard chronic heart failure treatments

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