

|                                                |                           |                               |
|------------------------------------------------|---------------------------|-------------------------------|
| <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: .....                |
| .....                                          | Address: .....            | .....                         |
| .....                                          | .....                     | .....                         |
| .....                                          | .....                     | .....                         |

## Liraglutide

### Initial application

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

**Prerequisites**(tick boxes where appropriate)

|                          |                                                                                                                                                                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Patient has type 2 diabetes                                                                                                                                                                                                                               |
| and                      |                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of all of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin |
| and                      |                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | Patient is Māori or any Pacific ethnicity*                                                                                                                                                                                                                |
| or                       |                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*                                                                                                                                                                          |
| or                       |                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*                                                                                                          |
| or                       |                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*                                                                                                                         |
| or                       |                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | Patient has diabetic kidney disease (see note b)*                                                                                                                                                                                                         |

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 identified.
- c) Funded GLP-1a treatment is not to be given in combination with funded (empagliflozin /empagliflozin with metformin hydrochloride) unless receiving funded (empagliflozin or empagliflozin in combination 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)