

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**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: .....

## Ezetimibe

### INITIAL APPLICATION

Applications only from a relevant specialist. Approvals valid for 2 years.

**Prerequisites** (tick boxes, and write the data requested in the space provided where appropriate)

ezetimibe is to be used in combination with simvastatin

or

ezetimibe is to be used without a statin

and

Patient has a calculated absolute risk of cardiovascular disease >20% over 5 years

and

Patient cannot tolerate statin therapy at a dose of  $\geq 40$  mg per day

and

Patient has venous CABG

and

LDL cholesterol: .....  $\geq 2$  mmol/litre (see note)

and

LDL cholesterol: .....  $\geq 2$  mmol/litre (at least 1 week after test 1 – see note)

or

Patient does not have venous CABG

and

LDL cholesterol: .....  $\geq 2.5$  mmol/litre (see note)

and

LDL cholesterol: .....  $\geq 2.5$  mmol/litre (at least 1 week after test 1 – see note)

or

Patient has homozygous familial hypercholesterolemia, or heterozygous familial hypercholesterolemia

and

Patient has been compliant for at least two months with maximum dose statin therapy

and

LDL cholesterol: .....  $\geq 5$  mmol/litre (see note)

and

LDL cholesterol: .....  $\geq 5$  mmol/litre (at least 1 week after test 1 – see note)

Note:

Two lipid tests are required to assess LDL cholesterol levels, the tests must be at least one week apart, and be carried out in a fasted state (other than for patients with IDDM). The results for LDL cholesterol levels in both tests must be above those specified.

**Use next page for: Renewal**

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

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

Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131

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## Ezetimibe - continued

### RENEWAL

Current approval Number (if known):.....

Applications only from a relevant specialist. Approvals valid for 2 years.

### Prerequisites (tick boxes where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

and

ezetimibe is to be used in combination with simvastatin

or

ezetimibe is to be used without a statin

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

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

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