

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:

Insulin Pump Consumables

Initial application — permanent neonatal diabetes
Applications only from a relevant specialist or nurse practitioner. Approvals valid for 9 months.
Prerequisites(tick boxes where appropriate)

Patient has permanent neonatal diabetes
and A MDI regimen trial is inappropriate
and Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy
and Patient/Parent/Guardian has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional)
and Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care

or

Applicant is a relevant specialist
 Applicant is a nurse practitioner working within their vocational scope

Renewal — permanent neonatal diabetes
Current approval Number (if known):.....
Applications only from a relevant specialist or nurse practitioner. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

Patient is continuing to derive benefit according to the treatment plan agreed at induction
and Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician
and

Applicant is a relevant specialist
 Applicant is a nurse practitioner working within their vocational scope

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 – email: customerservice@health.govt.nz

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Insulin Pump Consumables - continued

Initial application — severe unexplained hypoglycaemia

Applications only from a relevant specialist or nurse practitioner. Approvals valid for 9 months.

Prerequisites(tick boxes where appropriate)

- Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes
- and Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional)
- and Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care
- and Has adhered to an intensive MDI regimen using analogue insulins for at least six months
- and Has had four severe unexplained hypoglycaemic episodes over a six month period (severe as defined as requiring the assistance of another person)
- and Has an average HbA1c between the following range: equal to or greater than 53 mmol/mol and equal to or less than 90 mmol/mol
- and Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy
- and
- or Applicant is a relevant specialist
- Applicant is a nurse practitioner working within their vocational scope

Renewal — severe unexplained hypoglycaemia

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

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

Prerequisites(tick boxes where appropriate)

- Patient is continuing to derive benefit according to the treatment plan agreed at induction of at least a 50% reduction from baseline in hypoglycaemic events
- and HbA1c has not increased by more than 5 mmol/mol from baseline
- and
- or Applicant is a relevant specialist
- Applicant is a nurse practitioner working within their vocational scope

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Insulin Pump Consumables - continued

Initial application — HbA1c

Applications only from a relevant specialist or nurse practitioner. Approvals valid for 9 months.

Prerequisites(tick boxes where appropriate)

Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes

and Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional)

and Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care

and Has adhered to an intensive MDI regimen using analogue insulins for at least six months

and Has unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1

and In the opinion of the treating clinician, HbA1c could be reduced by at least 10 mmol/mol using insulin pump treatment

and Has typical HbA1c results between the following range: equal to or greater than 65 mmol/mol and equal to or less than 90 mmol/mol

and Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy

and

or Applicant is a relevant specialist

Applicant is a nurse practitioner working within their vocational scope

Renewal — HbA1c

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

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

Prerequisites(tick boxes where appropriate)

Patient is continuing to derive benefit according to the treatment plan agreed at induction of achieving and maintaining a reduction in HbA1c from baseline of 10 mmol/mol

and The number of severe unexplained recurrent hypoglycaemic episodes has not increased from baseline

and

or Applicant is a relevant specialist

Applicant is a nurse practitioner working within their vocational scope

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

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Insulin Pump Consumables - *continued*

Initial application — Previous use before 1 September 2012

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

Prerequisites(tick boxes where appropriate)

Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes

and Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment

and The patient has adhered to an intensive MDI regimen using analogue insulins for at least six months prior to initiating pump therapy

and The patient is continuing to derive benefit from pump therapy

and The patient had achieved and is maintaining a HbA1c of equal to or less than 80 mmol/mol on pump therapy

and The patient has had no increase in severe unexplained hypoglycaemic episodes from baseline

and The patient's HbA1c has not deteriorated more than 5 mmol/mol from baseline

or Applicant is a relevant specialist

Applicant is a nurse practitioner working within their vocational scope

Renewal — Previous use before 1 September 2012

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

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

Prerequisites(tick boxes where appropriate)

The patient is continuing to derive benefit according to the treatment plan and has maintained a HbA1c of equal to or less than 80 mmol/mol

and The patient's HbA1c has not deteriorated more than 5 mmol/mol from initial application

and The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline

or Applicant is a relevant specialist

Applicant is a nurse practitioner working within their vocational scope

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Signed: Date:

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