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 Pumps**

Applica	Initial application — permanent neonatal diabetes Applications only from a relevant specialist or nurse practitioner. Approvals valid for 3 months. Prerequisites(tick boxes where appropriate)			
a	nd	Patient has permanent neonatal diabetes		
	nd	A MDI regimen trial is inappropriate		
	nd	Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy		
	nd	Patient/Parent/Guardian has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional)		
	nd	Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care		
	0	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 3 months.			
		(tick boxes where appropriate)		
a	nd	Patient is continuing to derive benefit according to the treatment plan agreed at induction		
а	nd	Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician		
	nd	It has been at least 4 years since the last insulin pump received by the patient or, in the case of patients qualifying under previous pump therapy for the initial application; the pump is due for replacement		
	0	Applicant is a relevant specialist		
		Applicant is a nurse practitioner working within their vocational scope		

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### Insulin Pumps - continued

Initial application — severe unexplained hypoglycaemia Applications only from a relevant specialist or nurse practitioner. Approvals valid for 3 months.				
Prerequ	Prerequisites (tick boxes where appropriate)			
2	nd	Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes		
		Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional)		
	nd  nd	Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care		
	10 	Has adhered to an intensive MDI regimen using analogue insulins for at least six months		
		Has had four severe unexplained hypoglycaemic episodes over a six month period (severe as defined as requiring the assistance of another person)		
	nd  nd	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		
	ים חל	Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy		
		Applicant is a relevant specialist		
		Applicant is a nurse practitioner working within their vocational scope		
Renewal — severe unexplained hypoglycaemia				
Applicat	ions	oval Number (if known): only from a relevant specialist or nurse practitioner. Approvals valid for 3 months. so(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		
	nd  nd	HbA1c has not increased by more than 5 mmol/mol from baseline		
		It has been at least 4 years since the last insulin pump was received by the patient or		
		The pump is due for replacement		
a	nd	Applicant is a relevant specialist		
	0	or Applicant is a nurse practitioner working within their vocational scope		

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#### Insulin Pumps - continued

Initial application — HbA1c Applications only from a relevant specialist or nurse practitioner. Approvals valid for 3 months.				
Prerequisites(tick boxes where appropriate)				
and	Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes			
	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			
	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			
	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			
unu	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 3 months.			
Prerequis	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			
	It has been at least 4 years since the last insulin pump was received by the patient or			
	The pump is due for replacement			
and				
	Applicant is a relevant specialist			
	Applicant is a nurse practitioner working within their vocational scope			

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#### Insulin Pumps - continued

itial application — Previous use before 1 September 2012 oplications only from a relevant specialist or nurse practitioner. Approvals valid for 3 months. rerequisites(tick boxes where appropriate)				
and	Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes			
	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				
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			
and	It has been at least 4 years since the last insulin pump was received by the patient			
	or The pump is due for replacement			
and				
	Applicant is a relevant specialist			
	Applicant is a nurse practitioner working within their vocational scope			

Enquiries	to Ministry	of Health
0800 855	066	

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Insulin Pumps - continued

Renewal — Previous use before 1 September 2012			
Current approval Number (if known):			
Applications only from a relevant specialist or nurse practitioner. Approvals valid for 3 months. <b>Prerequisites</b> (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			
The patient's HbA1c has not deteriorated more than 5 mmol/mol from the time of commencing pump treatment and The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline			
and It has been at least 4 years since the last insulin pump was received by the patient or			
The pump is due for replacement			
and or Applicant is a relevant specialist Applicant is a nurse practitioner working within their vocational scope			