

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

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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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  
**and**

Applicant is a relevant specialist  
**or**  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  
**or**  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](mailto: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

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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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