

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:

Pioglitazone

INITIAL APPLICATION - Patients with type 2 diabetes

Applications from any relevant practitioner. Approvals valid for 1 year.

Prerequisites (tick boxes where appropriate)

Monotherapy

- To be used as monotherapy for patients who after six months of diet and lifestyle changes have inadequate glycaemic control (defined as HbA1c > 7.0% in tests carried out at least two months apart)
- and
- Metformin is contraindicated or not tolerated after a minimum of a four-week trial period
- and
- Sulphonylurea is contraindicated or not tolerated or the patient is obese

or

In combination with sulphonylurea

- For use in combination with a sulphonylurea for patients who after diet and lifestyle changes and a six-month trial of sulphonylurea have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six-month period)
- and
- Metformin is contraindicated or not tolerated after a minimum of a four-week trial period

or

In combination with metformin

- For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of the maximum tolerated dose of metformin have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six-month period)
- and
- Sulphonylurea is contraindicated or not tolerated, or the patient is obese

or

In combination with metformin after a trial of metformin and sulphonylurea

- For use in combination with metformin for patients who after diet and lifestyle changes and a six-month trial of a combination of metformin and sulphonylurea at maximum tolerated doses have poor glycaemic control (defined as HbA1c > 7.5% measured within the last month of the six month period)

or

In combination with Insulin

- For use in combination with insulin in patients requiring more than 1.5 units per kilogram of insulin a day for at least 6 months in conjunction with metformin if tolerated

Use next page for: Renewal - Patients with type 2 diabetes

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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Pioglitazone - continued

RENEWAL - Patients with type 2 diabetes

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

Applications from any relevant practitioner. Approvals valid for 1 year.

Prerequisites (tick box where appropriate)

Patient is continuing to derive benefit from treatment

Note:

Pioglitazone is not to be used in triple oral combination (defined as a combination of metformin, sulphonylurea and pioglitazone).

Pioglitazone should not be used in patients with heart failure.

Liver function tests should be performed at baseline.

Gastrointestinal side effects are relatively common when initiating metformin therapy. Upward titration of metformin dose over several weeks and taking metformin with food will help to minimize these side effects.

Intolerance and contraindications for metformin include: serum creatinine ≥ 0.15 or creatinine clearance < 60 ml/min; significant liver impairment; severe left ventricular dysfunction; and intolerable gastrointestinal side effects that persist beyond 4 weeks duration.

Intolerance for sulphonylurea includes: nausea; diarrhoea; rash; blood disorders (thrombocytopenia, agranulocytosis, aplastic anaemia); erythema multiforme, exfoliative dermatitis, hepatitis; and syndrome of inappropriate antidiuretic hormone secretion (SIADH) with water retention and hyponatraemia.

Maximum tolerated dose of metformin defined as: A dose up to a maximum of 3 g daily.

Maximum tolerated dose of sulphonylurea defined as: A dose up to a maximum of glibenclamide 20 mg daily or glipizide 20 mg daily or gliclazide 320 mg daily.

For the purposes of these criteria "obese" is defined as body mass index (BMI) greater than 33 kg/m².

However, as ethnic differences between patients may vary BMI scores, practitioners may use discretion as to whether the patient meets this criterion.

It is considered that when applying, that the patient may have initiated "six months diet and lifestyle changes" from the date of diagnosis of type 2 diabetes.

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Signed: Date: