

# 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: .....

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Fax Number: .....      Fax Number: .....

## Insulin Glargine

### INITIAL APPLICATION

Applications only from a relevant specialist. Approvals valid for 1 year.

**Prerequisites** (tick boxes where appropriate)

Patient has type 1 diabetes and has received an intensive regimen (injections at least three times a day) of an intermediate acting insulin in combination with a rapid acting insulin analogue for at least three months

and

Patient has experienced more than one unexplained severe hypoglycaemic episode in the previous 12 months (severe defined as requiring the assistance of another person)

or

Patient has experienced unexplained symptomatic nocturnal hypoglycaemia, biochemically documented at <3.0 mmol/L, more than once a month despite optimal management

or

Patient has documented severe, or continuing, systemic or local allergic reaction to existing insulins. Note this does not include hypoglycaemic episodes

### RENEWAL

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

Applications only from a relevant specialist or general practitioner. Approvals valid for 1 year.

**Prerequisites** (tick boxes where appropriate)

Patient is continuing to derive benefit due to reduced hypoglycaemic events whilst maintaining similar or better glycaemic control

or

Patient's allergic reaction has significantly decreased, or resolved, following the change to long-acting insulin and patient is continuing to benefit from treatment

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**