## Appendix Six

## Implementation plan to support the listing of continuous glucose monitors and widened access to insulin pumps and associated consumables for people with type 1 diabetes

### Purpose

The purpose of this implementation plan is to outline the activities that would be undertaken to support this proposal should it be approved. It outlines the challenges associated with this decision and the key activities planned to address these.

Objectives include:

- effectively communicating upcoming changes to health care professionals, people with type 1 diabetes, and patient support groups
- ensuring health care professionals have access to adequate resources to enable them to support the successful onboarding of patients, and are supported adequately to best use data provided via CGMs to maximise possible health benefits from these devices
- ensuring successful onboarding of people with type 1 diabetes onto CGMs/insulin pumps to enable best health outcomes from this funding decision
- supporting the transition of the 1600 individuals using a MiniMed 770G/780G insulin pump to an alternative option between during the two-year transition period from October 2024 – October 2026.

## Background

Type 1 diabetes is a chronic condition which results from a loss of insulin production within the pancreas, affecting blood sugar control. The current management for type 1 diabetes in New Zealand includes self-monitoring of blood glucose with finger prick testing to guide multiple daily insulin doses, or insulin pump therapy. Diagnostic blood glucose test meters and consumables are currently funded for people receiving insulin.

The RFP sought bids from suppliers for continuous glucose monitors (CGMs), insulin pumps with associated algorithm, and associated consumables. CGMs are devices that measure blood glucose levels without the need for blood samples and send this information to a smart-phone or reader device automatically. Insulin pumps are medical devices that deliver a baseline level of insulin as well as additional doses when necessary. Insulin pumps and CGMs can integrate to form an automated insulin delivery system (AID), delivering insulin based on readings from the individuals CGM.

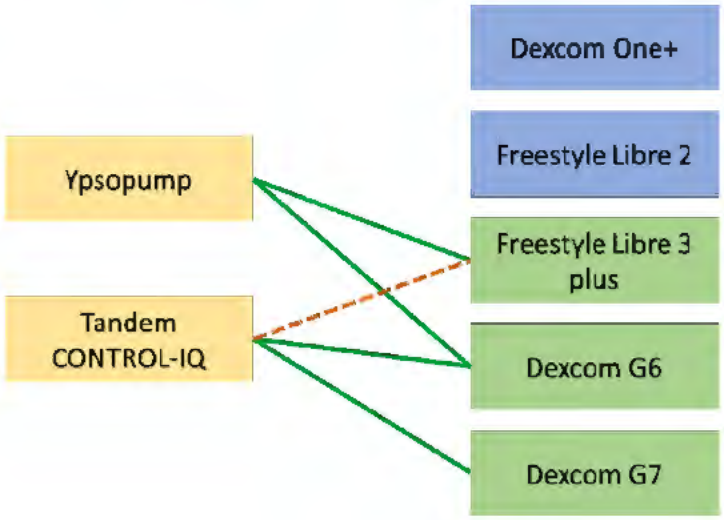
Two insulin pumps and their associated consumables are currently funded for people with type 1 diabetes who meet the current eligibility criteria: the Tandem t:slim and the MiniMed 770G (however in many cases the supplier has upgraded the MiniMed 770G to the 780G). Around 4800 people with type 1 are currently accessing a funded insulin pump, approximately 3200 of these are using the Tandem t:slim and 1600 of these using the MiniMed 770/780G. There are no CGM systems funded by Pharmac for use within New Zealand, however we are aware that a significant number of people are self-funding these devices.

If approved, this proposal would mean that from 1 October 2024:

- all people with type 1 diabetes and other defined groups would have access to a funded standalone CGM (either the Freestyle Libre 2 or the Dexcom One Plus)

- people with type 1 diabetes and other defined groups who, in the opinion of the treating practitioner, would benefit from AID system would have access to a funded interoperable CGM (Freestyle Libre 3 Plus, or the Dexcom G6 or G7), insulin pump with algorithm (Tandem t:slim with Basal-IQ or Control-IQ or the mylife YpsoPump with CamAPS FX), and associated consumables.

The figure below outlines the interoperability between different CGMs and insulin pumps to create an AID system. The standalone CGMs are indicated in blue, the compatible CGMs are indicated in green, and the insulin pumps are indicated in yellow. Interoperability is indicated in a green line and the orange dashed line indicates that interoperability is not yet available (expected no later than 1 July 2025).




A dual supply scenario has been proposed, s 9(2)(b)(ii), s 9(2)(j) [redacted] We are aware that the two funded insulin pump options may not be suitable for a small number of people with exceptional circumstances. We have created a streamlined Exceptional Circumstances pathway for those individuals.

- Pharmac would consider a named patient funding application via our Exceptional Circumstances pathway for an alternative CGM or insulin pump where the individual has clinical circumstances that mean that the listed CGMs or insulin pumps are not able to be used (are contraindicated).

- The clinicians of people who are unable to use the funded options would be able to apply for funding of a suitable insulin pump or CGM (Medtronic or other) via Pharmac's Exceptional Circumstances framework, subject to defined criteria being met. This means there is pathway for consideration of funding for existing patients on the Medtronic MiniMed 770G/780G if they are unable to switch from the MiniMed 770G/780G insulin pump for reasons outlined in the specified criteria (detailed further below)

Pharmac has previous experience implementing changes to diabetes technology, including managing the Animus pump discontinuation and a brand change for glucose meters and associated test strips. This experience has helped to inform this implementation plan, however, there are some key considerations associated with this proposal that would require a unique approach:

- insulin pumps are highly technical devices that require a thorough education and onboarding process to both fully realise the benefits and be able to mitigate the clinical safety risks. Pump onboarding needs to take place within diabetes specialist care. Due to the complexity of pumps, this model of initiation would

continue, with the Special Authority criteria requiring pump onboarding to involve the diabetes secondary care MDT

- prescribing of CGMs is expected to occur in both primary and secondary care, with any practitioner being able to initiate funding via Special Authority (with paediatric users still being managed by secondary care).
- ongoing (repeat) prescribing of insulin pump consumables may be managed in primary care by general practitioners.

If approved, we estimate over 12,000 people would access a funded CGM in the first year, and criteria barriers for people to be eligible to access a funded insulin pump would be reduced.

### *Consultation*

Consultation feedback included concerns about the health sector's ability to respond to initiating new patients onto insulin pumps, as well as transitioning current MiniMed 770G pump users onto another funded option.

Feedback also included issues with the length of the transition period from the MiniMed 770G/780G, the lack of funding for the Guardian 4 CGM, the appropriateness of the proposed alternatives, and the ability of the sector to respond to the proposal.

Following receipt of this feedback, we made changes to the transition period for the MiniMed 770G/780G from 12 months to 2 years and aim to address other challenges regarding sector ability to respond with our implementation approach.

## Challenges and mitigations

We are aware that there are perceived risks and challenges associated with this proposal, including the sector's ability to respond to the availability of CGMs and AID systems at the same time as focussing on transitioning people using the MiniMed 770G/780G to an alternative pump.

| **Risk/Challenge** | **Mitigations** |
|---|---|
| <u>Equitable access to technology</u><br>- Māori and Pacific people currently receive insulin pumps at a lower rate than non-Māori and non-Pacific people.<br>- Māori and Pacific people are currently less likely to continue insulin pump therapy once initiated. | - Proposed amendments to the current insulin pump criteria aim to reduce access barriers. The proposed CGM eligibility criteria are broad and allow all relevant prescriber types to initiate subsidy so as to not contribute to access barriers.<br>- During the initiation/transition phase, we would monitor variation in uptake and adjust implementation activities as needed.<br>- After the transition phase, we would continue to monitor variation in uptake and adjust our approach as necessary. |
| <u>Dissatisfaction for MiniMed 770G/780G users</u><br>- The MiniMed 770G has been funded in New Zealand since 2021 and there are 1600 people using this pump.<br>- Many people have received an upgrade from the suppliers from the 770G to a 780G, which | - Pharmac has engaged with clinical and consumer groups throughout the RFP process to get feedback about how to support these patients through a transition.<br>- Educational resources to support patients with transition would be informative and enable |

| | |
|---|---|
| enables an AID system where the CGM is self-funded or funding is supported via other means.<br>- People may be frustrated with the outcome of the decision and the requirement to change pump.<br>- We received a large amount of feedback during consultation expressing desire for the MiniMed 770G/780G to be funded.<br>- People may attribute any negative changes in glucose management to a change in pump system. | confidence in the new systems. These resources would be available before the list date to enable individuals and clinicians to utilise these before the devices are available.<br>- We have developed a form for access to these pumps through our exceptional circumstance's pathway. This form is informed by our clinical advisors and is for those unable to transition. |
| <u>Sector ability to support these changes</u><br>- Time taken up for appointments to initiate a CGM or pump, or to transition from the MiniMed 770G to an alternative pump may slow/limit uptake of CGMs/AID systems.<br>- Both primary and secondary care already report capacity constraints which may impact capacity to see patients in a timely manner and/or support onboarding onto insulin pumps and CGMs.<br><br>*Likely increased requirements:*<br>- Additional secondary care appointments for insulin pump transition from the MiniMed 770G<br>- Additional secondary care appointments for insulin pump onboarding and support due to widened access<br>- Additional primary care appointments to access CGM funding<br>- Pump/CGM naïve people would have the highest health need, and require additional support around how to use these devices (primarily from secondary care for pumps and primary care for CGMs) | - Pharmac has engaged throughout the RFP process with NZSSD, Diabetes NZ, Health NZ Long Term Conditions, PSNZ, and PHO clinical leads to understand the impact of this transaction and barriers to successful implementation.<br>- s 9(2)(b)(ii), s 9(2)(j) [redacted]<br>- We have increased the proposed transition period for the MiniMed 770G insulin pump to two years to provide the sector with additional time to manage the transition.<br>- s 9(2)(b)(ii), s 9(2)(j) [redacted]<br>- [redacted]<br>- Over the medium-term we expect that health sector resource utilisation would reduce as patients become familiar with the technology (and have greater glycaemic control). In the longer run we expect a further reduction in health sector utilisation as longer-term complications become less prevalent. |
| <u>Confidence with prescribing and supply</u><br>We expect initiation and ongoing prescribing of CGMs to occur in primary care. This may be new for health care professionals, particularly general practitioners and pharmacists, who may lack confidence prescribing and supporting their patients with using these devices. | - Pharmac has engaged throughout the RFP process with NZSSD, Health Pathways, the New Zealand Formulary, PSNZ and GPNZ to understand requirements for education to support prescribing and supply of these devices.<br>- Robust education would be developed to support health care professionals with prescribing and dispensing CGMs and transitioning people from the MiniMed 770G.Detailed information on educational materials is outlined on page 6. |

| | |
|---|---|
| | - We would continue engagement, particularly with stakeholders such as GPNZ, PSNZ, and NZSSD, to ensure primary care is sufficiently resourced and upskilled to initiate CGMs. |
| <u>Managing people who are unable to transition</u><br>Our clinical advisors have said there may be:<br>• a small group of people for whom it is not clinically appropriate to transition from the MiniMed 770G insulin pump.<br>• a small group of people who are not currently on a pump for whom the two preferred options are not suitable. | - A streamlined exceptional circumstances pathway would be developed for those who are clinically unable to transition, enabling ongoing access to funding for their Minimed 770G/780Gpump, associated consumables, and the compatible CGM. |
| <u>Interoperability</u><br>There is varying interoperability between products. The YpsoPump is compatible with the Dexcom G6 and Freestyle Libre 3 Plus CGMs.<br>The Tandem t:slim is compatible with the Dexcom G6 and G7 CGMs. Interoperability with the Freestyle Libre would be available no later than 1 July 2025. | - We would mitigate uncertainty about interoperability between products via communications and information in the frequently asked questions which would be hosted on the Pharmac website and the suppliers and Diabetes NZ FAQ resources. |
| <u>Software concerns</u><br>The YpsoPump with CamAPS FX requires a compatible Android smartphone to run as an AID system and does not have iOs compatibility. This means people using an iPhone would need to use the Tandem/Dexcom AID system.<br>The Tandem t:slim pump would not be available with the Control IQ 1.5 algorithm until sometime in early 2025 | - For those people starting on the YpsoPump, we have worked with Pharmaco to provide phones for those who do not have a compatible phone. This would ensure that choice of system remains available to individuals.<br>- When the Control IQ 1.5 algorithm is available, this would provide significant additional functionality, which would address many of the concerns around choice of system raised through feedback. |
| <u>Requirement to have and use a phone</u><br>The requirement for a phone also presents practical issues for certain people including:<br>• children who are not permitted to use phones during school;<br>• people who are not permitted to carry phones with them at work;<br>• people who do not have a reliable internet connection;<br>• people who do not have a reliable power source. | - We would address this in comprehensive communications. This would involve working with stakeholders such as Diabetes NZ, NZ School Trustees Association, NZ Principals' Federation and the Ministry of Education. |

We consider that the major challenges identified above are manageable. The successful implementation of this proposal would help build confidence for future changes to listings in the diabetes category, as well as for treatments with significant device-related considerations.

## Implementation activities

Four main workstreams are planned to support the implementation of this proposal and address the challenges outlined above:

- Support for people with type 1 diabetes
- Support for health care professionals
- Supporting the prescribing and dispensing of CGMs and insulin pumps
- Communication, engagement and monitoring.

## *Support for people with type 1 diabetes*

For the successful implementation of this proposal, robust support for people using these devices would be required. We expect that the activities outlined in this workstream would help to address challenges identified with the health system capacity to support the changes, and concern about the suitability of the proposed options.

*Supplier-led educational resources and support*
The three suppliers, Abbott, NZMS, and Pharmaco, would lead the delivery of resources and support for all people prescribed a CGM or insulin pump. This information would be hosted on the suppliers' websites, available as hard copies provided to pharmacy and clinicians, and electronically, and would be available in multiple languages including te reo, targeting information to Māori and populations of highest need.

Educational resources would include:
- key information about each device
- device instructions
- videos about how to use each device
- patient booklets, brochures, and alert cards
- patient journey map (step-by-step journey for the patient)
- information about how to access additional support services

Supplier-led support would include:
- comprehensive training, education, and support services
- access to an 0800-support line, available 24/7 for Pharmaco and NZMS and available for 10 hours everyday for Abbott.

*Additional educational resources*
Further educational resources would be developed by Diabetes New Zealand in collaboration with NZSSD to augment supplier-led resources. The intention of these additional resources would be to enable patient-led choice of CGM/insulin pump based on lifestyle. These resources would include:
- a collated flow chart with pros/cons for each device to enable best choice for lifestyle
- frequently asked questions
- links to supplier created resources
- triaging information to suppliers for product specific information

A dedicated webpage on the Pharmac website would be created. This would be the main source for information about funding and how the process of getting a CGM/insulin pump would work. This site would contain frequently asked questions for individuals and health care professionals, a patient journey map, and links to the educational resources that have been created.

The Healthify diabetes landing page would be updated and provide links to resources that have been developed.

## *Support for health care professionals*

For the successful onboarding of patients onto CGM/AID systems and transition of patients from the MiniMed 770G/780G, healthcare professionals would need to undertake some professional development to ensure their clinical practice remains relevant and they are best able to support people with this change. We expect that the activities outlined in this workstream would help to address confidence with prescribing and supply of CGMs and insulin pumps.

Ensuring that clinicians receive appropriate education and information about each device would be a priority. It is intended that these resources would be available before the list date to support health care professionals' ability to educate themselves about these devices. Educational resources that provide specific information about each device would be provided through:

*Supplier-led educational resources*

The suppliers intend to provide educational resources to health care professionals including:

- Clinical information about each device, including safety, efficacy and acceptability
- Practical information about each device
- Product training from supplier representatives
- Online learning resources and webinars including information about prescribing insulin pumps, CGMs, and AID systems

*Webinars and training sessions*

Additional webinars would be provided for health care professionals via Goodfellow and the Pharmaceutical Society of New Zealand.

We would have some flexibility to commission further educational resources at pace if required, should this need arise during the transition period.

## *Supporting the prescribing and dispensing of CGMs and insulin pumps*

We expect that the activities outlined in this workstream would address challenges with confidence prescribing and dispensing CGMs and insulin pumps. We also expect that these activities would help to ensure that patients are directed to the right health professional at the right time, thereby supporting the health system capacity to deliver this change effectively.

We plan to implement the following measures:

- *Collaboration with HealthPathways*
  A regional pathway expressing clinical guidance for primary care would be developed, connecting to secondary care services, funding information, and clinical advice. This pathway would also explore the long-term changes in management of type 1 diabetes in primary care given the availability of additional data.

- *Collaboration with the New Zealand Formulary (NZF)*
  We would collaborate with the NZF to add key information to the type 1 diabetes monograph, and signpost educational resources developed to support this proposal to health care professionals via their general practice and pharmacy software, enabling access and printing of resources at the point of counselling.

- *Brand switch fee for pharmacists*

We would apply a brand switch fee for dispensings of CGMs throughout the initiation period (1 October 2024 – 1 January 2025). As this sits outside of the usual agreed upon BSF framework between Health New Zealand and Pharmac, and is funded by Health New Zealand, Pharmac staff have approached Health New Zealand, which supports funding this cost. If necessary, Pharmac would seek an extension through agreement with Health NZ. The brand switch fee was sought due to pharmacists needing to undertake education and potentially provide significant support and counselling to people being dispensed these devices for the first time.

- *Pharmaceutical Society of New Zealand (PSNZ) led training for pharmacists*
  PSNZ, in collaboration with the suppliers, would run education sessions for pharmacists and at intern pharmacist training days to educate and upskill pharmacists and intern pharmacists on the use of CGMs.

## *Communication, engagement, and monitoring*

We expect that the activities outlined for this workstream would help to address challenges associated with promoting confidence with the prescribing and supply of CGMs by clearly signalling the availability of resources to support this change.

*Communications*

A comprehensive communications plan would be developed to support the notification and subsequent listing of CGMs, insulin pumps, and consumables. This plan would:

- be appropriately targeted
- be aligned with communications from Abbott, NZMS, and Pharmaco in terms of timing and content.

And key messages would be focussed to:

- be easily accessible and understandable for the target audience (including patients)
- take every opportunity to signpost health care professionals to educational resources and support
- highlight the benefits of the successful delivery of the change, including the widening of access to insulin pumps and the availability of funded CGMs
- highlight that we have developed a comprehensive communications and implementation plan. This would involve working with stakeholders such as Diabetes NZ, NZ School Trustees Association, NZ Principals' Federation and the Ministry of Education to ensure there are clear communications and education materials for schools and users about the requirement for schools to exempt students using AID from the cell phone ban medical device exemptions and the process for accessing these.

*Engagement and monitoring*

We have engaged closely with key stakeholders throughout this competitive process. We intend to continue this engagement, noting that there is a desire to work collaboratively with stakeholders.

In addition to maintaining relationships with key stakeholders, our engagement activities would focus on:

- encouraging stakeholders to share key communications throughout their networks
- developing our understanding of the activities being undertaken in the healthcare sector to plan for the listing of CGMs and widened access to insulin pumps and consumables following notification

- understanding the progress of, and any issues related to, the roll-out of CGMs or the transitioning of patients from the MiniMed 770G throughout the initiation/transition period

If needed, we can commission additional resources to support this proposal at pace. We intend to remain responsive to the sector and provide flexibility of implementation activities as required.

### *Managing patients who are unable to successfully transition*

The advice that we have received in relation to access to alternative diabetes technology can be summarised as follows:

- it would not be appropriate for prescribers to request access to an alternate CGM or insulin pump due to personal preference
- the requirement for change may be difficult for some people however in almost all cases it would be possible to successfully transition to a funded solution with the appropriate support
- young children who are currently using a solution not included in the proposal could be considered only if there were additional complex social circumstances involved
- adhesive intolerance for CGMs is not a significant problem, particularly in adults where skin is generally more resilient. The Committee considered that in most people, including children, most skin issues can be well managed using appropriate skin preparation
- consideration should be given for individuals to switch to an alternate pump/algorithm where there is an absolute contraindication to the use of a particular control algorithm in certain clinical circumstances such as those undergoing complex renal replacement therapy e.g. ambulatory peritoneal dialysis.

s 9(2)(b)(ii), s 9(2)(j)

Pharmac would consider a named patient funding application, made by the patient's clinician, via our Exceptional Circumstances pathway for an alternative CGM or insulin pump where the individual has clinical circumstances that mean that the funded CGMs or insulin pumps couldn't be used (were contraindicated). This is intended for patients for whom the funded options would be clinically inappropriate.

We know some people may be unable to successfully transition from the MiniMed 770G/780G to an alternative insulin pump. This proposal allows for patients for whom it would be clinically inappropriate to transition from their current pump, to continue to access funding for their current pump (either the MiniMed 770G or 780G), subject to certain criteria.

We consider it would also be appropriate to utilise Pharmac's Exceptional Circumstances Framework to assess funding for alternative diabetes technology on a case-by-case basis in circumstances where an individual:

- lives with significant cognitive impairment or physical disability which would make it difficult to learn how to use the listed insulin pumps/insulin pump consumables/system
- has difficult social circumstances which render the listed insulin pumps, insulin pump consumables or automated insulin delivery systems inadequate to meet their clinical needs
- has clinical circumstances that mean that the listed insulin pumps, insulin pump consumables or automated insulin delivery systems are absolutely contraindicated.

Below outlines the form that would need to be completed by the treating clinician for access to a relevant diabetes technology. The intention for this would be to have the form supplemented with information that would support consideration of the request.

We consider it likely that most would be straightforward to consider via this framework, however, the applications where the eligibility criteria being met are unclear would likely require advice from our advisors, namely members of the Diabetes Advisory Committee, the Committee who informed who should be considered via this mechanism.

PHARMAC
TE PĀTAKA WHAIORANGA

# Exceptional Circumstances application for funding of an alternative brand of diabetes technology

**Return completed form to:**
Exceptional Circumstances
PHARMAC
PO Box 10-254
WELLINGTON
Phone: 0800 023 588, option 2
Email: NPPA@pharmac.govt.nz

Pharmac would consider a named patient funding application for an alternative:

- insulin pump and insulin pump consumables; and/or
- continuous glucose monitor (CGM)

This is for people who are not able to use one of the funded options listed in the Pharmaceutical Schedule.

Duration of funding for the continuous glucose monitor, insulin pump and insulin pump consumables for an individual would, if granted, be determined by Pharmac.

*Please note,*

- *applications for continuous glucose monitors and insulin pumps can be considered from 1 October 2024*
- *applications for insulin pump consumables can be considered from 1 October 2026.*
- *Applications should be made by the relevant treating clinician.*

**This form should be completed electronically and should not be handwritten.**

## Patient and Applicant Details

| Patient Details | Details of Applying Practitioner |
|---|---|
| Last name: | Last name: |
| First Name: | First name |
| Gender: | Address: |
| Date of Birth: | |
| NHI No: | |
| | Phone: |
| | NZMC#: |
| | Email address: |

# Insulin pump and insulin pump consumables

*Please provide the following information to support consideration of the request for an insulin pump and insulin pump consumables only:*

| | | |
|---|---|---|
| **Both:** | | |
| | The individual meets the eligibility criteria for access to the listed insulin pumps and insulin pump consumables | ☐ |
| | **And any of the following:** | |
| | The individual lives with a significant cognitive impairment or physical disability which would make it difficult to learn how to use the listed insulin pumps and insulin pump consumables.<br>*(Note, this would be considered in situations where the individual does not have a support person who would be able to facilitate a change to a listed insulin pump and insulin pump consumables).* | ☐ |
| | The individual has extremely difficult social circumstances which render the listed insulin pumps and insulin pump consumables inadequate to meet their clinical needs. | ☐ |
| | Due to the individual's clinical circumstances, the listed insulin pumps and insulin pump consumables are absolutely contraindicated. | ☐ |
| ***Additional information to support consideration of this request (please include relevant clinic letters and notes as applicable to describe the above):*** | | |
| | | |

***Pharmaceutical and quantity details:***

| |
|---|
| **Product:** insulin pump |
| **Brand / model:** |
| **Pharmacode:** |
| **Quantity required:** |

***Pharmaceutical and quantity details:***

| |
|---|
| **Product:** insulin pump consumables |
| **Brand / model:** |
| **Pharmacode:** |
| **Quantity required (insulin pump consumables per 3 months):** |

***Nominated pharmacy***

***Where will supplies be required, if approval is granted?***

| |
|---|
| **Name:** |
| **Pharmacy:** |
| **Address:** |
| |
| **Phone:** |

**Declaration**

By submitting this form

- I confirm that all information provided is correct to the best of my knowledge.
- I agree to provide Pharmac, or its agent, all additional information they reasonably request.
- I acknowledge that I am responsible for obtaining any patient consent required for that additional information.

**Signature of Medical Practitioner:** _____

**Date of Request:** _____

# Continuous glucose monitor, insulin pump and insulin pump consumables to create an automated insulin delivery system

*Please provide the following information to support consideration of the request for an insulin pump, insulin pump consumables and compatible continuous glucose monitor:*

| | | |
|---|---|---|
| **Both:** | | |
| | The individual meets the eligibility criteria for access to the listed continuous glucose monitors, insulin pumps and insulin pump consumables | ☐ |
| | **And any of the following:** | |
| | The individual lives with a significant cognitive impairment or physical disability which would make it difficult to learn a new system.<br>*(Note, this would be considered in situations where the individual does not have a support person who would be able to facilitate a change to a listed insulin pump and insulin pump consumables.)* | ☐ |
| | The individual has difficult social circumstances which render the listed automated insulin delivery systems inadequate to meet their clinical needs. | ☐ |
| | Due to the individual's clinical circumstances the listed insulin pumps and insulin pump consumables are absolutely contraindicated. | ☐ |
| ***Additional information is required to support consideration of this request (please include relevant clinic letters and notes as applicable to describe the above):*** | | |
| | | |

***Pharmaceutical and quantity details:***

| |
|---|
| **Product:** insulin pump |
| **Brand / model:** |
| **Pharmacode:** |
| **Quantity required:** |

***Pharmaceutical and quantity details:***

| |
|---|
| **Product:** insulin pump consumables |
| **Brand / model:** |
| **Pharmacode:** |
| **Quantity required (insulin pump consumables per 3 months):** |

***Pharmaceutical and quantity details:***

| |
|---|
| **Product:** continuous glucose monitor |
| **Brand / model:** |
| **Pharmacode:** |
| **Quantity required (continuous glucose monitors per 3 months):** |

***Nominated pharmacy***

***Where will supplies be required, if approval is granted?***

| |
|---|
| **Name:** |
| **Pharmacy:** |
| **Address:** |
| |
| **Phone:** |

**Declaration**

By submitting this form

- I confirm that all information provided is correct to the best of my knowledge.
- I agree to provide Pharmac, or its agent, all additional information they reasonably request.
- I acknowledge that I am responsible for obtaining any patient consent required for that additional information.

**Signature of Medical Practitioner:** _____

**Date of Request:** _____

# Continuous glucose monitor

*Please provide the following information to support consideration of the request for a standalone continuous glucose monitor only:*

| | | |
|---|---|---|
| **All of the following:** | | |
| | The individual meets the eligibility criteria for the listed continuous glucose monitors. | ☐ |
| | Due to the individual's clinical circumstances, the listed continuous glucose monitors are strictly contraindicated | ☐ |
| ***Additional information to support consideration of this request (please include relevant clinic letters and notes as applicable to describe the above):*** | | |
| | | |

### *Pharmaceutical and quantity details:*

| |
|---|
| **Product:** continuous glucose monitor |
| **Brand / model:** |
| **Pharmacode:** |
| **Quantity required (continuous glucose monitors per 3 months):** |

### *Nominated pharmacy*

***Where will supplies be required, if approval is granted?***

| |
|---|
| **Name:** |
| **Pharmacy:** |
| **Address:** |
| |
| **Phone:** |

**Declaration**

By submitting this form

- I confirm that all information provided is correct to the best of my knowledge.
- I agree to provide Pharmac, or its agent, all additional information they reasonably request.
- I acknowledge that I am responsible for obtaining any patient consent required for that additional information.

**Signature of Medical Practitioner:** _____

**Date of Request:** _____