Application for alternative brand access diabetes meters and strips

Return completed form to:

Fax: 04 380 1409
Email: waivers@pharmac.govt.nz
Post: Waivers Coordinator
PHARMAC
PO Box 10254
Wellington 6143

PHARMAC will consider an exception application for a blood glucose meter and test strips and/or ketone meter and test strips for patients with clinical circumstances, such as major mental health disorders or significant cognitive impairment, which mean that attempting to change their brand of funded meter/test strips is not clinically appropriate.

Funding of the test strips is anticipated to be ongoing and will be renewed every five years following confirmation to PHARMAC from the applicant that the patient still requires funded test strips and that the strips have not been discontinued.

Replacement blood glucose or ketone meters will also be funded for each patient every five years, as required, pending the ongoing availability of the brand.

Details of the clinical rationale for your patient's inability to change the meter/strips used will need to be provided and will be considered on a case by case basis.

Patient			
*NHI			
*Date of birth		Age	
*Gender			
*Last name			
*First name			
Middle name			
*DHB of domicile			

Applicant			
NZMC number			
*Title			
*Last name			
*First name			
*Department or Practice address			
*DHB			
*Email address			
*Phone		Pager/ext	
*Facsimile			

Meter requested (note no more than one meter every 5 years)	
*Brand name/model	
*Warranty expiry date of current meter	

Strips requested		
*Brand name/type		
*Number of strips required (per day/week)	Number	Daily/weekly (indicate which)
Cost per unit		
*Please indicate if urgent and why		

Please provide the name of the pharmacy that will provide the meter and/or strips. The patient will be able to obtain funded supplies of their alternative brand of meter and/or strips from this pharmacy only.

*Pharmacy name		Contact name	
Address			
*Facsimile		Phone	
Email			
DHB			

PHARMAC will consider an exception application for a blood glucose meter and test strips and/or ketone meters and test strips for patients with clinical circumstances, such as major mental health disorders or significant cognitive impairment, which mean that attempting to change their brand of funded meter/test strips is not clinically appropriate.

***Outline below the clinical reason(s) preventing your patient changing to one of the funded CareSens range of meters/strips (attach additional information):**

***Supporting evidence**

Please attach clinic letters and/or other relevant information to support your application. List here what is being attached so we can check we have received all the documents.

***Applicant's signature**	**Date**

(Insert electronic signature or sign.)

Submitting the application

Once the form has been completed, submit it to PHARMAC:

Fax:	04 380 1409
Email:	waivers@pharmac.govt.nz
Post:	Waivers Coordinator PHARMAC PO Box 10254 Wellington 6143

We will contact you as soon as possible with the outcome.

*** Note fields marked with an * must be completed.**