

Cessnock District Health Benefits Fund Limited

Insulin Pump Funding Request

General Information

Member's Name _____ DOB _____

Membership Number _____

Requesting Medical Practitioner – Name and Contact Details _____

Phone: _____ Fax: _____ Email: _____

Date of Request: _____

Clinical Criteria

Principal Diagnosis _____

Date of Diagnosis _____

Co morbidities _____

Evidence to Support Request

1. Has the patient been on a prescribed regime of multiple insulin injections (greater than 3 per day) of varying dosage for a minimum period of 6 months for newly diagnosed diabetics and 3 months for pre-existing diabetics?

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2. Has the patient provided evidence of testing glucose levels at least 3 times daily for a period of 2 months prior to the recommendation?

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3. Has the patient completed, or will complete at the time of receiving the pump, a comprehensive diabetes education scheme provided by a diabetes team consisting of at least a CDE-RN and either an endocrinologist or a specialist clinician?

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4. Has the patient met two or more of the following criteria while on a multiple daily injection regime?
- a) Glycosylated haemoglobin level (HbA1c) greater than 8%
 - b) A history of frequent hypoglycaemia
 - c) The occurrence of blood glucose readings less than 4mmol/L and greater than 12mmol/L more than 7 times each week, over a period of 3 months
 - d) Repeated occurrence of the “dawn phenomenon”, with overnight fasting blood sugars frequently exceeding 9mmol/L over a period of 3 months.

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Signature of

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Endocrinologist
Specialist Clinician (specialising in the management of Diabetes)
Credentialed Diabetes Educator – Registered Nurse (CRDE-RN)