



Guidance for Healthcare Professionals:

Assisting Whānau with Diabetes to Apply for the Disability Allowance



Version 2.0

Aotearoa Diabetes Collective

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Introduction

Disability Allowance Guide for Healthcare Professionals

The purpose of this document is to support healthcare professionals (HCPs) who work with people with diabetes when applying for the disability allowance through Ministry of Social Development (MSD) for diabetes related technology and pharmaceuticals that are not currently funded. There are other costs that the disability allowance can fund which will also be covered briefly in this document.

This guide has been developed by health care professionals who have experience supporting people to apply for the disability allowance. The information in this document is readily available on the MSD website as of June 2024. The templates and tips throughout this document have been created and shared based on clinical experience. This is not a Ministry of Social Development document.

Disability allowance applications are assessed on an individual basis. There is no guarantee that the person will be approved for disability allowance funding. If you are having difficulties with the process please contact your local MSD Work and Income (WINZ) branch.

Thank you to the following people who collaborated to create this guide:

Jude Godwin, Social Worker

Solita Donnelly, Diabetes Nurse Specialist

Dr Ryan Paul, Endocrinologist

Ministry of Social Development

Step 1. Check eligibility

Disability Allowance Application Guide

Check eligibility on the MSD website

Someone may be eligible for the Disability Allowance if they:

- have a disability that is likely to last at least 6 months
- have regular, ongoing costs because of your disability that are not fully covered by another agency
- are a New Zealand citizen or permanent resident
- normally live in New Zealand and intend to stay here.

It also depends on their household income.

Your situation	Weekly income limit before tax
Single 16-17 years	\$631.50
Single 18+ years	\$786.69
Couple (with or without children)	\$1,171.42
Sole parent 1 child	\$880.73
Sole parent 2+ children	\$927.94

Tip: The patient does not need to already be receiving a benefit from MSD in order to be eligible for a disability allowance

Check what you might get [here](#)

Warning:

The maximum amount that people may be entitled to is **\$78.60 per week**. Before recommending that people utilise the disability allowance for continuous glucose monitoring, please make sure that they are aware that it may impact their ability to have other disability costs covered such as lawn mowing, GP visits, blister packing and other pharmaceutical costs.

Temporary additional support (TAS):

Temporary Additional Support is another form of assistance to enquire about if disability allowance is maxed out.

Learn more about the temporary additional support [here](#)

To check eligibility for TAS follow the [link here](#).

Temporary Additional Support is a weekly payment that helps you when you don't have enough money to cover your essential living costs.

Temporary Additional Support is non-taxable extra help paid for a maximum of 13 weeks. It is paid as a last resort to help people with their regular essential living costs that cannot be met from their chargeable income and other resources.

People must ensure that they are accessing all other assistance available to them, and take reasonable steps towards reducing their costs and increasing their chargeable income.

Remember:

- Each application for assistance is taken on a case by case basis.
- The one off cost and ongoing costs need to be signed off by the Regional Health Team and Principal Health Advisor.
- There needs to be very clear supporting documents and quote/s included.
- The medical certificate can only be signed by registered medical practitioner or nurse practitioner.
- Any support letters can be written and signed by a registered health practitioner - a person who is registered with an authority as a practitioner of a particular health profession (see table on page 8).

Step 2. Complete patient form

Disability Allowance application or Extra Help application

Patient to complete the required form

Existing client: A patient is an existing client if they **do** currently receive a benefit, superannuation or other financial assistance such as the accommodation supplement. They will need to complete the [Disability allowance application form](#).

New client: A patient is a new client if they **do not** currently receive any assistance from Work and Income member (excluding disability working for families tax credits). They will need to complete the [Extra Help application form](#).

Existing client of MSD

The screenshot shows the 'Disability Allowance application' form. It includes a header with the Ministry of Social Development logo and a brief introduction. The form is divided into sections: 'Tell us your details' (questions 1-5) and 'Tell us about your relationship status' (questions 6-7). Question 1 asks for the full name. Question 2 asks for the date of birth. Question 3 asks for the current address. Question 4 asks if the mailing address is different. Question 5 asks for contact details. Question 6 asks if there is a partner. Question 7 asks for the partner's full name. There are 'HOW TO ANSWER Q3' and 'HOW TO ANSWER Q5' callouts providing additional instructions. A 'Page 1' label is at the bottom right.

Tip: You do not need to make an appointment with WINZ if you are existing client of MSD

[Download the form here](#)

New client of MSD

The screenshot shows the 'Extra Help application' form. It includes a header with the Ministry of Social Development logo and a brief introduction. The form is divided into sections: 'Types of Extra Help' (Accommodation Supplement, Health and Disability Costs, Temporary Additional Support) and 'What you need to do next'. The 'What you need to do next' section lists four steps: 1. Complete this application form. 2. If applying for health and disability costs, a health practitioner needs to fill out the Disability Allowance medical certificate. 3. Collect the documents needed to show costs. 4. Bring the application form and documents to a meeting. A 'Page 1' label is at the bottom right.

Tip: You will need to make an appointment with WINZ if you are not an existing client of MSD

[Download the form here](#)

Step 3. Collect quote/s

Continuous glucose monitoring - CGM

Collecting quotes - Freestyle Libre 2

Option 1. For people who are going to order their own sensors.

1. Go to the Mediray website and add two sensors to the cart
2. Screenshot or print a copy of the cart
3. There is a copy of a screenshot from November 2024 in the appendix here

Option 2. For people who want to redirect payments to Mediray for automatic shipping of sensors on a four weekly basis.

1. Email sales@mediray.co.nz to request a proforma invoice for the specific patient.
2. Include name, delivery address, phone number and email address of the patient.
3. Request an invoice stating costs for a month's worth of sensors and freight.
4. If the patient's phone is not compatible, then also request the cost of a Freestyle libre reader.

This quote will provide a customer number that is used for redirection of payments.

Tip to save on postage:

If the application is successful and payments are redirected to Mediray, they will often wait until two payments have cleared before sending out sensors every four weeks to reduce the cost of postage. For instance, having sensors sent fortnightly costs \$116.87, which translates to \$58.45 per week. Having sensors sent four weekly costs \$223.63 which translates to \$55.91 per week. This saves \$2.53 per week, which translates to \$131.30 saved per year that may be used to fund other disability related costs such as GP visits and repeat prescription request fees.

Collecting quotes - LinX CGM

You can download a quote for a 30 day supply of sensors from the Intuitive Therapeutics website [here](#).

Step 3. Collect quote/s cont...

Empagliflozin (Jardiance/Jardiamet)

Collect supporting quote or invoice from Pharmacy

Ask the person's local pharmacy for a quote for Empagliflozin

The quote must include;

- The business name and address
- The cost of 30 days of supply for the prescribed amount
- Ideally the quote should also include the patient's details

Tip: 30 tablets of 25mg of Empagliflozin is usually the same or similar price to 30 tablets of 10mg. Likewise the prices are usually the same or similar with Jardiamet 12.5/1000mg versus 5/1000mg.

If the person has a limited amount of disability allowance funding available due to it being used for other disability related costs, it may be cheaper to take half of a 25mg tablet (12.5mg) rather than 10mg daily. This can effectively halve the monthly cost but will require a pill cutter.

Most of the studies that demonstrate the renal and cardiovascular benefits of Empagliflozin were done on 10mg daily dosing. Therefore a half dose should provide them with the renal and cardiovascular protective benefits, however a 25mg dose can provide further glucose lowering support.

Case study: Ray is entitled to the maximum disability allowance of \$78.60 per week. His GP recommends self funding Empagliflozin, however he already receives;

- \$223.63 every four weeks redirected to Mediray for Libre (\$55.91 per week)
- \$5 per month for blister packing fees (\$1.51 per week)
- \$45 every 3 months for GP consult fees (\$3.46 per week)
- \$25 every fortnight for lawn mowing (\$12.50 per week)
- Total = \$73.38 per week

That leaves a remaining \$5.22 available per week to self fund Empagliflozin. His local pharmacy charges \$85 for 30 tablets of 25mg Empagliflozin. If he was prescribed (12.5mg daily), then \$85 = 60 days, over a year this = \$9.94 per week

This results in a -\$4.72 deficit per week. Ray could either apply for temporary additional support, or decide if he could make up the shortfall himself.

Step 3. Collect quote/s cont...

Other costs related to disability

To see what types of costs disability allowance covers visit the MSD website [here](#).

The principle is the same, collect a quote or invoice for the additional costs related to their disability.

Other costs that might be covered:

1. Alternative treatment
2. Ambulance fees and subscriptions
3. Authorised consumables
4. Clothing and footwear
5. Counselling
6. Day care for the elderly disabled
7. Gardening, lawns and outside window cleaning
8. Gym and swimming pool fees
9. Medical alarms
10. Medic Alert costs
11. Medical fees
12. Nicotine replacement products
13. Prescription fees (if they're not free)
14. Power, gas and heating
15. Rental equipment
16. Residential care services
17. Rest home costs for a private paying patient
18. Special foods
19. Telephone
20. Travel to counselling
21. Travel because of your disability
22. Vitamins, supplements, herbal remedies and minerals.

Step 4. Supporting letter

Supporting letter for CGM or Empagliflozin

Preparing a supporting letter for a disability allowance application

The support letter should state:

- 1.The device or medication is not funded and how having it would support/advantage the patient's health and well-being.
- 2.Add the reason why funded alternatives are not suitable for the patient.
- 3.IMPORTANT – the letter from a health practitioner must verify that the costs are additional, ongoing, are beneficial and of therapeutic value, and is directly related to the person's disability. Note treatment that is beneficial and of therapeutic value means that the treatment may improve the patient's condition, maintain the patient's condition, or prevent it from getting worse.

Disclaimer: On occasion, MSD may request further information from the healthcare professional and/or the patient. If this is the case, the patient will receive a letter from MSD outlining what further information if required for their disability allowance application. The patient may need to make another appointment with the healthcare professional who wrote their supporting letter or their GP/NP.

Professions that can write the support letter		
Chiropractor	Dispensing Optician	Optometrist
Clinical Dental Technician	Medical Laboratory Tech	Osteopath
Dental Hygienist	Medical Radiation Tech	Pharmacist
Dental Technician	Midwife	Physiotherapist
Dental Therapist	Nurse	Podiatrist
Dentist	Nurse practitioner	Psychologist
Dietitian	Occupational therapist	Psychotherapist

Step 5. Complete medical cert

Disability allowance medical certificate

GP / Nurse Practitioner / Specialist to complete the disability allowance medical certificate

Download the disability allowance medical certificate [here](#)

or

Complete it within the appropriate application form

- Disability Allowance Application form page 5-6
- Extra Help Application page 19-20

Disability Allowance medical certificate
Health practitioner to complete

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TE HĀKATU WHAKANGATO ORA

The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:

1. The person has a disability which is likely to continue for at least six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
 - the person requires ongoing support to undertake the normal functions of life; or
 - the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us. For more information go to workandincome.govt.nz and search on Disability Allowance.

Client details

1. Client number

2. Client's name
First names Surname

Disability details

3. Does the person have a disability that meets the Disability Allowance criteria?
 Yes No Please provide the details below

4. What is the nature of the person's disability?

<input type="checkbox"/> Stress (160)	<input type="checkbox"/> Immune system disorders
<input type="checkbox"/> Depression (161)	<input type="checkbox"/> HIV / Aids (140)
<input type="checkbox"/> Bipolar disorder (162)	<input type="checkbox"/> Other immune system disorders (141)
<input type="checkbox"/> Schizophrenia (163)	<input type="checkbox"/> Metabolic and endocrine disorders
<input type="checkbox"/> Other psychological/psychiatric (165)	<input type="checkbox"/> Diabetes (150)
<input type="checkbox"/> Nervous system disorders	<input type="checkbox"/> Other metabolic or endocrine disorders (151)
<input type="checkbox"/> Epilepsy (120)	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Multiple sclerosis (121)	<input type="checkbox"/> Alcohol (170)
<input type="checkbox"/> Parkinson's disease (122)	<input type="checkbox"/> Drug (171)
<input type="checkbox"/> Muscular dystrophy (123)	<input type="checkbox"/> Other substance abuse (172)
<input type="checkbox"/> Other nervous system disorders (124)	<input type="checkbox"/> Sensory disorders
<input type="checkbox"/> Cardio-vascular disorders	<input type="checkbox"/> Blindness (180)
<input type="checkbox"/> Heart disease (130)	<input type="checkbox"/> Other visual / eye (181)
<input type="checkbox"/> Stroke (131)	<input type="checkbox"/> Hearing / ear (182)
<input type="checkbox"/> Other cardio-vascular (132)	<input type="checkbox"/> Other sensory disorders (183)

WORK AND INCOME
TE HĀKATU WHAKANGATO
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Accident

<input type="checkbox"/> Burns (190)	<input type="checkbox"/> Other disorders
<input type="checkbox"/> Fractures, dislocations, soft tissue injury (191)	<input type="checkbox"/> Congenital conditions (103)
<input type="checkbox"/> Poisoning, toxic effects (192)	<input type="checkbox"/> Intellectual disability (164)
<input type="checkbox"/> Internal injuries (193)	<input type="checkbox"/> Cancer (104)
<input type="checkbox"/> Injury to the nervous system (194)	<input type="checkbox"/> Infectious / parasitic diseases (105)
<input type="checkbox"/> Back pain / injury (195)	<input type="checkbox"/> Musculo-skeletal system disorder (106)
<input type="checkbox"/> Overuse injury (196)	<input type="checkbox"/> Respiratory disorders (107)
<input type="checkbox"/> Complications of medical or surgical care (197)	<input type="checkbox"/> Genito-urinary disorders (108)
<input type="checkbox"/> Other injury (198)	<input type="checkbox"/> Blood and blood forming organs (109)
	<input type="checkbox"/> Skin disorders (110)
	<input type="checkbox"/> Digestive system disorder (111)

5. Please indicate the expected duration of the disability:
 Less than 6 months There may be no entitlement to Disability Allowance
 6 to 12 months 1 to 2 years 2 to 3 years Permanent (never reassessed)

Verification of doctor, specialist or nurse practitioner visits

6. Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)	Health practitioner's initials
	\$		
	\$		
	\$		

Items, services, treatments, pharmaceuticals

7. Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Health practitioner's initials

Health practitioner's verification

Please print your details below.

HPI number

Health practitioner's full name

Practice name and address

Telephone number

Health practitioner's signature

Date

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Tip: Remember to include all of the patient's disability related costs including things such as GP visits, repeat prescription request fees, lawn mowing etc.

Step 6. Contact WINZ

Submitting all of the required documentation to WINZ

Patient to contact Work & Income (WINZ)

Current Client. If the person is already receiving a benefit from WINZ

- Complete all of the forms & supporting documents
- Drop them off to reception for processing or upload to MyMSD & phone them
 - There is no need for an appointment.

New client. If the person does not currently receive assistance from WINZ

- Complete the Extra Help application and collect all supporting documents
- Make an appointment with Work and Income

Tips for speaking to the WINZ case manager

Tip 1. Discuss redirection of payment for CGM if you want your sensors to be sent to you automatically.

Tip 2. Discuss possible options of an Advance payment of benefit or special needs grant if you need to purchase the Freestyle Libre 2 reader (if you do not have a compatible smart phone with the LibreLink app or LinX CGM app).

Tip 3. If the maximum entitlement of \$78.60 for disability allowance has been reached covering other expenses such a medical pendent, then enquire about eligibility for Temporary Additional Support.

Appendix

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Patient checklist

For **current MSD clients** (people who already receive a benefit) use the Disability Allowance form



Check eligibility
Check the MSD website



Completed **Disability Allowance** application form
Completed by the person with diabetes (+/- partner)



Signed medical certificate
Signed by a GP, Nurse Practitioner or Specialist doctor



Supporting Letter
Completed by a registered healthcare professional



Collect quotes and/or invoices

- quote from Mediray / Intuitive Therapeutics
- quote from pharmacy for Empagliflozin (Jardiance)
- copy of invoices from medical centre
- quote for blister packing from pharmacy
- copy of invoices from pharmacy



Send all documents to Work & Income
Either drop everything to WINZ Reception
or upload them to MyMSD and phone MSD.
No appointment is required.

Patient checklist

For **new MSD clients** (people who do not already receive a benefit) use the Extra Help application form

- Check eligibility
Check the MSD website
- Completed **Extra Help** application form
Completed by the person with diabetes (+/- partner)
- Signed medical certificate
Signed by a GP, Nurse Practitioner or Specialist doctor
- Supporting Letter
Completed by a registered healthcare professional
- Collect quotes and/or invoices
 - quote from Mediray / Intuitive Therapeutics
 - quote from pharmacy for Empagliflozin (Jardiance)
 - copy of invoices from medical centre
 - quote for blister packing from pharmacy
 - copy of invoices from pharmacy
- Make an appointment with Work & Income
Collect all of the required documents before the appointment. There is further guidance for your appointment on page 12

Template support letter

Continuous glucose monitoring - Freestyle Libre 2

This is an example letter that has been created based on applying for the disability allowance to fund Freestyle Libre 2 CGM. Please adapt as you see fit.

Date: **DD/MM/YYYY**

Re: [Patient name]

Kia ora Colleague,

This letter is in support for **[Patient name]**'s application for financial support for funding of the Freestyle Libre 2 continuous glucose monitoring (CGM) system to optimise their type 2 diabetes. We have strongly recommended **[Patient name]** uses the Freestyle Libre 2 system because finger pricking blood glucose levels, the only funded alternative does not provide the necessary information to prevent abnormal glucose levels or to safely and effectively titrate their glucose lowering therapies. The Freestyle Libre 2 will also alarm when glucose levels are either high or low that helps prevent life-threatening low or high glucose levels, reducing complications of diabetes and improving longevity and quality of life. For these reasons, national and international guidelines strongly recommend using CGM in certain exceptional circumstances in people with type 2 diabetes on insulin and/or sulfonylureas (e.g. glipizide or gliclazide tablets). These circumstances include when **[on dialysis, at high risk of severe hypoglycaemia (low glucose levels), onset of diabetes at a young age (e.g. < 30 years), pregnant, cognitive impairment, or unable to check blood glucose levels due to disability]** *(*please delete all that do not apply in this sentence)* which applies to **[Patient name]**.

CGM is funded for these circumstances in Europe, North America and Asia, but unfortunately not yet for people with type 2 diabetes in Aotearoa New Zealand. The Freestyle Libre 2 is one of the cheapest continuous glucose monitoring system in Aotearoa and is more suitable than the only other funded alternative of finger-pricking capillary blood glucose levels for all the reasons outlined above. Understandably, **[Patient name]** cannot afford the ongoing fortnightly costs of approximately \$117 (incl. GST + postage) for the Freestyle Libre 2 sensors. **[Patient name also cannot afford the one off cost of \$117 (incl. GST + postage) for the Freestyle Libre reader]** **please delete this sentence if they have smart phone compatible with Libre Link app - note this will require a different application such as advance of benefit or temporary additional support.* We would appreciate any financial support you could provide **[Patient name]** for obtaining the Freestyle Libre 2 system.

We encourage people to consider redirection of payments to Mediray New Zealand Ltd (distributor of Freestyle Libre 2) to ensure an ongoing supply of sensors, particularly if they will find it difficult to order sensors online. Account name: Mediray New Zealand Ltd. Account number: 03-0252-0509161-000.

[Patient name] understands that they need to be eligible for the disability allowance for funding, and that funding CGM takes up a large proportion of the maximum weekly disability allowance. Many thanks for your consideration and please contact me if you require any further information.

Ngā mihi nui,

Template support letter

Continuous glucose monitoring - LinX CGM

This is an example letter that has been created based on applying for the disability allowance to fund LinX CGM. Please adapt as you see fit.

Date: [DD/MM/YYYY]

Re: [Patient name]

Kia ora Colleague,

This letter is in support for **[Patient name]**'s application for financial support for funding of the LinX continuous glucose monitoring (CGM) system to optimise their type 2 diabetes. We have strongly recommended **[Patient name]** uses a continuous glucose monitor because finger pricking for blood glucose levels, the only funded alternative does not provide the necessary information to prevent abnormal glucose levels or to safely and effectively titrate their glucose lowering therapies. The LinX CGM will also alarm when glucose levels are either high or low that helps prevent life-threatening low or high glucose levels, reducing complications of diabetes and improving longevity and quality of life. For these reasons, national and international guidelines strongly recommend using CGM in certain exceptional circumstances in people with type 2 diabetes on insulin and/or sulfonylureas (e.g. glipizide or gliclazide tablets). These circumstances include when **[on dialysis, at high risk of severe hypoglycaemia (low glucose levels), onset of diabetes at a young age (e.g. < 30 years), pregnant, cognitive impairment, or unable to check blood glucose levels due to disability]** *(*please delete all that do not apply in this sentence)* which applies to **[Patient name]**.

CGM is funded for these circumstances in Europe, North America and Asia, but unfortunately not yet for people with type 2 diabetes in Aotearoa New Zealand. The LinX CGM is the cheapest continuous glucose monitoring system in Aotearoa, and is more suitable than the only other funded alternative of finger-pricking blood glucose levels for all the reasons outlined above. Understandably, **[Patient name]** cannot afford the ongoing monthly costs of approximately \$190 (incl. GST + postage) for the LinX CGM sensors. We would appreciate any financial support you could provide **[Patient name]** for obtaining the LinX CGM system.

[Patient name] understands that they need to be eligible for the disability allowance for funding, and that funding CGM takes up a large proportion of the maximum weekly disability allowance. Many thanks for your consideration and please contact me if you require any further information.

Ngā mihi nui,

Tip: You can download a quote for one month's supply of LinX CGM from the Inturitive Therapeutics website [here](#).

Template support letter

Empagliflozin (Jardiance or Jardiamet)

This is an example letter that has been created based on applying for the disability allowance to fund Empagliflozin. Please adapt as you see fit.

Date: **DD/MM/YYYY**

Re: **[Patient name]**

Kia ora Colleague,

This letter is in support for **[Patient name]**'s application for financial support for empagliflozin (Jardiance or Jardiamet if in combination with metformin). **[Patient name]** has type 2 diabetes that is poorly controlled and/or would benefit from the addition of Empagliflozin. In accordance with national and international guidelines, we have strongly recommended **[Patient name]** is treated with empagliflozin. This is because empagliflozin is the only additional medication that will lower **[Patient name]**'s glucose levels without causing hypoglycaemia (dangerously low blood glucose levels), as well as reducing their weight and progression of heart and kidney disease. All alternative funded options have been implemented or will either lead to potential hypoglycaemia, weight gain or will not prevent heart and renal disease, which are the most common causes of death in people with diabetes. This is important because **[Patient name]** already has **[Renal disease, cardiovascular disease and/or heart failure]**. *(*delete what doesn't apply)* and **[weight gain and/or hypoglycaemia]** *(*delete what doesn't apply)* would have significant negative impacts.

Unfortunately, empagliflozin is not funded as per best practice in Aotearoa New Zealand, and **[Patient name]** **[does not meet the special authority funding criteria / is already receiving a funded GLP1RA making them ineligible to receive Empagliflozin with special authority funding]**. *(*delete what doesn't apply)* Understandably **[Patient name]** cannot afford to self-fund empagliflozin. Therefore, we would greatly appreciate any financial support you could provide for **[Patient name]** to have access to empagliflozin. The cost varies from pharmacy to pharmacy, but costs approximately \$90 – 95 per month. It is also possible to halve the dose empagliflozin, effectively halving the price, but it is not as effective for glucose lowering as full dose. This may be an option for **[Patient name]** to discuss with their prescriber if they are close to the maximum allowance for disability allowance.

[Patient name] understands that they need to be eligible for the disability allowance for funding and this letter does not guarantee the disability allowance or funding for empagliflozin.

Many thanks for your consideration of this important treatment for **[Patient name]** and please contact me if you require any further information.

Ngā mihi nui,

Name and role

Price - Freestyle Libre 2

Screenshot of cart from www.mediray.co.nz

Please note:

This is only suitable for people who do not want to redirect payment to Mediray for automatic shipping of sensors. If they do wish to redirect payments to Mediray then please contact sales@mediray.co.nz and request a proforma invoice.


The price is for two sensors and shipping in order to reduce total shipping costs across the year.

The price was screenshotted November 1st, 2024. Please check the Mediray website for any changes to pricing.

The cart includes:

- Two 14 day sensors
- Processing and shipping fee

The screenshot shows a shopping cart interface with a navigation bar at the top containing 'SHOPPING CART', 'SIGN IN', 'BILLING INFO', 'SHIPPING INFO', and 'SUMMARY'. The main cart area has columns for 'ITEM', 'QTY', 'SUBTOTAL', and 'REMOVE'. One item is listed: 'MS-71986-01 -- FreeStyle Libre 2 Sensor (Single)' with a quantity of 2 and a subtotal of NZD \$185.66. Below the item list, there is a coupon code field with a 'SUBMIT CODE' button. On the right side, a summary of costs is shown: 'TOTAL \$185.66', 'PROCESSING AND SHIPPING FEE \$8.80', 'GST \$29.17', and 'GRAND TOTAL \$223.63'. A yellow 'CONTINUE' button is located at the bottom right of the cart area.

ITEM	QTY	SUBTOTAL	REMOVE
 MS-71986-01 -- FreeStyle Libre 2 Sensor (Single)	2 UPDATE	NZD \$185.66	X

ENTER COUPON CODE

TOTAL \$185.66
PROCESSING AND SHIPPING FEE \$8.80
GST \$29.17
GRAND TOTAL \$223.63

Quote - LinX CGM sensors

Copy of quote from www.intuitivetherapeutics.co.nz



QUOTE

Attach Applicant Details Here

Date
14 Oct 2024

Expiry
20 Nov 2025

Quote Number
QU-0014

GST Number
133-729-003

Intuitive Therapeutics Limited
info@intuitivetherapeutics.co.nz
07-808-0850

LinX CGM - 30 Days Supply

More information about the LinX CGM system can be found online here:
<https://www.intuitivetherapeutics.co.nz/about/linx-cgm>

Item	Description	Quantity	Unit Price	Amount NZD
LinX	LinX 15-Day CGM	2.00	95.00	190.00
SHIPECO	Flat Rate Shipping	1.00	10.00	10.00
			INCLUDES GST 15%	26.08
			TOTAL NZD	200.00

Requesting a quote from Mediray for Freestyle Libre 2

This is an example email template to send to sales@mediray.co.nz

Kia ora Mediray team,

Could I please request a proforma invoice quote for four weeks of Freestyle Libre 2 sensors for the following person who is applying for a disability allowance to cover the costs and would like to have payments redirected to Mediray for automatic shipping of sensors.

Patient name:

Patient phone:

Patient email:

Patient address:

Ngā mihi nui.

Name, Role

Tip: Adjust this to suit and save this as an email template or email signature to make it quick and easy to send these emails.

Tip: CC the patient and ask Mediray to reply all, which will allow the person with diabetes to upload the quote directly to MyIRD or print off and add to their documents they are collecting.

Requesting a quote from a pharmacy for Empagliflozin

This is an example email template to send to local pharmacy

Kia ora pharmacy team,

Could I please request a quote for one month's supply of empagliflozin for the following person who is applying for a disability allowance to cover the costs..

If you could please provide a quote with the patients name, or alternatively a generic quote that can be used for future patients that use your pharmacy.

Patient name:

Formulation: Empagliflozin (Jardiance) or Empagliflozin/Metformin (Jardiamet)

Dose:

Ngā mihi nui.

Name, Role

Tip: Adjust this to suit and save this as an email template or email signature to make it quick and easy to send these emails.

Tip: CC the patient and ask the Pharmacy to reply all, which will allow the person with diabetes to upload the quote directly to MyIRD or print off and add to their documents they are collecting.

Tip: Remember that 30 tablets of 25mg of Empagliflozin is usually the same or similar price to 30 tablets of 10mg. Likewise the prices are usually the same or similar with Jardiamet 12.5/1000mg versus 5/1000mg.

Comparing CGM

Comparisons of stand-alone CGM available in NZ



Dexcom
one+


FreeStyle
Libre 2



Linx

Comparing Continuous Glucose Monitors (CGM) Stand-alone CGM



Sensor features	Dexcom ONE+	Freestyle Libre 2	LinX CGM
NZ Supplier	<u>NZMS</u>	<u>Mediray</u>	<u>Intuitive Therapeutics</u>
Sensor Life	10 days	14 days	15 days
Sensor size	27.4mm (L) 24.1mm (W) 4.7mm (H)	35mm (diameter) 5mm (H)	22mm (diameter) 4.22mm (H)
Sensor warm up time	30 minutes	60 minutes	60 minutes
Frequency of glucose readings	Every 5 minutes	Every 1 minute	Every 1 minute
Recommended sensor placement	Back of arm and abdomen	Back of arm	Back of arm and abdomen
Sensor design	All-in-one with a built in disposable transmitter	All-in-one with a built in disposable transmitter	All-in-one with a built in disposable transmitter

	Dexcom ONE+	Freestyle Libre 2	LinX CGM
Sensor features continued			
Sensor insertion	One-touch device insertion	Sensor device and applicator come separately, once joined together then one-touch device insertion	One-touch device insertion
Bluetooth range	6 meters	6 meters	8-10 meters (unobstructed)
Water resistance	2.4 meters depth for up to 24 hours	1 meter depth for 30 minutes	1 meter depth for 30 minutes
Glucose results affected by medication	Yes - hydroxyurea	Yes - high dose vitamin C	No
Approved for use*	Age 2 years and over*	Age 2 years and over*	Age 18 years and over*
Glucose data display			
Phone app	Dexcom ONE+ app	LibreLink app	LinX CGM app
Phone app availability**	<u>Check compatible Android and iOS phones**</u> , requires NFC and Bluetooth	<u>Check compatible Android and iOS phones**</u> , requires NFC and Bluetooth	<u>Check compatible Android and iOS phones**</u> , requires Bluetooth only

	Dexcom ONE+	Freestyle Libre 2	LinX CGM
Glucose data display continued			
Receiver / reader available	Dexcom ONE+ Receiver	Libre 2 Reader	Coming soon
Glucose display	<p>Automatically updates on Dexcom ONE+ app every 5 minutes</p> <p>Dexcom ONE+ receiver automatically updates every 5 minutes</p>	<p>Automatically updates on LibreLink app every 1 minute</p> <p>The Libre 2 reader device must be scanned over the sensor to receive a result - up to 8 hours of data is stored on the sensor</p>	Automatically updates on LinX CGM app every 1 minute
Alerts / Alarms			
Low alerts	<p>Yes - customisable between 3.3 - 8.3 mmol/L</p> <p>No urgent low alert</p>	<p>Yes - customisable between 3.3 - 5.6 mmol/L</p> <p>No urgent low alert</p>	<p>Yes - customisable between 3.0 - 5.0 mmol/L</p> <p>Urgent low alert fixed at 3.0 mmol/L</p>
High alerts	Yes - customisable between 5.5 - 22.2 mmol/L	Yes - customisable between 6.6 - 22.2 mmol/L	Yes - customisable between 7.0 - 25.0 mmol/L
Rapidly changing glucose	No	No	Yes
Total number of alerts	2	2	up to 6

	Dexcom ONE+	Freestyle Libre 2	LinX CGM
Accuracy			
MARD (adults)	8.7%	9.8%	8.66%
MARD (children)	8.1% arm (7-17 y/o) 9.0% abdomen (7-17 y/o)	9.7% (4-17 y/o)	N/A
Calibration required	Not required but option available	Not required option not available	Not required but option available
Data sharing			
Data following for carers and whānau	Available if using Dexcom ONE+ phone app, share data using the Dexcom Follow phone app Not available if using the Dexcom ONE+ receiver	Available if using the LibreLink phone app, share data using the LibreLinkUp phone app Not available if using the Libre 2 reader	Available Share data using the LinX CGM phone app
Cloud based diabetes management system (DMS) to share with healthcare professionals	Dexcom ONE+ phone app automatically uploads glucose data to Dexcom Clarity (DMS) Dexcom ONE+ Receiver can be manually uploaded to Dexcom Clarity (DMS) using a USB cable	Libre Link phone app automatically uploads glucose data to Libreview (DMS) Dexcom ONE+ Receiver can be manually uploaded to Dexcom Clarity (DMS) using a USB cable	LinX CGM phone app automatically uploads glucose data to PanCares (DMS) Can also export reports as a PDF from the LinX CGM phone app and send via email

LinX CGM

Freestyle Libre 2

Dexcom ONE+

Cost

Pharmac funding***	Funded by Pharmac for people with Type 1 diabetes, neonatal diabetes, pancreatogenic diabetes, and atypical diabetes***	Funded by Pharmac for people with Type 1 diabetes, neonatal diabetes, pancreatogenic diabetes, and atypical diabetes***	Not funded***
Sensor cost****	\$93.15 per 10 day sensor****	\$106.75 per 14 day sensor****	\$95.00 per 15 day sensor****
Receiver/Reader cost****	\$287.50****	\$106.75****	Coming soon
Approximate daily running cost of sensors (excluding postage)****	\$9.32 per day****	\$7.60 per day****	\$6.33 per day****

Definitions:

- CGM - Continuous Glucose Monitor
- MARD - Mean Absolute Relative Difference. This is a statistical measure used to assess the accuracy of CGM by comparing the CGM values to a reference value. A lower MARD indicates greater accuracy, however MARD should be interpreted with caution as MARD for devices gets tested in different ways.
- Sensor warm up time - is how long the sensor takes to start giving glucose readings after it is inserted and started.
- Transmitter - Device that clips into a CGM sensor and transmits the glucose data to a reader or phone
- Sensor - Device that is inserted with a filament under the skin to read glucose levels in the interstitial fluid
- DMS - Diabetes management system, this is a cloud based server where your healthcare team can login to review your glucose levels/pump data remotely
- The Bluetooth range refers to the maximum distance at which your sensor and receiver or reader device can reliably communicate glucose readings
- NFC - Near Field Communication refers to a chip in the phone used to 'start' or 'scan' the sensor

Notes

- * Approved for use refers to FDA approval, however these systems may be used in other populations with specialist advice and support
- **Phone compatibility varies, check the company website to make sure that your phone is compatible with the CGM device before purchasing/ordering.
- ** Pharmac funding for CGM is for people with Type 1 Diabetes, Neonatal diabetes, Pancreatogenic diabetes and Atypical inherited forms of diabetes. Pharmac funds pump compatible CGM to be used with Automated Insulin Delivery systems, not for people using multiple daily injections of insulin. However, these CGM can be funded for people requiring predictive low glucose alerts if their clinical team determines this is necessary.
- *** Prices from company websites as of October 2024