

## 'Other' Eligible Conditions; Age Under 21 Years

PLEASE COMPLETE BOTH SIDES OF THIS FORM

This form allows an eligible person who is already registered with the NDSS to apply for access to continuous glucose monitoring (CGM) and flash glucose monitoring (Flash GM) products through the Scheme.

### Person with diabetes

1 Title Given name(s)

|  |  |
|--|--|
|  |  |
|--|--|

2 Family name

3 Date of birth

|     |   |       |   |      |
|-----|---|-------|---|------|
| Day | / | Month | / | Year |
|-----|---|-------|---|------|

If the person named in Q1 and Q2 is under 15 years old, the "Carer or guardian" section must also be completed.

4 Medicare card (preferred) or DVA file number

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

5 NDSS card number

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

6 Email (preferred method of contact)

7 Mobile number

8 Address



|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

9 By signing here, I am confirming that:

- any CGM or Flash GM products supplied to me through the NDSS are for (the person named in Q1 and Q2) only me; and
- the information I have provided on this form is true and complete; and
- I agree to the collection, use and disclosure of my information for the purposes set out in this form and the NDSS Registration Form; and
- I understand giving false or misleading information is a serious offence.

|           |     |   |       |   |      |
|-----------|-----|---|-------|---|------|
| Signature | Day | / | Month | / | Year |
|-----------|-----|---|-------|---|------|

### Carer or guardian

This section must be completed by a primary carer or guardian if the person named in Q1 and Q2 is:

- aged 15 years or under; or
- aged 16 years or older and requires a primary carer or guardian

10 Title Given name(s)

|  |  |
|--|--|
|  |  |
|--|--|

11 Family name

12 Date of birth

|     |   |       |   |      |
|-----|---|-------|---|------|
| Day | / | Month | / | Year |
|-----|---|-------|---|------|

13 Email (preferred method of contact)

14 Mobile number

15 Address



|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

16 Relationship to person named in Q1 and Q2

17 By signing here, I am confirming that:

- I am the primary carer or guardian for the person named in Q1 and Q2; and
- any CGM or Flash GM products supplied to me through the NDSS are for use by the person named in Q1 and Q2 only; and
- the information the person named in Q1 and Q2 and I have provided on this form is true and complete; and
- both the person named in Q1 and Q2 and I agree to the collection, use and disclosure of the provided information for the purposes set out in this form and the NDSS Registration Form; and
- where I am providing personal information about the person named in Q1 and Q2, I will advise that person of the privacy information contained in this form; and
- I understand giving false or misleading information is a serious offence.

|           |     |   |       |   |      |
|-----------|-----|---|-------|---|------|
| Signature | Day | / | Month | / | Year |
|-----------|-----|---|-------|---|------|

## Certifier

This section must be certified by an authorised health professional whose usual scope of practice includes the ongoing management and care of people with 'other' eligible condition.

This form cannot be certified by a credentialed diabetes educator, nurse practitioner, general practitioner (GP) or practice nurse.

### 18 Which of these are you?

- Endocrinologist/Diabetologist
- Paediatric Endocrinologist
- Paediatrician
- Physician

### 19 Does the person use insulin?

Yes  ► Go to 20

No  ► Do not continue with this form.

### 20 Eligible condition

State condition specifically as listed in the list of 'other' eligible conditions at [ndss.com.au](http://ndss.com.au)  ► Go to 21

Condition not listed, please contact the NDSS Helpline on **1800 637 700** or go to [ndss.com.au](http://ndss.com.au)

Do not continue with this form.

### 21 Eligibility criteria

The person meets **ALL** of the following criteria:

- the child/young person is expected to benefit clinically from the use of CGM or Flash GM; **AND**
- the child/young person or family/carer has the willingness and capability to use CGM or Flash GM; **AND**
- the child/young person or family/carer has the commitment to actively participate in a diabetes management plan which incorporates CGM or Flash GM;

**AND**

#### Category A

aged 10 or under  ► Go to 22

**OR**

#### Category B

- aged from 11 to less than 21 year; and **meets one or more of the following criteria** (tick as appropriate)
- frequent significant hypoglycaemia – more than one episode a year of significant hypoglycaemia requiring external, third party assistance; **AND/OR**
- impaired awareness of hypoglycaemia; **AND/OR**
- inability to recognise, or communicate about, symptoms of hypoglycaemia; **AND/OR**
- significant fear of hypoglycaemia for the child/young person or a family member/carer which is seriously affecting the health and wellbeing of the child or young person or contributing to hyperglycaemia as a reaction to this fear.

## Device

The choice of device to be used remains a decision of the authorised health professional in consultation with the person named in Q1 and Q2, their carer or guardian, or family, noting that not all CGM/Flash GM products are indicated for use in all conditions or all age groups. Please view devices at [ndss.com.au](http://ndss.com.au).

### 24 Which device will the person be using?

- Dexcom G5 Mobile ► Go to 23
- Dexcom G6 ► Go to 23  
(available for Tandem t:slim X2 insulin pump users **only**)
- Medtronic Guardian 2 Link ► Go to 23
- Medtronic Guardian Connect (3) ► Go to 23
- Medtronic Guardian Link (3) ► Go to 23
- Medtronic Bluetooth Guardian Link (3) ► Go to 23  
(compatible **only** with MiniMed 770G insulin pump)
- FreeStyle Libre 2 (starter kit is not required) ► Go to 25
- FreeStyle Libre (starter kit is not required) ► Go to 25

### 23 Is the person currently using the CGM device selected above?

**Yes** – they can continue to use their current device and can access CGM products through NDSS Access Points. No starter kit is required.  ► Go to 25

**No** – this is a new CGM device or this is a new CGM user. A starter kit is required. The starter kit will be sent to the health professional listed at 24.  ► Go to 24

### 24 Contact details for the health professional receiving the CGM starter kit.


|                               |       |          |
|-------------------------------|-------|----------|
| Health professional full name |       |          |
| Email                         |       |          |
| Clinic/Hospital               |       |          |
| Address line 1                |       |          |
| Address line 2                |       |          |
| Suburb                        | State | Postcode |
| Phone number                  |       |          |

### 25 Certifier details - Please ensure all details are completed.

|                                   |       |          |
|-----------------------------------|-------|----------|
| Your full name                    |       |          |
| Medicare provider or AHPRA number |       |          |
| Email                             |       |          |
| Clinic/Hospital                   |       |          |
| Address line 1                    |       |          |
| Suburb                            | State | Postcode |
| Phone number                      |       |          |

### 26 By signing here, I am certifying that:

- I have assessed the person named in Q1 and Q2 and confirm that they have met all relevant eligibility criteria, as indicated by my answers; and
- I am aware that not all CGM/Flash GM products are indicated for use in all conditions or all age groups, and have considered available advice about the selected device including the relevant ARTG listing and any specific condition comments (if unsure search the device information at: [ndss.com.au](http://ndss.com.au)); and
- I have obtained informed consent from the person named in Q1 and Q2, their carer or guardian, or family for the specific device chosen for use.
- I understand giving false and misleading information is a serious offence.

|   |     |       |      |
|---|-----|-------|------|
| Signature   | Day | Month | Year |
|  | /   | /     | /    |

## Privacy disclosure

Diabetes Australia respects your privacy and personal information. You can view the NDSS Privacy Policy, which contains information about how you can access and correct your personal information held by us at [ndss.com.au](http://ndss.com.au) or you can ask for a copy by calling the NDSS Helpline on **1800 637 700**.

The NDSS Registration Form contains details about how we use, and who can access, your personal information. This includes information provided in this form.

In addition to the entities identified in the NDSS Registration Form, Diabetes Australia may disclose your personal information provided in this form to NDSS Access Points and also to third parties as authorised by the Commonwealth as represented by the Department of Health (Commonwealth).

The Commonwealth may also track your usage of CGM or Flash GM products and your usage may be reported to your treating health professional.

If you choose not to provide us with the information we need, we may not be able to provide you with CGM or Flash GM products through the NDSS.

### Lodging this form

#### Lodging this form

Must be certified by your authorised health professional.

**Email:** [info@ndss.com.au](mailto:info@ndss.com.au)

**Fax:** 1300 536 953

**Post:** GPO Box 9824 in your capital city

### Need help with this form?

**Call:** 1800 637 700 or **Visit:** [ndss.com.au](http://ndss.com.au)

**TTY:** 133 677      **Speak and Listen:** 1300 555 727

**Translation:** 131 450

**Further information is available at  
[ndss.com.au](http://ndss.com.au)  
or by calling the NDSS Helpline on  
**1800 637 700****

## Updating your personal details

To help you manage your diabetes and to receive timely news and information from the NDSS on products and services, it is important that we have an up-to-date record of your personal details.

To update your details call the NDSS Helpline on **1800 637 700**, or complete the Personal Details Update Form at [ndss.com.au](http://ndss.com.au), or visit your preferred NDSS Access Point (usually a community pharmacy). In some instances you may need to supply supporting documentation for example change of name, change of medication/script. Below is a list of details you may need to update:

- Address
- Phone/mobile number
- Change of name
- Email
- Concessional status
- Change of medication

## Accessing CGM products

Access to CGM products will begin once a completed form is processed by the NDSS. You will receive information confirming the start date and other details.

To access fully-subsidised CGM products, eligible registrants can visit their preferred NDSS Access Point (usually a community pharmacy) and order their approved supplies.

## Accessing Flash GM products

To access fully-subsidised Flash GM sensors, eligible registrants can visit their preferred NDSS Access Point (usually a community pharmacy) and order their approved supplies.

If after you receive confirmation of your approval to access subsidised Flash GM, you do not have a compatible mobile device and require a FreeStyle Libre reader free of charge, please contact the manufacturer Abbott at:

**ScanMySensor.com.au** or on **1800 801 478**

## Limits

All people accessing CGM/Flash GM products and their health professionals should understand the lifespan of the fully-subsidised CGM/Flash GM products available through the NDSS.

CGM/Flash GM products have annual limits which have been developed from the manufacturers recommended usage guide.

Access to CGM/Flash GM products is calculated on the number of items accessed in the last 12 months from the present date.

This determines when you will again be able to order more subsidised supplies. It is recommended you only order one month, supply of sensors per order, due to their limited shelf life.

It is recommended to re-order sensors around 14 days prior to running out to ensure uninterrupted access to products i.e. when you start using your second last CGM sensor or last Flash GM.

## Troubleshooting CGM/Flash GM devices

If you are having trouble using your device or you believe that it may be faulty, in the first instance you should contact;

AMSL for Dexcom products (**1300 851 056**);

Medtronic for Medtronic products (**1800 777 808**); or

Abbott for Freestyle Libre products (**1800 801 478**).

Contacting the supplier rather than ordering additional supplies may mean you are able to receive a replacement product from AMSL, Medtronic or Abbott, without affecting your CGM/Flash GM product limits.

## More information

To find out more or if you have any questions about access to CGM/Flash GM through the CGM Initiative as part of the NDSS you can visit [ndss.com.au](http://ndss.com.au) or call the NDSS Helpline on **1800 637 700** or email [info@ndss.com.au](mailto:info@ndss.com.au)

If you or your health professional decide to change a CGM/Flash GM device, or end access to CGM/Flash GM through the NDSS, please complete the Updating or Ceasing Access Form at: [ndss.com.au](http://ndss.com.au)