Continuous and Flash Glucose Monitoring
Access Form

Update or Ceasing Access

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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

Person with type 1 diabetes or ‘other’ eligible condition

1 Title

2 Family name

3 Date of birth

Day / Month / Year

4 Medicare card (preferred) or DVA file number

5 NDSS card number

6 Are you an Aboriginal or Torres Strait Islander Australian? (tick all boxes that apply)

☐ No

☐ Yes, Aboriginal Australian

☐ Yes, Torres Strait Islander

7 Do you hold a valid concession card?

☐ Yes ▶ fill in details

☐ No ▶ Go to 8

Type of Concession (tick boxes)

☐ Health Care Card

☐ Pensioner Concession Card

☐ Veteran Gold Card

☐ Veteran White Card

(with diabetes as an accepted condition)

Concession Card or DVA File Number

Expiry Date

Day / Month / Year

8 Email (preferred method of contact)

9 Mobile number

10 Address

Suburb State Postcode

Carer or guardian

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

• aged 15 years or under; or

• aged 16 years or older and requires a primary carer or guardian

11 Title

12 Family name

13 Date of birth

Day / Month / Year

14 Email (preferred method of contact)

15 Mobile number

16 Address

Suburb State Postcode

17 Relationship to person named in Q1 and Q2
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 type 1 diabetes or ‘other’ eligible condition.

Please ensure you are permitted to certify this form for the person with type 1 diabetes or ‘other’ eligible condition. Please refer to the Health professionals authorised to certify access at ndss.com.au/cgm

18 Which of these are you?

☐ General Practitioner (GP)  You are unable to certify this form
☐ Practice Nurse  You are unable to certify this form
☐ Credentialled diabetes educator (CDE)
☐ Endocrinologist/Diabetologist
☐ Nurse Practitioner
☐ Physician
☐ Paediatrician

19 Reason for completing this form:

☐ You are ceasing access to CGM or Flash GM  Go to 20 - Part A Ceasing of access
☐ You are changing CGM or Flash GM device  Go to 21 - Part B Changing of device

Part A Ceasing of access

20 Select the reason for ceasing access to CGM or Flash GM products (please tick)

☐ Person named in Q1 and Q2 no longer wishes to use CGM or Flash GM
☐ Person named in Q1 and Q2 is not experiencing clinical benefit from CGM or Flash GM
☐ Person named in Q1 and Q2 is not using the device as originally intended
☐ Person named in Q1 and Q2 is moving overseas
☐ Other (please specify):

Go to 24

Part B Change of device

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

21 Which device will the person be using?

☐ Dexcom G6  Go to 22
☐ Medtronic Guardian Link (4)  Go to 22
(copatible only with MiniMed 780G insulin pump)
☐ Medtronic Guardian System (4)  Go to 22
(copatible with iOS or Android smart device)
☐ Medtronic Guardian Link (3)  Go to 22
(copatible only with MiniMed 640G & 670G insulin pump)
☐ Medtronic Bluetooth Guardian Link (3)  Go to 22
(copatible only with MiniMed 770G & 780G insulin pump)
☐ FreeStyle Libre 2 (starter kit is not required)  Go to 24

22 Is a starter kit required?

☐ Yes – The person is a new CGM user or this is a new CGM device for the person.  Go to 23
☐ No – The person is currently using or has previously used this CGM device. No starter kit is required.  Go to 24

23 Where should the starter kit be sent?

☐ To the person named in Q1 and Q2 at their address in Q10
☐ To the carer or guardian of the person named in Q1 and Q2 at their address in Q16
☐ Health professional at the address below

(please note: Starter kits can not be sent to a Locked Bag or PO Box)

(Please complete all relevant fields)

24 Certifier details - Please ensure all details are completed.

☐ Medicare provider, CDE or AHPRA number
☐ Email
☐ Clinic/Hospital
☐ Address line 1
☐ Address line 2
☐ Suburb  State  Postcode
☐ Phone number

25 By signing here, I am certifying that:

☐ I have assessed the person named in Q1 and Q2 and they have met all relevant eligibility criteria and confirm:
   - the person is expected to benefit clinically from the use of CGM or Flash GM;
   - the person or family/carer has the willingness and capability to use CGM or Flash GM;
   - the person or family/carer has the commitment to actively participate in a diabetes management plan which incorporates CGM or Flash GM;
   - not all CGM and 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); and
   - I am aware that not all CGM and 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); 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.
☐ Where a carer is providing personal information about the person named in Q1 and Q2, they will advise the person of the privacy information contained in this form; and
☐ The person named in Q1 and Q2 has agreed to the collection, use and disclosure of their information for the purposes set out in this form and the NDSS Registration Form; and
☐ The person named in Q1 and Q2 is aware that any CGM or Flash GM products supplied to them by the NDSS are for their use only; and
☐ The information provided on this form is true and complete; and
☐ I understand giving false and misleading information is a serious offence.

If the starter kit is being sent to the person named in Q1 and Q2 or their carer or guardian:

☐ I have advised the person named in Q1 and Q2 that their personal information including name, address and phone number will be provided to the supplier to enable the delivery of the CGM starter kit; and
☐ I have discussed with the person named in Q1 and Q2 the need for suitable internet access to upload and download data and how to conduct the follow up telehealth consultation to initiate optimal use of the CGM device; and
☐ I have advised the person named in Q1 and Q2 not to use the device before the telehealth consultation

Signature  Day  Month  Year
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 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 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 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 NDSS you can visit ndss.com.au or call the NDSS Helpline on 1800 637 700 or email 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