NDSS
National Diabetes Services Scheme
An Australian Government Initiative

Continuous and Flash Glucose Monitoring Access Form

NDSS Helpline 1800 637 700
ndss.com.au

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** **Given name(s)**

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 of Aboriginal or Torres Strait Islander origin?**
(tick all boxes that apply)
- ☐ No ▶ **Go to 7**
- ☐ Yes, Aboriginal ▶ **Go to 10**
- ☐ Yes, Torres Strait Islander ▶ **Go to 10**

7 **Do you hold a valid concession card?**
- ☐ Yes ▶ fill in details
- ☐ No ▶ **Go to 10**

Type of Concession
- ☐ Health Care Card
- ☐ Pensioner Concession Card
- ☐ Veteran Gold Card
- ☐ Veteran White Card

8 **Concession Card or DVA File Number**

9 **Expiry Date**
Day / Month / Year

10 **Email** (preferred method of contact)

11 **Mobile number**

12 **Address**

Suburb State Postcode

13 **By signing here, I am confirming that:**
- any CGM or Flash GM products supplied to me through the NDSS are for my use only; 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 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**

14 **Title** **Given name(s)**

15 **Family name**

16 **Date of birth**
Day / Month / Year

17 **Email** (preferred method of contact)

18 **Mobile number**

19 **Address**

Suburb State Postcode

20 **Relationship to person named in Q1 and Q2**

21 **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 on this form 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

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diabetes australia
The NDSS is administered by Diabetes Australia

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

22 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

23 Reason for completing this form:

- ☐ You are ceasing access to CGM or Flash GM
  ▶ **Go to 24 - Part A Ceasing of access**

OR

- ☐ You are changing CGM or Flash GM device
  ▶ **Go to 25 - Part B Changing of device**

Part A Ceasing of access

24 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 28**

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.

25 Which device will the person be using?

- ☐ Dexcom G6 ▶ **Go to 26**
- ☐ Medtronic Guardian Connect (3) ▶ **Go to 26**
- ☐ Medtronic Guardian Link (3) ▶ **Go to 26**
  (*compatible **only** with MiniMed 640G & 670G insulin pump*)
- ☐ Medtronic Bluetooth Guardian Link (3) ▶ **Go to 26**
  (*compatible **only** with MiniMed 770G & 780G insulin pump*)
- ☐ FreeStyle Libre 2 (starter kit is not required) ▶ **Go to 28**

26 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 27**
- ☐ **No** – The person is currently using or has previously used this CGM device. No starter kit is required.
  ▶ **Go to 28**

27 Where should the starter kit be sent?

- ☐ To the person named in Q1 and Q2 at their address in Q12
- ☐ To the carer or guardian of the person named in Q1 and Q2 at their address in Q19
- ☐ 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)

Full name		
Email		
Clinic/Hospital		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone number		

28 Certifier details - Please ensure all details are completed.

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

29 By signing here, I am certifying that:

- **I have assessed the person named in Q1 and Q2, and that they no longer have a clinical need for CGM or Flash GM as indicated by my answers; or**
- **I am the person named in Q1 and Q2, or are authorised to sign on their behalf, and confirm that they no longer require access to CGM or Flash GM through the NDSS; or**
- **I have assessed and certified that the person named in Q1 and Q2 is changing a CGM or Flash GM device; 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.**
- **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; and**
- **I have informed the person named in Q1 and Q2 that their CGM starter kit requires proof of delivery and will not be left at their place of residence if no one is home.**

Signature	Day	Month	Year
	/	/	

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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** 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

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

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

Translation: 131 450

Further information is available at 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**, 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 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 CGM Initiative as part of 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**

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