



# Guidance for Healthcare Professionals:

Assisting Whānau with Diabetes to Apply for the Disability Allowance



**Version 3.0**

Aotearoa Diabetes Collective

## **Title: Guidance for Healthcare Professionals: Assisting Whānau with Diabetes to Apply for the Disability Allowance**

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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'. There are also 'You must give us all the information we need' and 'If we find out later that any information you give us is not true...' callouts. 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](mailto: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

MINISTRY OF SOCIAL DEVELOPMENT  
TE HĀKATU WHAKANGATO OIA

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](http://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 reassess)

**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

Page 2

**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.

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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 for Dexcom ONE+ / Freestyle Libre 2 / LinX CGM
- 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 for Dexcom ONE+ / Freestyle Libre 2 / LinX CGM
- 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



# Empagliflozin

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- Support letter template 18
  - Email template for pharmacy 19
  - Quote from Northwest pharmacy 20  
(cheapest with free shipping)
-

# 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 GLPIRA 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

# 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.

# Quote - Empagliflozin

Copy of quote from Northwest 7-Day pharmacy

## Please note:

This is a quote from Northwest 7-day Pharmacy who have a mission to provide the cheapest unfunded pharmaceuticals in Aotearoa New Zealand. These prices are indicative of a typical one month supply of each medication. They offer free, same day shipping for all orders and prescriptions. A prescription is required to be sent to [scripts@northwestpharmacy.co.nz](mailto:scripts@northwestpharmacy.co.nz).



Medicine Name	Strength	Pack Size	Pharmacode	Cost (GST Inclusive)
Jardiance	10mg	30	2599694	\$75.00
Jardiance	25mg	30	2599708	\$75.00
Jardiamet	5+1000mg	60	2599724	\$75.00
Jardiamet	5+500mg	60	2599716	\$75.00
Jardiamet	12.5+1000mg	60	2599740	\$75.00
Jardiamet	12.5+500mg	60	2599732	\$75.00
Trulicity	1.5mg/0.5mL	4	2617722	\$158.00
Victoza	18mg/3mL	3	2653990	\$479.00
Saxenda	18mg/3mL	5	2595516	\$479.99
Contrave	8+90mg	112	2607891	\$206.99



SEND YOUR PRESCRIPTIONS TO NORTHWEST 7 DAY PHARMACY FOR  
FREE DELIVERY ANYWHERE - [scripts@northwestpharmacy.co.nz](mailto:scripts@northwestpharmacy.co.nz)

**Tip:** Indicate which medication dose the patient is likely to be prescribed.

**Please note:** these prices are likely cheaper than most community pharmacies. Please consider whether it is appropriate for the person to have medication sent to a different pharmacy before including this quote in the application as it may disrupt continuity of care.

Northwest 7-Day Pharmacy do offer free prescriptions, delivery and blister packing of regular medications. However, using a local pharmacy may be a better option for many people.

# Dexcom ONE+ CGM

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-

# Template support letter

## Continuous glucose monitoring - Dexcom ONE+

**This is an example letter that has been created based on applying for the disability allowance to fund Deccom ONE+ 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 Dexcom ONE+ continuous glucose monitoring (CGM) system to optimise their type 2 diabetes. We have strongly recommended **[Patient name]** uses the Dexcom ONE+ 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 Dexcom ONE+ 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 Dexcom ONE+ CGM 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 monthly cost of approximately \$244.60 (incl. GST + postage) for the Dexcom ONE+ sensors. We would appreciate any financial support you could provide **[Patient name]** for obtaining the Dexcom ONE+ CGM system.

We encourage people to consider redirection of payments to New Zealand Medical & Scientific (NZMS) (distributor of Dexcom CGM) to ensure an ongoing supply of sensors, particularly if they will find it difficult to order sensors online.

**[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,

# Price - Dexcom ONE+

Screenshot of cart from [www.dexcom.co.nz](http://www.dexcom.co.nz)

## Please note:

This is only suitable for people who do not want to redirect payment to NZMS for automatic shipping of sensors. If they do wish to redirect payments to NZMS then please contact [nz.diabetes@dexcom.com](mailto:nz.diabetes@dexcom.com) and request a quote with a customer ID and complete the [MSD redirection of benefit form](#).

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

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



## The cart includes:

- Three 10 day sensors \$244.60
- Processing and shipping fee of \$5 for Auckland and \$10 for the rest of NZ

### Shipping policy

Delivery fees apply for orders under \$500 and will be calculated at checkout. These delivery fees are \$5 to Auckland and \$10 to remaining New Zealand areas.

- Delivery ("Delivery") of the Goods is taken to occur at the time that:
- the Customer or the Customer's nominated carrier takes possession of the Goods at NZMS's address; or
- NZMS (or NZMS's nominated carrier) delivers the Goods to the Customer's nominated address even if the Customer is not present at the address.
- NZMS may deliver the Goods in separate instalments. Each separate instalment must be invoiced and paid in accordance with the provisions in these terms and conditions.
- NZMS will take all reasonable endeavours to ship any ordered Goods within 3 business days of receipt of payment; however, this time is an estimate only. NZMS will only deliver Goods between 9am and 5pm on a business day. The Customer must still accept delivery of the Goods even if late and NZMS will not be liable for any loss or damage incurred by the Customer as a result of the delivery being late.
- The failure of NZMS to deliver does not entitle either party to treat this Contract as repudiated.
- Backorders will be shipped as soon as they are available.

 3	Dexcom ONE+ Single Sensor Compatibility confirmed: ✓	\$234.60
 1	Dexcom G7 and Dexcom ONE+ App Setup Guide No Setup Guide Required	FREE
<input type="text" value="Discount code"/>		<input type="button" value="Apply"/>
Subtotal · 4 items		\$234.60
Shipping ⓘ		\$10.00
<b>Total</b>		NZD <b>\$244.60</b>
Including \$31.90 in taxes		

# Requesting a quote from NZMS for Dexcom ONE+

**This is an example email template to send to [nz.diabetes@dexcom.com](mailto:nz.diabetes@dexcom.com). NZMS/Dexcom will generate a quote with an account number to reference for redirection of benefit.**

Kia ora NZMS team,

Could I please request a quote for three Dexcom ONE+ sensors for the following person who is applying for a disability allowance to cover the costs and would like to have payments redirected to NZMS 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 NZMS to reply all, which will allow the person with diabetes to upload the quote directly to MyMSD or print off and add to their documents they are collecting.

**Tip:** Ask the patient to complete the [MSD Redirection of benefit form](#) in advance to assist with redirecting payments promptly.



# Quote - Dexcom ONE+

Copy of quote from Northwest 7-Day Pharmacy

**Please note:**

This is a quote from Northwest 7-day Pharmacy who have a mission to provide the cheapest unfunded pharmaceuticals in Aotearoa New Zealand. They offer free, same day shipping for all orders and prescriptions. Patients do not require a prescription to order Dexcom ONE+ from Northwest 7-Day Pharmacy.

<b>Northwest 7 Day Pharmacy</b> 1/98 Hobsonville Road Hobsonville, AUCKLAND 0618 Phone 09 416 0405 GST No. 141-661-035				<b>TAX INVOICE</b>			
<b>BILL TO:</b> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		Sales Person: Mr Abdul Eraki Cust. Order Ref:		Invoice No: 13691 Date: 03 March 25			
				Page No: 1			
Qty	PCode	Manufacturer code	Description	Unit price ex GST	Gross value	GST	Total amount
1	2679817		DEXCOM ONE+ Continuous glucose monitor	\$69.56	\$69.56	\$10.43	\$79.99
				Please pay to: <b>ASB - BARAKA HEALTH LTD</b> <b>12-3488-0042506-00</b> And put your name as reference. Thank you			
				<b>NORTH WEST PHARMACY</b> 7 DAY NORTHWEST PHARMACY 60/98 Hobsonville Road, Hobsonville, 0618 Tel: (09) 416 0405 OPEN 7 DAYS 8AM - 8PM			
				Subtotal Ex GST		\$69.56	
				GST		\$10.43	
				Subtotal Inc GST		\$79.99	
				<b>Total</b>		<b>\$79.99</b>	

# Freestyle Libre 2 CGM

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- Support letter template 27
  - Price from Mediray 28
  - Email template for requesting a quote from Mediray 29
  - Quote from Northwest pharmacy (cheapest with free shipping) 30
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# 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 systems 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.

**[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,

# Price - Freestyle Libre 2

Screenshot of cart from [www.mediray.co.nz](http://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](mailto:sales@mediray.co.nz) and request a proforma invoice and complete the [MSD redirection of benefit form](#).


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 is a coupon code entry field with a 'SUBMIT CODE' button. To the right, a summary box shows: '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

# Requesting a quote from Mediray for Freestyle Libre 2

**This is an example email template to send to [sales@mediray.co.nz](mailto:sales@mediray.co.nz)**

**Mediray will generate a quote with an account number to reference for redirection of benefit.**

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 MyMSD or print off and add to their documents they are collecting.

**Tip:** Ask the patient to complete the [MSD Redirection of benefit form](#) in advance to assist with redirecting payments promptly.

# Quote - Freestyle Libre 2

Copy of quote from Northwest 7-Day Pharmacy

## Please note:

This is a quote from Northwest 7-day Pharmacy who have a mission to provide the cheapest unfunded pharmaceuticals in Aotearoa New Zealand. They offer free, same day shipping for all orders and prescriptions. Patients do not require a prescription to order Freestyle Libre 2 from Northwest 7-Day Pharmacy.

Northwest 7 Day Pharmacy				TAX INVOICE			
1/98 Hobsonville Road Hobsonville, AUCKLAND 0618 Phone 09 416 0405 GST No. 141-661-035							
BILL TO:		Sales Person: Mr Abdul Eraki Cust. Order Ref.		Invoice No: 11215 Date: 31 January 25			
				Page No: 1			
Qty	PCode	Manufacturer code	Description	Unit price ex GST	Gross value	GST	Total amount
1	2682249		FREESTYLE LIBRE 2	\$93.04	\$93.04	\$13.96	\$107.00
				Please pay to: <b>ASB</b> <b>12-3488-0042506-00</b> And put name as reference. Thank you			
				<b>NORTH WEST PHARMACY</b> 7 DAY NORTHWEST PHARMACY 021 761 Hobsonville Road Hobsonville, AKL 0618 Tel: (09) 416 0405 OPEN 7 DAYS 8AM - 8PM			
				Subtotal Ex GST		\$93.04	
				GST		\$13.96	
				Subtotal Inc GST		\$107.00	
				Total		\$107.00	
Date Printed : 31 Jan 25							

# LinX CGM

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  - Quote from Intuitive Therapeutics 33
-

# 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](#).



# Quote - LinX CGM sensors

Copy of quote from [www.intuitivetherapeutics.co.nz](http://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](mailto: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
			<b>TOTAL NZD</b>	<b>200.00</b>

# Redirection of benefit

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- Tips for filling out the MSD redirection of benefit form 35
  - Company details 36
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-

# Redirection of benefit

## Helpful tips and tricks for redirection of benefit payments

Redirection of benefit is not required for all people and is not usually encouraged by MSD, however for some people it is the most practical way for them to have ongoing supply of continuous glucose monitor sensors.

### Complete the redirection of benefit payments form

Download the form [here](#)

**Redirection of benefit payment form**

MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŌ WHAKAHĀTŌ ORA

A redirection of benefit payment is where part or all of your benefit is paid to another person or organisation by the Ministry of Social Development. Requests for a redirection will only be approved in special circumstances and for good reason.

You'll need to show us why you can't use other options, such as paying by direct debit or using your bank's automatic payment service.

The other person or organisation who receives your payments doesn't have any power to act on your behalf in relation to the rest of your benefit or other dealings with us. If you want to give extra powers to another person or organisation, you'll need to complete an Appointment of Agent form.

**When you apply for a redirection of your benefit payment, you'll need to:**

- Give the reasons why you need to have part or all of your benefit paid to another person or organisation
- Tell us what other options you've tried and attach proof to support your application. For example, a recommendation from a doctor or budget advisor, a tenancy tribunal decision, proof from a bank that they won't provide the service you need (like opening an account or setting up automatic payments)
- Attach proof of the bank account of the person or organisation you want to get your benefit payment
- Have the person (or a representative of the organisation) who'll get receive part or all of your benefit sign this form to show they agree to the redirection.

Client number

**Tell us your details**

1 **What's your full name?**  
First and middle names  Surname or family name

2 **What date were you born?**  
Day  Month  Year

**Your benefit payments**

3 **Why do you need part or all of your benefit paid to another person or organisation?**

**INFORMATION FOR Q3:**  
You need to have good cause for this. For example, you have a health condition and can't manage your own affairs, or you're having problems managing your finances.

WORK AND INCOME  
TE HIRANGA TAKIRATA

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**Section 3 example:** "I am unable to order sensors online easily on a regular basis. Having the payment redirected means that I will have CGM sensors sent automatically"

**Section 4 example:** "I have tried ordering online by myself or had someone help me but this is not practical or easy"

**Attach page 29:** This outlines the process of ordering CGM sensors and some of the challenges people might experience.

**Sections 6-10:** Add all of the company information which is on the following page - make sure they use the company for the correct CGM.

# Company information

Information required to add to the redirection of benefit form

## Dexcom ONE+

**Organisation name:** Dexcom / NZMS Ltd  
**Postal address:** 2a Fisher Crescent, Mount Wellington,  
Auckland 1060, New Zealand  
**Contact details:** [nz.diabetes@dexcom.com](mailto:nz.diabetes@dexcom.com)  
**Bank account name:** NZMS Ltd  
**Account number:** 03-1509-0022469-000  
**Reference required:** yes - A/C provided upon request

## Freestyle Libre 2

**Organisation name:** Mediray New Zealand Ltd.  
**Postal address:** 53-55 Paul Matthews Road, Albany,  
Auckland 0632, New Zealand  
**Contact details:** 09 414 0318  
**Bank account name:** Mediray New Zealand Ltd.  
**Account number:** 03-0252-0509161-000.  
**Reference required:** Yes - see your Proforma invoice

## Linx CGM

**Organisation name:** Intuitive Therapeutics Ltd  
**Postal address:** PO Box 4241,  
Hamilton East 3247  
**Contact details:** 07 808 0850  
**Bank account name:** Intuitive Therapeutics NZ  
**Account number:** 38-9023-0007468-00  
**Reference required:** Client name

**Section 5:** Add the company information for the CGM sensor that you are planning to use.

# Template support letter

## Attachment for redirection of benefit form

**This support letter template can be used to complete Section 4 of the redirection of benefit form which requires proof to support your explanation of why you need to have your benefit redirected.**

**Date:** [DD/MM/YYYY]

**Re:** [Patient name]

Kia ora colleagues,

The purpose of this letter is to support the person's application for redirection of benefit payments for ordering continuous glucose monitors (CGM) to assist with their diabetes management.

Ordering continuous glucose monitor sensors needs to be done either on a fortnightly or monthly basis. This requires the person to have mobile data or an internet connection and a device such as a phone or computer to place the order online from the distributors website. The person also needs to have a credit or debit card to make the payment online.

They need to go to the distributor website, which often has a different name to the device they wish to purchase. They then need to navigate the website to find where to order the devices. This can be difficult given these companies often supply multiple medical devices and products.

They then need to order the correct medical device, the correct quantity and enter their personal information for shipping. They then need to enter their payment details and process the payment online in order for the continuous glucose monitor/s to be shipped.

This requires a level of IT and digital literacy in addition to access to internet and suitable device to make the order. They also need to remember to order the sensors in the timely manner to ensure that they don't run out of supplies.

For many people this process is too difficult for them to complete on a regular basis independently and therefore their healthcare professional may recommend their benefit to be redirected to the company in order to ease the process and ensure regular shipment of continuous glucose monitors.

Ngā mihi nui,

# Comparison of CGM

- 
- |                                    |    |
|------------------------------------|----|
| • Visual comparison of CGM options | 39 |
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# Comparing CGM

Comparisons of stand-alone CGM available in NZ



**Dexcom**  
**one+**

  
**FreeStyle**  
**Libre 2**



**Linx**

# Comparing Continuous Glucose Monitors (CGM) Stand-alone CGM



	Dexcom ONE+	Freestyle Libre 2	LinX CGM
<b>Sensor features</b>			
NZ Supplier	<u>NZMS</u>	<u>Medirax</u>	<u>Intuitive Therapeutics</u>
Sensor Life	10 days + 12 hour grace period	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
<b>Sensor features continued</b>			
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 and pregnancy*	Age 2 years and over and pregnancy*	Age 18 years and over*
<b>Glucose data display</b>			
Phone app	Dexcom ONE+ app	LibreLink app	LinX CGM app
Phone app availability**	<u>Check compatible</u> Android and iOS phones**, requires NFC and Bluetooth	<u>Check compatible</u> Android and iOS phones**, requires NFC and Bluetooth	<u>Check compatible</u> Android and iOS phones**, requires Bluetooth only

	Dexcom ONE+	Freestyle Libre 2	LinX CGM
<b>Glucose data display continued</b>			
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
<b>Alerts / Alarms</b>			
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 + optional delayed first alert	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
<b>Accuracy</b>			
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
<b>Data sharing</b>			
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 for type 1, pancreatic, monogenic and neonatal diabetes***	Funded by Pharmac for people with Type 1 diabetes, neonatal diabetes, pancreatic diabetes, and atypical inherited forms of diabetes***	Funded by Pharmac for people with Type 1 diabetes, neonatal diabetes, pancreatic diabetes, and atypical inherited forms of diabetes***	Not funded***
Sensor cost****	\$78.20 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 cost ****	\$7.82****	\$7.63****	\$6.33****

#### 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 stand-alone 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 February 2025