West Coast Health
Community Wellbeing Services

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Primary Care: Clinicians information for Disability Allowance

Did you know that patients with diabetes (or other long-term condition expected to last more than six months) may be eligible for a disability allowance to support their costs associated with managing or treating their condition?

If your patient:

- Is a New Zealand Citizen or Resident
- Usually lives in New Zealand and intends to stay here
- Meets income and asset limits

They may be eligible for support with:

- Prescriptions (including for medications they do not meet the funding criteria for, or continuous glucose monitoring devices)
- Medical fees
- Gym and swimming pool fees
- Gardening, lawns and outside window cleaning
- Appropriate footwear
- Podiatry appointments if they are ineligible for the secondary podiatry service
- Other services that would support their management or recovery

Talk to your patient about what the best use for their disability allowance might be, if they were eligible: e.g. prescription for empagliflozin, use of a CGM device, podiatry appointments, swimming pool concessions

Please note: *Nurses can sign letters of support (samples below)*

Medical certificate must be signed by a Nurse Practitioner, GP or specialist:

- Complete page 19 + 20 of Extra Help form if they are not a current MSD/WINZ client

  OR
- Complete the last two pages of Disability Allowance if they are a current MSD/WINZ client

Then: Offer them an appointment with a Health Coach, who can support them with working out their eligibility and continuing the application process.

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Registered Nurse, Nurse Practitioner and GP's can complete letters of support, as detailed in the tables below. Copy and paste into a document with your own letterhead.

Empagliflozin	Date: DD/MM/YYYY Re: [Patient name] Kia ora Colleague, This letter is in support for [Patient name] 's application for financial support for empagliflozin (Jardiance or Jardiamet if in combination with metformin). [Patient name] has type 2 diabetes that is poorly controlled and/or would benefit from the addition of Empagliflozin. In accordance with national and international guidelines, we have strongly recommended [Patient name] is treated with empagliflozin. This is because empagliflozin is the only additional medication that will lower [Patient name] 's glucose levels without causing hypoglycaemia (dangerously low blood glucose levels), as well as reducing their weight and progression of heart and kidney disease. All alternative funded options have been implemented or will either lead to potential hypoglycaemia, weight gain or will not prevent heart and renal disease, which are the most common causes of death in people with diabetes. This is important because [Patient name] already has [Renal disease, cardiovascular disease and/or heart failure] . *(*delete what doesn't apply)* and [weight gain and/or hypoglycaemia] *(*delete what doesn't apply)* would have significant negative impacts. Unfortunately, empagliflozin is not funded as per best practice in Aotearoa New Zealand, and [Patient name] [does not meet the special authority funding criteria / is already receiving a funded GLP1RA making them ineligible to receive Empagliflozin with special authority funding] . (*delete what doesn't apply) Understandably [Patient name] cannot afford to self-fund empagliflozin. Therefore, we would greatly appreciate any financial support you could provide for [Patient name] to have access to empagliflozin. The cost varies from pharmacy to pharmacy, but costs approximately $90 – 95 per month. It is also possible to halve the dose empagliflozin, effectively halving the price, but it is not as effective for glucose lowering as full dose. This may be an option for [Patient name] to discuss with their prescriber if they are close to the maximum allowance for

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	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
Dexcom One+ CGM	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 DexcomONE+ 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, 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, andthat funding CGM takes up a large proportion of the maximum weekly disability allowance. Many thanksfor your consideration and please contact me if you require any further information. Ngā mihi nui,
Freestyle Libre Two+	Date: DD/MM/YYYYRe: [Patient name]Kia ora Colleague,This letter is in support for [Patient name]'s application for financial support for funding of the FreestyleLibre 2 plus continuous glucose monitoring (CGM) system to optimise their type 2 diabetes. We have strongly recommended [Patient name] uses the Freestyle Libre 2 plus 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 FreestyleLibre 2 plus 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 plus 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 monthly costs of approximately $238.88 (incl.GST + postage) for two 15-day Freestyle Libre 2 plus sensors. [Patient name also cannot afford the one off cost

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	of $117 (incl. GST + postage) for the Freestyle Libre 2 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 plus system. We encourage people to consider redirection of payments to Mediray New Zealand Ltd (distributor of Freestyle Libre 2 plus) 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,
Redirection of benefit (for continuous supply of CGM's)	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

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	to ease the process and ensure regular shipment of continuous glucose monitors. Ngā mihi nui,
Other supports	Above templates can be used and modified to support the need for other costs to be covered.

Further information available: Collective Guidance for Healthcare Professionals: Assisting Whānau with Diabetes to Apply for the Disability Allowance