NATIONAL HEALTH FUND

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Website: www.nhf.org.jm

PHARMACEUTICAL DIVISION: Tel. (876) 923-6920/923-6926-8 Fax. 923-7159

October 2013

Dear Applicant,

The National Health Fund has conducted a review of the NHF Diabetic Supplies Application policy and procedure, which has resulted in some changes to the application process. Attached is the revised NHF Diabetic Supplies Application Form which is to be completed and submitted with the following:

1. Cover letter
2. Approval documents issued by the Ministry of Health
   - i. Glucometer and Blood Glucose Test Strips - "Product Approval Certificate"
   - ii. Lancets - Import Permit
   - iii. Urine Test Reagents/Strips - Product Approval Certificate"
   - iv. Insulin Syringes - Import Permit
   - v. a) Penfill Needles (without drug) - Product Approval Certificate"
   - vi. a) Insulin Pens (without drug) - Product Approval Certificate"
3. Picture of the product
4. Product literature (may include package insert)
5. Letter of Authorisation from the Manufacturer
6. A marketing plan outlining educational activities for diabetic patients and healthcare providers. (GLUCOMETER APPLICATIONS ONLY)

Please be reminded that where there is a change in the product by way of label name, presentation, pack size and/or manufacturer, a new application will also be required. In addition, you should inform the Individual Benefits Manager if there is any particular issue relating to your product that would be of concern to the National Health Fund. Kindly note that, if the pharmaceutical is not yet available in the island, and has not been assigned a drug code, processing of the application will not commence. As before, once the application process review is completed, you will be informed of the decision.

Thank you for your interest in the National Health Fund.

Yours sincerely,

.....

Kathrine Dawson Shaw (Mrs.)

Individual Benefits Manager

KDS:ch

Attachment

BOARD OF MANAGEMENT: Sterling B. Soares, JP – Chairman, Dr. Lucien Jones - Deputy Chairman, Everton W. Anderson- Chief Executive Officer, Dr. Thelma Nelson, Claudia Ferguson, Desmond Munroe, Senator Sophia Frazer-Binns, Gary Francis, Cordinal Beckford

NHF DIABETIC SUPPLIES APPLICATION FORM

Kindly refer to the cover letter for details on the documents required to accompany this application

INDICATE THE DIABETIC SUPPLY PRESENTATION

- ☐ Glucometer
- ☐ Blood Glucose Test Strips
- ☐ Lancets
- ☐ Urine Test Reagents/Strips
- ☐ Insulin Syringes
- ☐ Penfill needles
- ☐ Other (Please specify) _____

PROPRIETARY NAME OF DIABETIC SUPPLY: _____

DESCRIPTION OF PRODUCT (Gauge, mm):_____

PACKAGE SIZE: _____

MANUFACTURER: _____

DISTRIBUTOR: _____

DISTRIBUTOR PRICE: _____

MINISTRY OF HEALTH APPROVAL DOCUMENT ISSUED AND ATTACHED: ☐Yes ☐ No

DIABETIC SUPPLY CURRENTLY SOLD IN JAMAICA: ☐Yes ☐ No
COMMENCEMENT DATE OF SALES IN JAMAICA: _____/_____ (MONTH/YEAR)

HAS THE DIABETIC SUPPLY BEEN ASSIGNED A DRUG CODE? ☐ Yes ☐No

HAS THERE BEEN A PREVIOUS APPLICATION FOR THIS PRODUCT? ☐Yes ☐ No
IF SO, WHEN _____/ _____ (MONTH/YEAR)

IS THIS A CHANGE (NAME &/OR PRESENTATION) TO AN EXISTING PRODUCT? ☐ Yes ☐ No

IS THE NEW PRODUCT A REPLACEMENT FOR AN EXISTING PRODUCT? ☐ Yes ☐ No
IF YES, INDICATE NAME OF PRODUCT. _____

NAME GLUCOMETER (where applicable) WITH WHICH DIABETIC SUPPLY WILL BE USED:
_____**FOR GLUCOMETER APPLICATIONS, STATE PROPOSED DATE FOR AVAILABILITY ON THE PROGRAMME:** _____/_____ (MONTH/ YEAR)

NAME OF PHARMACEUTICAL COMPANY:

NAME OF APPLICANT: **POSITION:**

SIGNATURE OF APPLICANT: **DATE:**

FOR OFFICE USE ONLY