



NATIONAL HEALTH FUND

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Dear Applicant,

We value your interest in the National Health Fund (NHF) and to this end, we will commit to ensuring our application process is concise and easily understood as you seek to partner with us in doing business. The NHF's Diabetic Supplies Application Form, seen below, is to be accurately completed and presented along 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)

N. B. A National Drug Code should be assigned prior to submission of an application.

Please be reminded, where there is a change in any product covered on the programme, by way of label name, presentation, pack size and/or manufacturer, a new application will be required. For changes in pack size, requirements two, four, five and six above are not mandatory. Additionally, you should inform the Individual Benefits Manager if there is any particular issue/s relating to your product that would be of concern to the National Health Fund. Kindly note, if the pharmaceutical device is not yet available in the island, and has not been assigned a National Drug Code, processing of the application will not commence. Be assured, 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
Individual Benefits Manager

NHF DIABETIC SUPPLIES APPLICATION FORM



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

INDICATE THE DIABETIC SUPPLY PRESENTATION

- Glucometer Blood Glucose Test Strips
Lancets 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 Uncertain No

IF YES, WHEN (MONTH & YEAR): _____/_____/_____

HAS THERE BEEN A PREVIOUS APPLICATION FOR THIS PRODUCT? Yes No

IF YES, WHEN (MONTH & YEAR): _____/_____/_____

IS THIS A CHANGE TO AN EXISTING PRODUCT? Yes No

IF YES, PLEASE TICK THE APPROPRIATE CHOICE:

NAME PACKAGE SIZE

PRESENTATION PRODUCT DESCRIPTION

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: _____

EMAIL ADDRESS: _____

DATE OF APPLICATION: _____ SIGNATURE OF APPLICANT _____

FOR OFFICE USE ONLY

DATE OF APPROVAL: _____ BOARD OF MANAGEMENT Sr. MANAGEMENT

DATE OF ADDITION TO THE NHF DRUG LIST: _____

APPROVED DRUG SUBSIDY/SUBSIDIES _____

DATE ON WHICH THE APPLICANT WAS NOTIFIED: _____

SIGNATURE: _____