15TH NATIONAL HEALTH FUND
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PHARMACEUTICAL DIVISION: 78 Marcus Garvey Drive, Kingston 11
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Dear Applicant,

The National Health Fund (NHF) appreciates your interest in and support of the Individual Benefits Programme. Our application process is clear and concise; however, if you require clarification please do not hesitate to contact the Individual Benefits Manager.

The NHF's Diabetic Supplies Application Form, seen below, is to be accurately completed and submitted 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. Penfill Needles (without drug) - Product Approval Certificate
   - vi. 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. An application form should not contain more than two items. In addition, we ask that you inform the Individual Benefits Manager if there are any particular issues 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 review of the application(s) 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

NHF DIABETIC SUPPLIES APPLICATION FORM

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 ☐ 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 REPLACING A PRODUCT CURRENTLY ON THE NHFCARD PROGRAMME? ☐ Yes ☐ No

IF YES, INDICATE NAME OF PRODUCT, AND PACK SIZE (WHERE APPLICABLE).

_____

INDICATE EXPIRY DATE OF THE LAST BATCH OF STOCK SOLD. (MONTH/YEAR) _____/_____

IS THIS A CHANGE TO A DIABETIC SUPPLY CURRENTLY ON THE NHFCARD PROGRAMME?

☐ Yes ☐ No

IF YES, PLEASE TICK THE APPROPRIATE CHANGE(S):

◯ NAME ◯ STRENGTH ◯ PACK SIZE ◯ PRESENTATION ◯ PRODUCT DESCRIPTION

NAME GLUCOMETER (where applicable) WITH WHICH DIABETIC SUPPLY WILL BE USED:

_____F

OR GLUCOMETER APPLICATIONS, STATE PROPOSED DATE FOR AVAILABILITY ON THE PROGRAMME (MONTH/YEAR): _____/_____

NAME OF PHARMACEUTICAL COMPANY: _____

NAME OF APPLICANT: _____

POSITION: _____

EMAIL ADDRESS: _____ TELEPHONE NUMBER: _____

SIGNATURE OF APPLICANT _____ DATE OF APPLICATION: _____

FOR OFFICE USE ONLY

DATE OF APPROVAL: _____ ◯ BOARD OF MANAGEMENT ◯ SNR. MANAGEMENT

DATE OF ADDITION TO THE NHF DRUG LIST: _____

APPROVED DRUG SUBSIDY/SUBSIDIES_____

DATE ON WHICH THE APPLICANT WAS NOTIFIED: _____

SIGNATURE: _____ DATE:_____