

AGENDA DIABETES SUBCOMMITTEE OF PTAC

Meeting: 9.00 am – 3:45 pm

11 December 2013

**PHARMAC
Level 9
Simpl House
40 Mercer Street
Wellington**

- 9:00am** **Arrival (coffee/tea)**
- 9.15 am** **Welcome and introductions**
- (a) Declarations of conflicts of interest
 - (b) Record of the previous Diabetes Subcommittee meetings
- 9.45 am** Introduction to Device team
- 10:00am** Therapeutic group review
- 11:30 am** **Morning tea (provided)**
- 11.45 am** Blood glucose meter and strips implementation update
- 12.30 pm** **Lunch (provided)**
- 1.00 pm** Insulin pump review
- 1.30 pm** Insulin pumps for cystic fibrosis
- 2.00 pm** Insulin pumps and pregnancy
- 2:30pm** Dapagliflozin for type 2 diabetes
- 3:00pm** **Afternoon tea (provided)**
- 3:15pm** Diabetes default dispensing review
- 3:45 pm** Meeting finish

AGENDA DIABETES SUBCOMMITTEE OF PTAC

Meeting: 9.00 am – 4:30 pm

19 August 2014

**PHARMAC
Level 9
Simpl House
40 Mercer Street
Wellington**

- 9:00am** **Arrival (coffee/tea)**
- 9.15 am** **Welcome and introductions**
- (a) Declarations of conflicts of interest
 - (b) Record of the previous Diabetes Subcommittee meetings
- 9:45 am** Canagliflozin
- 11:00 am** **Morning tea (provided)**
- 11.15 am** New Agent review
- 12.30 pm** **Lunch (provided)**
- 1.15 pm** Biosimilars discussion
- 1.45 pm** Insulin pumps workshop on Special Authority
- 3:00 pm** **Afternoon tea (provided)**
- 3:15 pm** Insulin pumps continued
- 4:30 pm** Meeting finish

AGENDA – DIABETES SUBCOMMITTEE OF PTAC

Meeting: 9.00 am 4.15pm

16 April 2015

**PHARMAC
Level 9
Simpl House
40 Mercer Street
Wellington**

- 9:00 am** **Arrival (coffee/tea)**
- 9.15 am** **Welcome and introductions**
- (a) Declarations of conflicts of interest
 - (b) Record of the previous Diabetes Subcommittee meetings
- 9.45 am** Therapeutic Group Review (DL=George Laking)
- 11.00 am** **Morning Tea (provided)**
- 11.15 am** Anti-diabetic agents Request for Information (RFI) (DL=Peter Moore)
- 1.00 pm** **Lunch (provided)**
- 1.30 pm** Insujet needleless injection device (DL=Andrea Rooderkerk)
- 2.30 pm** Insulin Pump Panel transition to Special Authority (DL=Nic Crook)
- 3.30 pm** **Afternoon tea (provided)**
- 3.45 pm** Blood Glucose Meters (brief overview of proposed approach to funding)
- 4.15 pm** Meeting finish

DL = Discussion Lead

AGENDA DIABETES SUBCOMMITTEE OF PTAC

Meeting: 9:00 am 2:50 pm

10 October 2016

**PHARMAC
Level 9
Simpl House
40 Mercer Street
Wellington**

Time	Agenda item	Discussion leader
9:00 am	Arrival (coffee/tea provided)	
9:15 am	Welcome and introductions <ol style="list-style-type: none">1. Declarations of conflicts of interest2. Record of the previous Diabetes Subcommittee meeting	Chair
9:40 am	Factors for Consideration	Lauren B
10:00 am	Therapeutic Group Review	Chair
10:30 am	Morning tea (provided)	
10:50 am	Therapeutic Group Review continued	Chair
11:35 am	Matters Arising <ol style="list-style-type: none">1. Insulin needles2. Antidiabetic agents	
12:35 pm	Diabetes health economics model	
1:05 pm	Lunch (provided)	
1:35 pm	Blood glucose meters and strips	
2:35 pm	Any other business	
2:50 pm	Meeting ends	

From: [redacted] [mailto:[redacted]]

Sent: Tuesday, September 19, 2017 4:06 PM

To: applications <applications@Pharmac.govt.nz>

Subject: Application to Fund the Abbott Freestyle Libre Interstitial Fluid Glucose Sensor and Reader

Attachments: Interstitial fluid glucose monitor.docx, freestyle libre for glucose monitoring pdf 2285963268047557 pdf

Hi

Attached are the documents I have prepared to support an application to have the Freestyle Libre system funded by Pharmac in NZ

This system is greatly assisting insulin dependent diabetic patients in the European Union, Australia and now NZ to better monitor and control blood glucose levels.

The system has just been approved to be publically funded and available in the UK through the National Health System (NHS). Some European countries are also publically funding the Freestyle Libre

Australia is considering publically funding the system and is currently in a data gathering phase collecting individual patient experiences via a national survey.

There are many insulin dependent diabetics and care givers of insulin dependent diabetics who are hanging out to adopt this technology but can't afford to self-fund. My observation is that this technology is a "game changer" in the diabetes management arena and as such the NZ Health System needs to be on board.

Thankyou

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