

Identification of preferred blood glucose test strips with associated blood glucose meter(s) for adult patients with type 1 and type 2 diabetes mellitus

Cover Page for Submissions

For all submissions relating to particular test strips with associated meter(s), section A and section B must be completed and included as the cover page for the submission. All test strips and associated meter(s) included in the submission must be listed in the table below.

Section A:

Test strip name	PCRS reimbursement code	Associated meter(s) compatible with test strip (must be in line with published criteria* including availability free of charge to patient)

*HSE-Primary Care Reimbursement Service (PCRS) Diabetes Consumables Guidelines for Manufacturers/Distributors/Suppliers Version 5 November 2023. Available: <https://www.hse.ie/eng/about/who/cpu/non-drug-reimbursement-applications/personal-diagnostic-monitoring-and-delivery-guidelines/revised-guidelines-personal-diagnostic-monitoring-and-delivery-services.pdf>

Section B:

I, the undersigned, confirm compliance with:

- Applicable national standards and European Commission standards
- All applicable laws
- ISO 15197:2013

for all products (test strips and meters) listed in the table above.

Please choose the relevant option

1. For first submissions by suppliers who have not engaged with this process previously, information in relation to all the criteria as set out in the HSE-Medicines Management Programme (MMP) [roadmap for the identification of preferred blood glucose test strips with associated blood glucose meter\(s\) for adult patients with type 1 and type 2 diabetes mellitus should be outlined.](#)
2. For subsequent submissions by suppliers (e.g. those who currently have a blood glucose test strip identified as one of the preferred products), if appropriate, a number of criteria can be confirmed in the table below. The remaining criteria as set out in the MMP roadmap should be outlined.

I confirm that the information previously submitted in relation to the following criteria, is applicable to the products being submitted as part of this updated evaluation:

Criteria	Yes	No
Availability of patient support services by the supplier		
Availability of education resources to healthcare professionals by the supplier		
Robustness of supply of test strips to the Irish Market		

Managing Director Signature: _____

Managing Director Name: _____

Company name: _____

Date of submission: _____

Submissions can be emailed to mmp@hse.ie. The MMP will issue confirmation of receipt within 72 hours. Please contact the MMP if you do not receive confirmation of receipt after this time.