



SPECIAL AUTHORITY REQUEST
GLUCOSE MONITORING SYSTEMS
(DEXCOM G6® and G7® and FreeStyle Libre 2®)

HLTH 5817 2023/11/01

Initial Coverage (1 year) Complete sections 1 - 3

Coverage Renewal (5 years) Complete sections 1 -2, 4

For up-to-date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1-800-609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4
This facsimile is doctor-patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested device is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

SECTION 1 - PRESCRIBER INFORMATION

Name and Mailing Address
College ID (use ONLY College ID number) Phone Number (include area code)
Prescriber's Fax Number
CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name
Patient (Given) Name(s)
Date of Birth (YYYY / MM / DD) Date of Application (YYYY / MM / DD)
Personal Health Number (PHN)
CRITICAL FOR PROCESSING

SECTION 3 - INITIAL COVERAGE (1 YEAR)

Both 1 and 2 must apply and be checked: (see page 2 for the (i) references)

1. Select ONE:

a. Dexcom G6® or G7®: patient is 2 years of age or older with diabetes mellitus (DM) and requires multiple daily injections of insulin or insulin pump therapy as part of intensive insulin therapy(0) 9901-0376 + 9901-0377 + 9901-0434

OR

b. FreeStyle Libre 2®: patient is 4 years of age or older with diabetes mellitus (DM) and requires multiple daily injections of insulin or insulin pump therapy as part of intensive insulin therapy(0) 9901-0435 + 9901-0436

AND

2. Patient/family/caregiver agrees to comprehensive and age-appropriate diabetes education by an interdisciplinary diabetes healthcare team and commits to regular follow-up

AND, patient has at least one of the following:

- Hypoglycemia unawareness(ii)
Frequent and unpredictable hypoglycemic episodes(iii)
Unpredictable swings in blood glucose(iv)
At least one functional restriction that inhibits the use of blood glucose test strips (BGTS) (e.g., dexterity, mobility, dermatological conditions)
An occupation where hypoglycemia presents a significant safety risk (e.g., pilots, air traffic controllers, commercial drivers)

Blood Glucose Test Strip limit is 200 annually for insulin users who use a CGM or FGM. Children under a Nursing Support Service using a CGM/FGM may require additional strips, depending on their care plan.

Patient is a child under Nursing Support Services (NSS) and will require additional blood glucose test strips while using CGM 9901-0250

Patient (Family) Name	Patient (Given) Name(s)	Personal Health Number (PHN)
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**SECTION 4 – COVERAGE RENEWAL (5 YEARS)****Both must apply and be checked:** 1. **Select ONE:**

a. Dexcom G6® or G7®: the patient with diabetes mellitus (DM) continues to require multiple daily injections of insulin or insulin pump therapy as part of intensive insulin therapy<sup>(i)</sup>

**OR**

b. FreeStyle Libre 2®: the patient with diabetes mellitus (DM) continues to require multiple daily injections of insulin or insulin pump therapy as part of intensive insulin therapy<sup>(i)</sup>

**AND**

2. The patient will benefit from continued use of a glucose monitoring system.

Blood Glucose Test Strip limit is 200 annually for insulin users who use a CGM or FGM. Children under a Nursing Support Service using a CGM/FGM may require additional strips, depending on their care plan.

Patient is a child under Nursing Support Services (NSS) and will require additional blood glucose test strips while using CGM **9901-0250**

**Report all adverse events to the post-market surveillance program, Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).**

Personal information on this form is collected under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act 22(1)* and *Freedom of Information and Protection of Privacy Act 26 (a),(c),(e)*. The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally. If you have any questions about the collection of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.

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Prescriber's Signature (Mandatory)

*PharmaCare may request additional documentation to support this Special Authority request.*

*Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.*

**PHARMACARE USE ONLY**

STATUS	EFFECTIVE DATE (YYYY / MM / DD)	DURATION OF APPROVAL
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**Reference**

- i Multiple daily injections of insulin is defined as 1 (or more) injection(s) of basal insulin and 3 (or more) injections of bolus insulin, with a minimum of at least of 4 total insulin injections per day.
- ii Hypoglycemia unawareness is defined as the inability of a patient to recognize or communicate early symptoms of hypoglycemia, resulting in the inability to take corrective action to prevent severe hypoglycemic episodes.
- iii Frequent hypoglycemic episodes are defined as greater than 3 episodes per week. Unpredictable hypoglycemic episodes are defined as those that are not associated with predictable causes (e.g., physical activity, reduced food intake, acute illness, medication dosing errors).
- iv Unpredictable swings in blood glucose is defined as variability in blood glucose levels of less than 4 mmol/L and/or greater than 10 mmol/L throughout the day that are not associated with a predictable cause (e.g., physical activity, food intake, acute illness, medication dosing errors).