## **Exception Drug Status (EDS) Request**

Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM)

- Complete this form for your files ٠
- Ensure each section is complete to avoid delays. •
- Request EDS by phone to receive immediate confirmation •
- Request EDS by email: ATTN: CGM FGM request and allow a minimum of 72 hours for response. •

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	atchewan Health ices Number (9 digits)						1				Date of E	Birth	mm		dd	уууу	
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The	e patient is under 1	8 year	rs of a	ge.												□ Yes	□ No
bec	e patient is in routir liatric diabetes spe me of the consultin	cialist.														□ Yes	□ No
Γh€	e patient and/or car	egive	r dem	onstra	ates th	ie cap	acity	to use	e the (	CGM/	FGM ap	propr	iately.			□ Yes	□ No
	e patient and/or cai I how it can benefit			onstra	ites a	reaso	nable	e unde	erstan	iding o	of what t	he C(	GM/FG	iM car	n do	□ Yes	□ No
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Date:

saskatchewan.ca

# Saskatchewan 💋

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#### Appendix A:

### Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM) Criteria

#### **Initial Criteria**

#### Initial approval duration: One year

For pediatric patients with diabetes (or meet criterion 'c' specifically below) who are under 18 years old<sup>1</sup> and meet ALL of the following criteria:

- Under the care and management<sup>2</sup> of a pediatric endocrinologist, pediatric diabetes specialist, pediatric metabolic physician or certified diabetes educator within the Saskatchewan Health Authority who is working with a pediatric diabetes specialist,
- Patient and/or caregiver demonstrates the capacity to use the CGM/FGM appropriately,
- Patient and/or caregiver demonstrates a reasonable understanding of what the CGM/FGM can do and how it can benefit their care, and
- Patient and/or caregiver affirms a willingness to use the CGM/FGM properly and to use the data from this technology to make safe and effective diabetes management decisions.

*In addition,* patients must also meet ONE of the following:

- a) Approved for the Saskatchewan Insulin Pump Program (NOTE: The Saskatchewan Insulin Pump Program policy will determine when patients are eligible for a new insulin pump funded by the Saskatchewan Insulin Pump Program.), OR
- b) On both basal AND bolus insulin, OR
- c) Have hyperinsulinism requiring frequent blood glucose monitoring.

#### **Renewal criteria**

#### Renewal approval duration: One year

Coverage may be continued if ALL of the following are met:

- Patient remains under the age of 18<sup>1</sup>,
- Patient has routine follow up with their diabetes care team and remains under the care and management<sup>2</sup> of a pediatric endocrinologist, pediatric diabetes specialist, pediatric metabolic physician or certified diabetes educator within the Saskatchewan Health Authority who is involved with pediatric diabetes management,
- Patient and/or caregiver continues to demonstrate the capacity to use the CGM/FGM appropriately,
- Patient and/or caregiver continues to demonstrate a reasonable understanding of what the CGM/FGM can do and how it can benefit their care, and
- Patient and/or caregiver continues to affirm a willingness to use the CGM/FGM properly and to use the data from this technology to make safe and effective diabetes management decisions.

#### **Discontinuation process**

Coverage may be discontinued upon notification from the care provider that the CGM/FGM criteria is no longer met by this patient.

Notes:

- 1. Diabetes care teams should be familiar with the various CGM/FGM products, their Health Canada approved age indications and relevant features when assisting patients/caregivers with product selection.
- 2. Requests initiated by approved prescribers within the diabetes care teams may be approved through the online Exception Drug Status adjudication (OEA) process and therefore may not require a manual application for assessment.