

# Exception Drug Status (EDS) Request

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

Drug Plan and Extended Benefits Branch  
3475 Albert Street  
REGINA SK S4S 6X6  
Phone: 1-800-667-2549 / 306-787-8744  
Fax: 306-798-1089  
Email: EHB@health.gov.sk.ca

- Complete this form for your files
- 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.

### Patient Information (Please Print)

Last Name				First Name				Middle Initial			
Saskatchewan Health Services Number (9 digits)				Date of Birth				mm dd yyyy			

### Confirmation of Patient Eligibility (Complete for all Initial and Renewal Requests)

- The patient is under 18 years of age.  Yes  No
- The patient is in routine follow up and under the care and management of, or in consultation with, a pediatric diabetes specialist.  Yes  No  
Name of the consulting pediatric diabetes specialist: \_\_\_\_\_
- The patient and/or caregiver demonstrates the capacity to use the CGM/FGM appropriately.  Yes  No
- The patient and/or caregiver demonstrates a reasonable understanding of what the CGM/FGM can do and how it can benefit their care.  Yes  No
- The patient and/or caregiver affirms a willingness to use the CGM/FGM properly and to use the data from the technology to make safe and effective diabetes management decisions.  Yes  No

CGM/FGM Brand: \_\_\_\_\_

Additional clinical details relevant to the request may be submitted and attached for consideration: details of patient's clinical status, the goals of CGM/FGM management, and duration of coverage requested.

### Initial Request (Complete only if initial request)

Patients must also meet **ONE** of the following:

- The patient is approved for the Saskatchewan Aids to Independent Living (SAIL), Insulin Pump Program (IPP). **NOTE:** new insulin pumps are funded based on the Insulin Pump Program policy.  Yes  No
- The patient is currently managed on both a basal and a bolus insulin.  Yes  No  
If yes, indicate the specific insulin formulations: Basal \_\_\_\_\_ Bolus: \_\_\_\_\_
- The patient has hyperinsulinism requiring frequent blood glucose monitoring.  Yes  No

### Discontinuation Request from Prescriber (Complete only if discontinuing)

As the prescriber, I authorize the Drug Plan and Extended Benefits Branch to discontinue the Exception Drug Status (EDS) approval for CGM/FGM as this patient no longer meets the eligibility criteria. This has been discussed with the patient/caregiver.

Prescriber initials: \_\_\_\_\_ Effective Date of Discontinuation: \_\_\_\_\_

### Prescriber Information

Name (PLEASE PRINT)	<input type="checkbox"/> verbal <input type="checkbox"/> form submitted	Telephone Number (include area code)
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Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

## **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.