

## **Bulletin #113**

### ***Expanded Coverage of Diabetic Supplies***

Effective September 28, 2021

Updated October 6, 2021

Effective **September 28, 2021**, Manitoba Health and Seniors Care will provide coverage for the following Diabetic Supplies for patients 25 years of age or under with type 1 diabetes who meet the criteria provided below.

Requests should be submitted to the EDS Department using the Exception Drug Status (EDS) request form: CGM/FGM which will be made available here: [Pharmacare Information for Health Professionals | Health and Seniors Care | Province of Manitoba \(gov.mb.ca\)](#)

<b>PIN</b>	<b>Product</b>	<b>Approved Quantity per Benefit Year</b>
00905507	<b>Dexcom G6 Sensor</b>	45 sensors
00905509	<b>Dexcom G6 Transmitter</b>	5 transmitters
00905512	<b>FreeStyle Libre 2 Sensor</b>	33 sensors
00905515	<b>Medtronic Guardian Sensor (3) CGM Sensor</b>	65 sensors
00905520	<b>Medtronic Guardian Link (3) Transmitter Kit (for MiniMed 670G pump)</b>	1 kit
00905525	<b>Medtronic Guardian Link (3) Transmitter Kit (for MiniMed 770G pump)</b>	1 kit
00905530	<b>Medtronic Guardian Connect Transmitter Starter Kit</b>	1 kit

**The Continuous Glucose Monitoring (CGM) and Flash Glucose Monitoring (FGM) criteria are as follows:**

**Initial Criteria:**

For patients with type 1 diabetes who are 25 years of age or under and meet ALL of the following criteria:

1. Patient is either:
  - a. Currently on an insulin pump OR
  - b. On both basal\* AND bolus\* insulin.
2. Under the care and management of a Manitoba endocrinologist, diabetes specialist, or metabolic physician, and has routine follow-up with their diabetes care team;
3. Patient and/or caregiver demonstrates the capacity to use the CGM/FGM appropriately;
4. Patient and/or caregiver demonstrates a reasonable understanding of what the CGM/FGM can do and how it can benefit their care;
5. 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.

\***Note:** According to Diabetes Canada's Types of Insulin Table<sup>1</sup>:

- Intermediate-acting and long-acting insulins are considered basal insulins.

- Rapid-acting and short-acting insulins are considered bolus insulins.
- Premixed regular insulin-NPH and premixed insulin analogues are considered to contain both a basal and bolus insulin.

Reference<sup>1</sup>: <https://diabetes.ca/DiabetesCanadaWebsite/media/Health-care-providers/2018%20Clinical%20Practice%20Guidelines/Appendix-6-types-of-insulin.pdf?ext=.pdf>

Initial Approval Duration: one year

**Renewal Criteria:**

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

1. Patient remains 25 years of age or under;
2. Patient remains under the care and management of an endocrinologist, diabetes specialist, or metabolic physician, and has routine follow-up with their diabetes care team;
3. Patient and/or caregiver continues to demonstrate the capacity to use the CGM/FGM appropriately;
4. Patient and/or caregiver continues to demonstrate a reasonable understanding of what the CGM/FGM can do and how it can benefit their care;
5. 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.

**Note:**

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

Renewal Approval Duration: one year