Expanded Coverage of Diabetic Supplies

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)

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

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 Table¹:
- 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.


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