

**EXCEPTION DRUG STATUS (EDS) REQUEST FORM**  
 Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM)  
 FAX: (204) 942-2030 or 1-877-208-3588



Manitoba Health and Seniors Care  
 300 Carlton Street  
 Winnipeg MB R3B 3M9

Prescriber Name:	Fax Number:
	Phone Number:
Prescriber Address:	Prescriber License Number (NOT Billing Number):

Patient First Name:	PHIN:	MH Registration Number:
Patient Last Name:	Patient's Date of Birth:	

EDS request is for the following CGM/FGM Brand (FreeStyle Libre 2, Dexcom or Guardian):

Confirmation of Patient Eligibility	Yes	No
Patient is 25 years of age or under.	<input type="checkbox"/>	<input type="checkbox"/>
Patient has been diagnosed with type 1 diabetes.	<input type="checkbox"/>	<input type="checkbox"/>
Patient is either: a. currently on an insulin pump; OR b. on both basal* AND bolus* insulin. • Please indicate the specific insulin formulation(s) the patient is currently using (e.g. NovoRapid + Novolin NPH etc): _____	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>*Note:</b> According to Diabetes Canada's Types of Insulin Table<sup>1</sup>:</p> <ul style="list-style-type: none"> <li>Intermediate-acting and long-acting insulins are considered basal insulins.</li> <li>Rapid-acting and short-acting insulins are considered bolus insulins.</li> <li>Premixed regular insulin-NPH and premixed insulin analogues are considered to contain both a basal and bolus insulin.</li> </ul> <p>Reference<sup>1</sup>: <a href="https://diabetes.ca/DiabetesCanadaWebsite/media/Health-care-providers/2018%20Clinical%20Practice%20Guidelines/Appendix-6-types-of-Insulin.pdf?ext=.pdf">https://diabetes.ca/DiabetesCanadaWebsite/media/Health-care-providers/2018%20Clinical%20Practice%20Guidelines/Appendix-6-types-of-Insulin.pdf?ext=.pdf</a></p>	<input type="checkbox"/>	<input type="checkbox"/>
Patient is under the care and management of a Manitoba endocrinologist, diabetes specialist, or metabolic physician, and has routine follow-up with their diabetes care team. Name of consulting diabetes specialist: _____	<input type="checkbox"/>	<input type="checkbox"/>
Patient and/or caregiver demonstrates the capacity to use the CGM/FGM appropriately;	<input type="checkbox"/>	<input type="checkbox"/>
Patient and/or caregiver demonstrates a reasonable understanding of what the CGM/FGM can do and how it can benefit their care;	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

**Discontinuation Request from Prescriber (complete only if discontinuing)**  
 As the prescriber, I authorize Manitoba Health 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: \_\_\_\_\_

<b>Prescriber Signature</b>	
Date:	Prescriber Signature:

For EDS Office: