

MEDTRONIC CONTINUOUS GLUCOSE MONITOR TRANSMITTERS AND SENSORS SPECIAL AUTHORIZATION REQUEST FORM

Patients may or may not meet eligibility requirements as established by Alberta government sponsored drug programs.

Please complete all required sections to allow your request to be processed.

PATIENT INFORMATION			COVERAGE TYPE	
LAST NAME	FIRST NAME	INITIAL	<input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Alberta Human Services <input type="checkbox"/> Other _____	
BIRTH DATE (YYYY-MM-DD)	ALBERTA PERSONAL HEALTH NUMBER			
ADDRESS	CITY	PROV	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER

PRESCRIBER INFORMATION				
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION	
ADDRESS			<input type="checkbox"/> CPSA <input type="checkbox"/> ACO <input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C <input type="checkbox"/> ACP <input type="checkbox"/> Other	REGISTRATION NUMBER
CITY, PROVINCE			PHONE	FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	

Criteria for Coverage

Special Authorization coverage may be provided for patients 18 years of age and over with diabetes that require ongoing use of: - insulin pump therapy (with Medtronic pumps)

Special authorization may be granted for 12 months.

Continued coverage may be approved for a period of 12 months for patients continuing insulin pump therapy with Medtronic pumps.

Coverage will not be provided for the following:

- Requests made due to lifestyle choices (e.g. sports, personal preference, etc.);
- Components or devices that are not primarily part of the continuous glucose monitor composite device (e.g. batteries, insertion devices, adhesive removers, or other supplies);
- More than one type of Continuous Glucose Monitor (CGM) device.

Eligible individuals will have coverage for up to a maximum of 1 transmitter and 52 sensors for each benefit year.

Note: Refer to the Alberta Drug Benefit List for coverage for patients under the age of 18 years.

Please provide the following information for all requests

Product Requested (choose ONE only)

Guardian 4 transmitter and sensors (780G pump) Guardian Connect transmitter and sensors
 Guardian Link transmitter (670G pump) and sensors Guardian Link transmitter (770G and 780G pump) and sensors

Diagnosis

Diabetes Other, specify _____

Current therapy

Does the patient require ongoing use of insulin pump therapy (with Medtronic pumps)? Yes No

Additional information relating to request

PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to Alberta Blue Cross, Clinical Drug Services 10009 108 Street NW, Edmonton, Alberta T5J 3C5 FAX 780-498-8384 in Edmonton • 1-877-828-4106 toll free all other areas
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ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.