FreeStyle Libre 2

Continuous Glucose Monitoring System Motivation Form

1. PATIENT DETAILS: To be completed by Patient:

Name	
Surname	
Medical Aid Name	
Plan Option	
Plan Number	
Patient ID Number	
ICD-10 Code	
Tariff Code	
Referring Specialist Name & Surname	
Referring Specialist Practice Number	

MAIN MEMBER DETAILS

Name	
Surname	
Medical Aid Name	
Plan number	
Main member ID Number	
Contact Number	
Email Address	

1.1 SELF MONITORING:

(Please attach your last 3 months self monitoring of blood glucose (SMBG) / Copy of logbook and a copy of the HbA$_{1c}$ Results - to be collected from a pathologist.)

Frequency of self monitoring of blood glucose (fingerstick# testing)			
Number of test strips utilised per month			
Last two HbA$_{1c}$ results and dates	Date		Date	
	Result		Result	

2. HEALTHCARE PROFESSIONAL (HCP) DETAILS: To be completed by the Healthcare Professional

Name		HPCSA Number	
Surname		Practice Number	
Speciality		Contact Number	

2.1 DIAGNOSIS HISTORY

Please circle the most appropriate answer.

Primary ICD-10 Code & description		
Approximate date of diagnosis		
Type I diabetes	Gestational diabetes mellitus (GDM)	Type II diabetes
	Specific types of diabetes due to other causes, e.g., monogenic diabetes syndromes (such as neonatal diabetes and maturity-onset diabetes of the young [MODY]), diseases of the exocrine pancreas (such as cystic fibrosis and pancreatitis), and drug- or chemical-induced diabetes (such as with glucocorticoid use), in the treatment of HIV/AIDS, or after organ transplantation.	

2.2 COMORBIDITIES

Please circle the most appropriate answer.

Hypertension	YES	NO
Dyslipidemia	YES	NO
Other	YES	NO
Please specify		

Simulated data for illustrative purposes only. Not real data.

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2.3 COMPLICATION AND HOSPITALISATION HISTORY
Please circle the most appropriate answer.

HOSPITALISATION AND ACUTE EVENTS		
Has the patient been admitted for diabetes or a complication of diabetes?	YES	NO
Number of admissions		
Dates, and details of admissions /Reason for admission		
History of hypoglycaemic events	YES	NO
DETAILS OF EVENTS (Number of events, hypoglycaemia unaware, Nocturnal, etc)		
History of hyperglycaemic events	YES	NO
DETAILS OF EVENTS (Number of events, etc)		
OTHER		
Retinopathy	YES	NO
Nephropathy	YES	NO
Neuropathy	YES	NO
Macroangiopathy	YES	NO
Other	YES	NO
Please specify		

2.4 TREATMENT
Please circle the most appropriate answer.

MULTIPLE DAILY INJECTIONS	YES	NO
How many injections per day?		
Long-acting insulin	YES	NO
Specify		
Rapid-acting insulin	YES	NO
Specify		
Intermediate-acting insulin	YES	NO
Specify		
ORAL TREATMENT	YES	NO
Specify		
Adjustments/Interventions made to optimise glycaemic control	YES	NO
Specify		

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2.5 AMBULATORY GLUCOSE PROFILE (AGP)
(Please attach last 3 months Ambulatory Glucose Profile)

AGP INTERPRETATION		
Glycaemic Variability	YES	NO
Stability & Exposure	YES	NO
Hypoglycaemia Risk	YES	NO
Nocturnal Hypoglycaemia	YES	NO
Estimated HbA$_{1c}$	YES	NO
Is the patient currently using FreeStyle Libre?	YES	NO
Duration of use		
Response: Please specify: (Reduction in hypoglycaemia, improvement in HbA$_{1c}$, changes to therapy, Time in target range)		

2.6 FURTHER INFORMATION AS SUBSTANTIATION FOR APPROVAL

FreeStyle Libre 2 Continuous Glucose Monitoring System

NAPPI Code	Product Description	Item Cost (excl. VAT)	Item Cost (incl. VAT)	Monthly Requirement	Total Cost Per Month (incl. VAT)	Total Cost Per Year (incl. VAT)
1170902-001	FreeStyle Libre 2 sensor (1 unit)	R 946.96	R 1,089.00	2 sensors (Each sensor is a 14-day-wear disposable sensor)	R 2,178.00	R 28,314.00
1187188-001	FreeStyle Libre 2 reader (If the patient does not have a compatible smartphone)	R 946.96	R 1,089.00	1 reader (Once-off purchase)	If required	
	FreeStyle LibreLink app & LibreLink Up app	R 0.00		Free to all FreeStyle Libre 2 users and/or caregivers.		R 0.00
	LibreView	R 0.00				R 0.00
				Total cost per year for the FreeStyle Libre 2 Continuous Glucose Monitoring System		R 28,314.00

The **FreeStyle LibreLink app** allows a glucose reading with a compatible smartphone.*

2.7 SIGNED AND DATED

Date: _____   HCP signature: _____

Disclaimer: This form was developed to guide the HCP in the completion of the relevant health information and possible motivation which is based solely on the HCP's scientific evaluation and knowledge of the situation. Abbott, its affiliates, respective officers, directors, employees or agents are not in any manner involved in the completion of this form and furthermore do not have access to the patient's personal information. The HCP indemnifies and holds Abbott and its affiliates and their respective officers, directors, employees, agents and representatives harmless, from and against any suit, proceeding, claim, liability or loss and any damages that may be awarded arising from the application of this form.

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