

Template continuation criteria confirmation – Freestyle Libre®

Dear *Insert GP name*

Your patient with Type 1 diabetes has been assessed following a trial of flash glucose monitoring device (Freestyle Libre®) as previously communicated to you on as they fitted the Pan Mersey APC criteria for commencement of this.

The following criteria for initiation were met at this time (**please tick box(es) to confirm those that applied when Freestyle Libre® was commenced**):

- Has clinically routinely required 8 or more blood glucose tests per day (excluding those required by DVLA requirements to confirm suitability to drive, or needed for management of intercurrent illness, mealtime BG tests for bolus calculator users, or tests for hypoglycaemia)
- Meets current criteria for insulin pump as per NICE TA151 / NG3 and successful trial of FreeStyle Libre® is anticipated may avoid the need for pump therapy
- Recently developed impaired awareness of hypoglycaemia and it is anticipated that temporary use of FreeStyle Libre® will allow patient to regain awareness
- >2 hospital admissions in previous 12 months with diabetic ketoacidosis or hypoglycaemia and use of Freestyle Libre® is anticipated to prevent this in future
- Patient requires third party monitoring and this person is unable to use blood glucose monitoring devices

Your patient has been assessed again (insert date(at no more than 6 months from commencement) and the following has been found:

- patient has **not** met the continuation criteria or does not wish to continue use – **please discontinue prescribing Freestyle Libre®**
- patient **has** met the continuation criteria as confirmed below - **please continue prescribing Freestyle Libre®**

(You must indicate by ticking boxes below to indicate which criteria have been met or Freestyle Libre® prescribing will be stopped) –

- I confirm patient has had a clear reduction in routine number of blood glucose tests (excluding those required by DVLA requirements to confirm suitability to drive, or needed for management of intercurrent illness, mealtime BG tests for bolus calculator users, or tests for hypoglycaemia) where 8 or more blood glucose tests per day as above was the initial reason for starting FreeStyle Libre®

I confirm patient no longer requires insulin pump therapy as a result of treatment where previously this may have been required

I confirm patient has had no hospital admissions in previous 6 months with diabetic ketoacidosis or hypoglycaemia

I confirm patient continues to require third party monitoring and this person is unable to use blood glucose monitoring devices

Specialist signature.....Date.....