

Template initiation criteria confirmation – Freestyle Libre®

Dear *Insert GP name*

Your patient with Type 1 diabetes has been assessed and fits the Pan Mersey APC criteria for commencement of a trial of flash glucose monitoring device (Freestyle Libre®).

The following criteria have been met (**please tick box(es) to confirm those that apply**):

- 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 it is anticipated successful trial of FreeStyle Libre® 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

Date & place of admission 1.....

Reason for admission 1

Date & place of admission 2.....

Reason for admission 2

- Patient requires third party monitoring and this person is unable to use blood glucose monitoring devices

In addition (please carry out all items below and tick to confirm):

- I confirm patient has undergone structured training in use of Freestyle Libre® and has shown they are able to adequately use it
- I confirm patient has agreed to attend appointments arranged by me during the next period of up to 6 months to assess ongoing fulfilment of criteria for continuation of Freestyle Libre®
- I confirm patient has received written information describing their commitment to appropriate use of Freestyle Libre® and they understand prescribing will be discontinued if they do not fulfil this commitment, or fail to meet the improvement criteria necessary for prescribing to be continued

I confirm audit data will be submitted to national ABCD audit unless patient does not give consent to this. Consent given: Yes No (please tick which)

I confirm I will write to you again in 6 months or before to confirm whether continuation criteria are met or not (if no confirmation received by 6 months then prescribing should be stopped by you)

I confirm the patient will continue to be reviewed by the clinic and it will carry out the review of the downloaded data from the device when assessing the patient response, during the 6 month (or less) assessment period

I have included a copy of the Patient Agreement signed by the patient with this document, for your information.

Prescribing instructions to GP: please prescribe 2 Freestyle Libre[®] sensors per month. The Freestyle Libre[®] device has been supplied by us (not prescribable on FP10) and should any replacement device be needed the patient may obtain one free of charge from manufacturer or from this clinic.

Blood glucose strips will still need to be prescribed but in lower quantities than previously. If the patient drives they will need to continue to use BG monitoring on the occasions they drive to comply with current DVLA regulations, and for mealtime BG tests for bolus calculator users, or tests for hypoglycaemia.

Details of Blood glucose monitoring device etc.....

Hyperlink to Freestyle Libre[®] information (e.g. manufacturer website?)

Date of 6 month review.....

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