

FreeStyle Libre Reimbursement Support Program

Motivation Form



1. PATIENT DETAILS: To be completed by Patient:

Patient consent obtained, as per FreeStyle Libre Reimbursement Support Program patient consent form? **Yes / No**
If no, the information below cannot be provided until such consent form is duly signed, recorded and filed at Health Window.

Main Member Name		Occupation	
Patient's Name		Medical Aid Number	
Medical Aid Name		Identity Number	
Medical Aid Option		Email Address	
Contact Number			
Patient Weight		Patient Height	

1.1 SELF MONITORING:

(Please attach last 3 months SMBG downloads / Copy of Logbook and a copy of the HbA1c Results - to be collected from pathologist.)

Frequency of self monitoring of blood glucose (finger stick testing)			
Number of Test Strips utilised per month			
Last two HbA1c Results and Dates	Date		Date
	Result		Result



Additional diabetes monitoring, expertise and support are offered to people living with diabetes through the Diabetes Coaching solution, called LibreCoach. It is support offered free of charge to all FreeStyle Libre users. Simply scan the QR Code.



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

2. HEALTH CARE PROFESSIONAL DETAILS: To be completed by Health Care Professional

Consent obtained, as per FreeStyle Libre HCP consent form Yes/No (Only one consent form per Practice is required).
If no, the information below cannot be provided until such consent form is duly signed, recorded and filed at Health Window.

Name of HCP		Practice Number	
Telephone Number		Email Address	

2.1 DIAGNOSIS HISTORY

Please circle the most appropriate answer.

Primary ICD-10 Code & description		
Approximate Date of Diagnosis		
Diabetes Type I	Gestational diabetes mellitus (GDM)	Type II (MDI)
	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		



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?			
Regular or short-acting insulin	YES	NO	
Specify			
Rapid-acting insulin	YES	NO	
Specify			
Intermediate-acting insulin	YES	NO	
Specify			
ORAL TREATMENT		YES	NO
Specify			



2.5 AMBULATORY GLUCOSE PROFILE (AGP)

(Please attach last 3 months Ambulatory Glucose Reports)

AGP PROFILE INTERPRETATION		
Glycaemic Variability	YES	NO
Stability & Exposure	YES	NO
Hypoglycaemia Risk	YES	NO
Nocturnal Hypoglycaemia	YES	NO
Estimated HbA1c	YES	NO
Is the patient currently using FreeStyle Libre?	YES	NO
Duration of use		
Response: Please specify: (Reduction in hypoglycaemia, improvement in HbA1c, changes to therapy, Time in target range)		

2.6 FURTHER INFORMATION AS SUBSTANTIATION FOR APPROVAL

2.7 SIGNED AND DATED

Date: _____

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.

Please email the completed form with results to Health Window: abbottdiabetescare@supportwindow.co.za

FreeStyle Libre Flash 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)
263069-001	FreeStyle Libre Sensor Kit	R 860.87	R 990.00	2 sensors (Each sensor a 14 day wear disposable sensor)	R 1,980.00	R 25,740.00
	FreeStyle LibreLink app & LibreLink Up app	R 0.00		Free to all Abbott FreeStyle Libre users and or caregivers		R 0.00
	LibreView	R 0.00				R 0.00
	LibreCoach	R 0.00				R 0.00
Total cost per year for FreeStyle Libre Flash Glucose Monitoring System and Coaching						R 25,740.00

