

**REQUEST FOR LONG-TERM PRESCRIBING OF FREESTYLE LIBRE® FOR
PEOPLE WITH TYPE 1 DIABETES**

Following a 2 month period, prescribing responsibility may be transferred to the GP for up to three months until expected outcomes are reviewed in clinic. If outcomes are achieved and confirmed in clinic, this request for long-term prescribing should be completed and sent directly to the GP (subject to GP agreement).

Patient Details	GP Details
Surname	Name
Forename	Address
Address	
	Tel
Postcode	Fax
NHS No:	NHS.net email
DOB:	
SEX: Male / Female	

To be completed by the initiating specialist clinician	
Clinician Name:	
Clinic Name	
Clinic Address:	
Contact tel number:	
Fax number:	
NHS.net email:	
Signature:	
Next clinic appointment:/...../.....	
<p>Notes to the GP – please clearly state expected monitoring and prescribing needed in primary care Please append a copy of patient-prescriber agreement for reference. Further details regarding expected outcomes should already have been completed on this document.</p>	

Date Freestyle Libre® initiated:			
Tick the approved indication for Freestyle Libre®		Yes	No
1. Patients with type 1 diabetes on MDI or insulin pump therapy who test frequently			
2. Patients with type 1 diabetes with HbA1c > 8.5% (69.4 mmol/mol) or disabling hypoglycaemia who are eligible for insulin pump therapy as per NICE TA151			
3. Patients with type 1 diabetes on MDI or insulin pump therapy where conventional monitoring is not possible with SMBG testing			
Please confirm if the following outcome criteria have been met (tick those that apply) and if transfer of prescribing to repeat prescriptions is now recommended:		Yes	No
Number of test strips reduced by at least 8 strips a day for adults /7 for children aged 0-19 years over 6 weeks			
HbA1c reduced by 0.6% (6.6 mmol/mol)			
Hypoglycaemia episodes reduce by 75%			
Achieved conventional monitoring as agreed between patient and specialist			
Further information on any relevant observed changes in management of diabetes			
Date	Criteria measured	Result	Comment
I confirm the following has occurred and the relevant paperwork has already been sent:			
Patient-prescriber agreement (signed)			
Training session completed and competency sheet completed			
Usage review completed (after one month)			
Outcome review has taken place in specialist care (this form confirms this)			
IS TRANSFER TO REPEAT PRESCRIBING RECOMMENDED? (please circle)		Yes	No

Areas of responsibility

Specialist clinic - the following terms must be met before issuing this form:

- FreeStyle Libre® prescribed in accordance with the NHSE London Diabetes Clinical Networks/NHS London Procurement Partnership FreeStyle Libre® prescribing implementation guidance
- Provide patient with training and information, and ensure they are competent to use FreeStyle Libre®.
- Provide FreeStyle Libre® handset, sensor starter pack and one additional sensor at initiation.
- Notify the GP with the patient prescriber agreement after FreeStyle Libre® initiation.
- Review the patient at follow up appointment at month 1 (group usage review – send short-term prescribing request (2) or primary care review request (1/3) to GP practice).
- Monitor and review progress of clinical outcome criteria as described for the individual patient above 3-4 months after initiation of Freestyle Libre®.
- Discontinue Freestyle Libre® if the agreed benefits and outcomes not achieved at 3-4 months OR
- Complete this form at month 3-4 and send to GP.
- Complete all relevant data collection forms.

By issuing this form, the specialist acknowledges the following ongoing responsibilities:

- Continue to review patient at clinic – including use of device – at least annually.
- To communicate promptly with the GP if treatment is changed.
- Continue to complete data collection forms, as required.

Primary care practitioners are asked to consider the following:

- Issue acute prescriptions for sensors for months 3-5 (inclusive) until outcome review has been completed.
- Communicate outcomes for indications 1 and 3, if patient sees GP at week 6-8.
- Return this form to specialist clinic indicating whether they agree to continue repeat prescribing. Please complete within 2 weeks of receipt.
- Issue repeat prescriptions for sensors as agreed for long term prescribing.
- Follow specialist advice on any changes in treatment.
- Refer back to the specialist if there any concerns regarding the use of FreeStyle Libre®.

Patient responsibilities are detailed in patient-prescriber agreement

- Wear the sensor continuously and scan at least four times per day, providing 20-24 hours of continuous glucose readings per day.
- Return for a follow up appointment at clinic at month 1, month 3-4, and at least annual appointments thereafter.
- Attend follow up appointment with GP at week 6 (if needed – see patient prescriber agreement).
- Inform the specialist clinic if they have any problems in the use of FreeStyle Libre®.

Primary care healthcare professional (HCP): Please complete and send this form back to the specialist clinic confirming whether or not you agree to prescribe FreeStyle Libre® long-term. A copy should be retained in the patient record and a copy returned to the specialist clinic as detailed above.

This is to confirm I am agreeing to take on long-term prescribing of FreeStyle Libre® for this patient

HCP name:HCP signature:Date:/...../.....

This is to confirm that I am **NOT** willing to accept prescribing responsibility of FreeStyle Libre® for this patient **for the following reason:**

.....

HCP name: HCP signature:Date:/...../.....