



Patient Care + Research + Clinical Trials

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Rationale for use of CGM/sensors/flash in intensive insulin Rx

Third party insurers sometimes deny BCDiabetes patients coverage for these [game-changing transformative & disruptive up technologies](#) for reasons that do not make sense medically. This document is designed to help insurers and plan administrators understand why.

CGMs, sensors and flash technologies have forever changed the management of individuals with diabetes on intensive insulin therapy (those taking multiple daily injections of insulin or insulin pumps). CGM, sensor and flash offer superior control, markedly reduced incidence of hypoglycemia (low sugar), improved quality of life & greater safety (marked reduction in low sugar events) over traditional finger poke testing.

Unless patients on intensive insulin therapy poke their fingers 20+ times per day including two or three times overnight every night blood glucose monitoring with finger pokes is now obsolete.

Some reasons cited by insurers to deny coverage for CGM/sensors & flash include

- 1) A1c is <7.0
- 2) You are on CGM/sensor/flash and are claiming coverage but we want to see what your blood glucose is like using finger poke.

These do not make sense. The lower the A1c the higher the risk of low sugar/hypoglycemia - hence the even greater need for CGM in patients with lower A1cs ie <7.0% (in conformity with Diabetes Canada clinical practice guidelines). Stopping a CGM to go back to testing is to revert to obsolete technology. Patient care will be harmed & quality of life will fall.

I will be happy to discuss these issues with you. Do not hesitate to call or email me.

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