



Pharmacy & Medical Supplies

Phone: 207-784-3700 | Fax: 207-795-7622

iLet Insulin Pump & Dexcom CGM System
Prescription & Certificate of Medical Necessity

PATIENT INFORMATION
Name:
DOB:
Gender: Male Female
Phone:
Street/City/State/Zip:

ITEMS BEING PRESCRIBED
Pump Type
iLet Starter Kit, Commercial, 1/Kit (E0784/E2103)
iLet Starter Kit, Government, 1/Kit (E0784/E2103)
Dispense Qty: Refills:
Sig: Use to treat diabetes Length of Need: Lifetime (99 yrs)
Insulin Cartridge
iLet Cartridge Kit, 10/Bx (A4232/A4225)
Cartridge Change Frequency:
Every 3 days (Qty. 30) Every 2 days (Qty. 50) Every 1 day (Qty. 90)
Infusion Set
iLet Inset (Teflon Cannula) Infusion Set Kit, 6mm, 23" Grey, 10/Bx (A4231)
iLet Contact Detach (Steel) Infusion Set Kit, 6mm, 23", 10/Bx (A4231)
Patient Preference on Above
Infusion Set Change Frequency:
Every 3 days (Qty. 30) Every 2 days (Qty. 50) Every 1 day (Qty. 90)
CGM Products
Dexcom G6 Receiver (A9278/E2103) DME ONLY: 1/365
Dexcom G6 Sensors (A9276/A4239) DME ONLY: 9/90
Dexcom G6 Transmitter (A9277/A4239) DME ONLY: 1/90
Dexcom G7 Receiver (A9278/E2103) DME ONLY: 1/365
Dexcom G7 Sensors (A9276/A4239) DME ONLY: 9/90

CURRENT THERAPY ORDER START DATE:
ICD-10 Diagnosis Code:
Type 1 diabetes without complications (E10.9)
Type 1 diabetes with complications (E10.65)
Other:
Date of Diagnosis: (MM/YYYY)
Most Recent HbA1c Result: % Date: (DD/MM/YYYY)
Most Recent Weight: (lbs) Date: (DD/MM/YYYY)

Patient/Caregiver has completed comprehensive diabetes education and is motivated to maintain optimal glucose control.
Patient/Caregiver has the ability to operate and can use an insulin pump to manage blood glucose.
Blood glucose logs indicate blood glucose is checked as required or CGM used appropriately.

Complete One:
Multiple Daily Injections
Patient performs multiple daily injections consisting of 3-4 or more injections per day and is able to self-adjust insulin doses.
Variations in the day-to-day schedule and/or exercise prevent the achievement of successful glycemic control with multiple daily injections.
Despite frequent therapy adjustments, the patient experiences suboptimal glycemic control evidenced by wide glycemic fluctuations ranging from to mg/dl.
Insulin Pump
Current pump functionality no longer meets the patient's medical needs and/or is out of warranty.
Mechanical or medical reasons for replacement:
Out of warranty date: (or N/A)

DIABETES COMPLICATIONS (Check all that apply)
Dawn phenomenon (AM hyperglycemia) Hypoglycemia unawareness Nocturnal hypoglycemia Retinopathy Neuropathy
Nephropathy History of ER/hospital visits: DKA; Severe hypoglycemia; Other: Dates:

PRESCRIBER INFORMATION
Provider Name: NPI #: Practice Name:
Street Address: City: State: Zip Code:
Phone #: Fax #: Email:

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for a Personal Diabetes Manager and supplies. I certify that I am the physician identified in the below section and I certify that the medical necessity information contained in this document is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

Signature: Date:

PLEASE FAX COMPLETED FORM TO BEDARD PHARMACY & MEDICAL SUPPLIES: 207-795-7622







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Patient Name:	DOB:
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iLet GLUCOSE TARGET SETTING	
<input type="checkbox"/> Usual <input type="checkbox"/> Higher Certified iLet Trainer may adjust glucose target at initial follow up calls: <input type="checkbox"/> YES <input type="checkbox"/> NO	Note for HCPs: Most patients should start using the iLet at the "Usual" glucose target. Consider starting on the "Higher" glucose target ONLY for those who have a higher A1C (e.g., > 10%), are transitioning from a long-acting insulin, or have very low insulin requirements. ***For patients with higher A1Cs or transitioning from long-acting insulin, consider target reduction to "usual" after the first few days of iLet therapy.***

PRESCRIBER'S ORDERS FOR MANAGEMENT OF HYPERGLYCEMIA AND KETONES
Because the iLet determines all doses of insulin, the management of ketosis is different when using the iLet as compared to other insulin pumps, including hybrid closed-loop systems. The iLet Bionic Pancreas System comes with a recommended ketone action plan. Review the plan below and indicate the patient should follow the instructions as written or provide alternative recommendations in the section below. The certified iLet trainer will review these recommendations with the patient during the iLet training and initiation visit. For questions or concerns, contact Beta Bionics Customer Care at: 1-855-745-3800

KETONE ACTION PLAN

Test your BG and ketones if:					
You are nauseous, vomiting or have diarrhea.		ZONE 1		Urine Ketones: Negative OR Blood Ketones: less than 0.6 mmol/L	Check to make sure: <ul style="list-style-type: none"> Your iLet is charged, has insulin, and is displaying CGM values. Your infusion set is in place and not leaking. Continue to monitor your BG: <ul style="list-style-type: none"> If your BG is still high after 90 minutes, check ketones again.
You think your infusion set is not working.		ZONE 2		Urine Ketones: Trace - Moderate OR Blood Ketones: 0.6 - 2.5 mmol/L	<ol style="list-style-type: none"> 1. CHANGE your iLet infusion set. 2. DRINK extra fluids. 3. RECHECK BG and ketones in 90 minutes. <ul style="list-style-type: none"> If BG is less than 180 mg/dL and ketones are in ZONE 1, you do not need to do anything else. If BG is more than 180 mg/dL and ketones are not in ZONE 1, GO TO ZONE 3.
You CGM glucose has been above 300 mg/dL for 90 minutes.		ZONE 3		Urine Ketones: Large OR Blood Ketones: 2.5 mmol/L or higher	<p style="text-align: center;">CALL YOUR HEALTHCARE PROVIDER IMMEDIATELY!</p> If your healthcare providers has told you to take an insulin injection, it is important to follow these steps: <ol style="list-style-type: none"> 1. DISCONNECT from the iLet at the time of the injection. 2. Give the injection of rapid acting insulin as instructed by your healthcare provider. 3. DRINK extra fluids. 4. RECHECK BG and ketones in 90 minutes. <ul style="list-style-type: none"> If BG is less than 180 mg/dL and ketones are in ZONE 1, CHANGE your iLet infusion set and RECONNECT to the iLet. If your BG is more than 180 mg/dL and ketones are not in ZONE 1, CALL YOUR HEALTHCARE PROVIDER, GO TO THE EMERGENCY ROOM, OR CALL 911.
Always keep these supplies with you: <ul style="list-style-type: none"> Glucose meter and strips Urine ketone strips OR blood ketone meter and strips Extra CGM sensor Extra infusion set and cartridge Insulin vial and syringe, or insulin pen and pen needle 					

SELECT ONE: <input type="checkbox"/> I agree with the ketone action plan above. <input type="checkbox"/> I agree with the ketone action plan with the noted modifications. <input type="checkbox"/> I DO NOT agree with the ketone action plan and recommend the alternative plan below.
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Ketone Action Plan Modifications or Alternative Plan:

<input type="checkbox"/> I have confirmed the patient has the prescriptions needed to comply with this plan including an alternative method of insulin delivery in the event iLet therapy is discontinued (i.e., blood ketone testing strips, insulin prescriptions including long-acting, etc.)
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Prescriber Signature (signature stamps are not acceptable): X	Date (MM/DD/YYYY)
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