



Nisga'a Health Authority  
 Nisga'a Health Benefits Department  
 4920 Tait Avenue, PO Box 234  
 New Aiyansh, BC, V0J 1A0  
 250-633-5030 OR TOLL FREE 1877-733-5030  
 FAX # 250-633-2160 EMAIL: nihbreception@nisgahealth.bc.ca



DR: \_\_\_\_\_  
 FAX: \_\_\_\_\_

RE: Request for Exception Medical Supplies and Equipment

Your request for: DEXCOM G6, made on  
 behalf of your client: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 PHN: \_\_\_\_\_

This particular request is not a benefit of Nisga'a Health Benefit Plan  
 In order to facilitate your request, we require additional information. Your  
 information will assist NHB in reaching a decision.

**Confirm the following:**

- The patient is insulin dependent AND**
  - History of severe hypoglycaemic episode(s)  
requiring external assistance for recovery**
  - History of recurrent severe hypoglycemia**
  - History of hypoglycemia unawareness**
  - History of severe glycemic swings and patient using rapid and long  
acting insulin**
  - History of sever physical or mental impairment that precludes  
effective use of the Freestyle Libre**
  - Describe why the patient is not suitable for the Freestyle Libre and  
requires a Dexcom G6**
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Should our Medical Director need to contact the prescribing Doctor, please provide  
 an email address: \_\_\_\_\_

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 OFFICE USE ONLY:

APPROVED

DENIED

\_\_\_\_\_  
 ADJUDICATED BY:

\_\_\_\_\_  
 DATE