

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Coverage of Long-Acting Insulins

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DRUG REQUESTED			
FULL BENEFIT- No form required: <ul style="list-style-type: none"> ▶ Insulin glargine (Basaglar) ▶ Insulin degludec (Tresiba) 			
EXCEPTION STATUS BENEFIT – Complete all sections of the form below: <ul style="list-style-type: none"> <input type="checkbox"/> Insulin detemir (Levemir) 			
CRITERIA AND DIAGNOSTIC INFORMATION			
Levemir Criteria: <ul style="list-style-type: none"> • For the treatment of patients who have been diagnosed with Type 1 or Type 2 diabetes requiring insulin and have previously taken NPH and/or premix insulin daily at optimal dosing, AND • Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management, OR • Have documented severe or continuing systemic or local allergic reaction to existing insulin(s) 			
<ul style="list-style-type: none"> ▶ Please identify previous/current treatment and dosing, and efforts to optimize dosing: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
<ul style="list-style-type: none"> ▶ Please describe nocturnal hypoglycemia frequency and severity, OR ▶ Please describe continuing systemic or local allergic reaction to existing insulin(s): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
PRESCRIBER NAME & ADDRESS: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> LICENCE #		<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> PRESCRIBER SIGNATURE	
		<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> DATE	

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1
Fax: (902) 496-4440

