

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
Request for Coverage of Long-Acting Insulin Analogues – Lantus® (insulin glargine)
and Levemir® (insulin detemir)

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DRUG REQUESTED			
<input type="checkbox"/> Lantus® (insulin glargine) <input type="checkbox"/> Levemir® (insulin detemir)			
CRITERIA AND DIAGNOSTIC INFORMATION			
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) 			
<p>▶ Please identify previous/current treatment and dosing, and efforts to optimize dosing:</p> <hr/> <hr/> <hr/> <hr/>			
<p>▶ Please describe nocturnal hypoglycemia frequency and severity, OR</p> <p>▶ Please describe continuing systemic or local allergic reaction to existing insulin(s):</p> <hr/> <hr/> <hr/> <hr/>			
PRESCRIBER NAME & ADDRESS: <hr/> <p align="center">LICENCE #</p>		<hr/> <p align="center">PRESCRIBER SIGNATURE</p>	
		<hr/> <p align="center">DATE</p>	

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

