

Nova Scotia Provincial Pharmacare Programs
Request for Coverage of Levemir (insulin detemir)

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DRUG REQUESTED			
FULL BENEFIT- No form required:			
▶ Insulin glargine (Basaglar)			
▶ Insulin degludec (Tresiba)			
Please refer to the Formulary for a complete list of benefits.			
EXCEPTION STATUS BENEFIT: Please complete the section applicable to the patient's diagnosis below.			
<input type="checkbox"/> Insulin detemir (Levemir)			
CRITERIA			
Section 1			
<input type="checkbox"/> 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			
<input type="checkbox"/> Have experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management			
OR			
<input type="checkbox"/> Have documented severe or continuing systemic or local allergic reaction to existing insulin(s)			
Section 2			
<input type="checkbox"/> For the treatment of pediatric and adolescent patients (under 18 years of age) with Type 1 diabetes.			
Section 3			
<input type="checkbox"/> For the treatment of pregnant individuals with Type 1 or Type 2 diabetes requiring insulin.			
PRESCRIBER NAME & ADDRESS:			
_____	_____	_____	
LICENCE #	PRESCRIBER SIGNATURE		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

