

# NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

## Request for Coverage of Rapid-Acting Insulins

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DRUG REQUESTED			
<b>FULL BENEFIT – No form required:</b>			
▶ Apidra 3mL Cartridge (insulin glulisine)	▶ NovoRapid <b>100U/mL Vial only</b> (insulin aspart)		
▶ Apidra Solostar 3mL Pen (insulin glulisine)	▶ Trurapi 100 U/mL Cartridge (insulin aspart)		
▶ Apidra 10mL Vial (insulin glulisine)	▶ Trurapi 100 U/mL Prefilled Pen (insulin aspart)		
<b>EXCEPTION STATUS BENEFIT – Complete all sections of this form below:</b>			
<input type="checkbox"/> Humalog (insulin lispro)			
CRITERIA AND DIAGNOSTIC INFORMATION			
<b>Humalog Criteria:</b>			
For the management of Type I or Type II diabetes mellitus in patients who are:			
<ul style="list-style-type: none"> <li>• Undergoing intensive therapy, i.e. administering three or more injections of insulin per day including basal insulin, and</li> <li>• Testing blood glucose levels 4-6 times per day</li> </ul>			
▶ Please identify previous/current treatment and frequency of dosing:			
<hr/> <hr/> <hr/>			
▶ Please identify how often blood glucose is monitored per day:			
<hr/>			
<b>PRESCRIBER NAME &amp; ADDRESS:</b>   <div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/>           LICENCE #         </div>		<div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/>           PRESCRIBER SIGNATURE         </div>	
		<div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/>           DATE         </div>	

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