

**NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS**  
*Request for Insured Coverage of Sensor-based Glucose Monitoring  
 Products*

<b>PATIENT INFORMATION</b>			
<b>PATIENT SURNAME</b>	<b>PATIENT GIVEN NAME</b>	<b>HEALTH CARD NUMBER</b>	<b>DATE OF BIRTH</b>
<b>PATIENT ADDRESS</b>			
<b>CRITERIA</b>			
<p>For patients 2 years of age or older with Diabetes Mellitus (DM) AND requires multiple daily injections of insulin<sup>1</sup> or insulin pump therapy as part of intensive therapy.</p> <p><sup>1</sup> Multiple daily injections of insulin is defined as 1 (or more) injection(s) of basal insulin and 3 (or more) injections of bolus insulin, with a minimum of at least 4 total insulin injections per day.</p>			
<b>DEVICE REQUESTED</b>			
<input type="checkbox"/> FreeStyle <input type="checkbox"/> Dexcom <input type="checkbox"/> Medtronic			
<b>DIAGNOSTIC / DRUG INFORMATION</b>			
<p><b>Diagnosis/Indication:</b></p> <p><input type="checkbox"/> Type I DM</p> <p><input type="checkbox"/> Type I DM and requires insulin pump therapy</p> <p><input type="checkbox"/> Type II DM AND requires 1 (or more) injection(s) of basal insulin and 3 (or more) injections of bolus insulin, with a minimum of at least 4 total insulin injections per day.</p> <p style="margin-left: 40px;">Basal: _____</p> <p style="margin-left: 40px;">Bolus: _____</p>			
<b>PRESCRIBER NAME &amp; ADDRESS</b>			
_____		_____	
<b>LICENCE #</b>		<b>PRESCRIBER SIGNATURE</b>	<b>DATE</b>

**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