



**SPECIAL AUTHORIZATION REQUEST FORM**  
**The Newfoundland and Labrador Prescription Drug Program (NLPDP)**  
**Request for Coverage of BLOOD GLUCOSE TEST STRIPS**

Pharmaceutical Services  
 Department of Health and Community Services  
 P.O. Box 8700, Confederation Bldg.  
 St. John's, NL A1B 4J6

Phone: (709) 729-6507  
 Toll Free Line: 1-888-222-0533  
 Fax: (709) 729-2851

**Patient Information**

<b>Patient Name</b>	<b>Date of Birth</b>	<b>NLPDP Drug Card/MCP Number</b>
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**Address**

**DIAGNOSIS (Please check)**

- Type 1 Diabetes
- Type 2 Diabetes
- Gestational Diabetes / Pregnant with Type 2 Diabetes  
 Requesting \_\_\_\_\_ # of strips/month x \_\_\_\_\_ # of months Expected Delivery Date: \_\_\_\_\_
- Other: Please specify \_\_\_\_\_
  
- Diet and Exercise Controlled
- Diabetic Oral Medication Only Provide name of medication(s) \_\_\_\_\_
- Long Acting Insulin (Basal) Provide name of insulin \_\_\_\_\_
- Short Acting Insulin (Bolus) Provide name of insulin \_\_\_\_\_

**EXCEPTIONAL CIRCUMSTANCES (Please check all that apply)**

- Acute illness
- Significant change in routine or changes in drug dose or regimen
- Trying to become pregnant
- Poorly controlled or unstable blood glucose levels
- Increased risk of hypoglycemia. Explain: \_\_\_\_\_
- Hypoglycemia poses a safety hazard at work. Occupation: \_\_\_\_\_
- Exceeded the 2500 annual maximum. Requesting \_\_\_\_\_ # of strips per day. Explain: \_\_\_\_\_
- Other - Please Explain: \_\_\_\_\_

**EXTENUATING CIRCUMSTANCES**

A request for additional strips, beyond the EXCEPTIONAL CIRCUMSTANCES, may be made in writing if there is a specific medical need. Please attach supporting information demonstrating the need including the amount of extra strips required.

**Prescriber Information / Requested By:**  Physician  Pharmacist  Other Healthcare Professional

Prescriber Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Blood Glucose Test Strip Policy

Effective July 1, 2016

Special Authorization is **NOT REQUIRED** in the following circumstances:

- beneficiaries managed by **DIET AND EXERCISE**, not receiving any diabetic oral medication or insulin, are eligible to receive a maximum of **51 test strips per year**
- beneficiaries receiving diabetic **ORAL MEDICATIONS** only are eligible to receive a maximum of **102 test strips per year**
- beneficiaries receiving **LONG ACTING INSULIN** (and not using short acting insulin) are eligible to receive a maximum of **700 test strips per year**
- beneficiaries receiving **SHORT ACTING INSULIN** are eligible to receive a maximum of **2500 test strips per year**.

Special Authorization **IS REQUIRED** in the following circumstances:

- beneficiaries exceeding the annual maximum number of test strips as outlined above
- beneficiaries being treated with diabetic oral medications and/or insulin **NOT FUNDED** through NLPDP
- beneficiaries with gestational diabetes or pregnant with Type 2 diabetes.

If Special Authorization is approved under Exceptional Circumstances:

- beneficiaries managed by **DIET AND EXERCISE**, not receiving any diabetic oral medication or insulin, will be authorized for additional **51 test strips annually**; fill dates must be at least 6 months apart
- beneficiaries receiving diabetic **ORAL MEDICATIONS** only will be authorized for an additional **51 test strips annually**
- beneficiaries receiving **LONG ACTING INSULIN** (and not using short acting insulin) will be authorized for an additional **102 test strips annually**.