



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)

Request for Coverage of Lantus® (insulin glargine) and Levemir® (insulin detemir)

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

PATIENT NAME	DATE OF BIRTH	NLPDP DRUG CARD/MCP NUMBER
PATIENT ADDRESS		

DRUG REQUESTED

- Lantus® (insulin glargine) Levemir® (insulin detemir)

DIAGNOSTIC INFORMATION

Patients must meet the following criteria for an exception:

Diagnosed with type 1 or type 2 diabetes requiring insulin and have previously taken NPH and/or premix insulin daily at optimal dosing. Please identify previous/current treatment and dosing, and efforts to optimize dosing:

AND

Patient must also meet one of the following criteria:

1. Please describe nocturnal hypoglycemia frequency and severity:

OR

2. Please describe continuing systemic or local allergic reaction to existing insulin(s):

Prescriber Information / Requested By: Physician Other Health Professional

Prescriber Name: (please print) _____ License Number: _____

Address: _____ Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

Pharmacist Name: (optional) _____ Pharmacy Name: (optional) _____

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

Version MAY 2014 – Replaces previous forms

Please copy additional forms as needed.