



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

| | | |
|---------------------|----------------------|-----------------------------------|
| Patient Name | Date of Birth | NLPDP Drug Card/MCP Number |
|---------------------|----------------------|-----------------------------------|

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 **714 test strips per year**
- beneficiaries receiving **SHORT ACTING INSULIN** are eligible to receive a maximum of **2550 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.**