



NEW INSULIN PUMP USER
Complete Section 3A and 3B

CURRENT INSULIN PUMP USER
Complete Section 3A and 3C

For up to date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1 800 609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

This facsimile is Doctor-Patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax in error, please write "MIS-DIRECTED" across the front of the form and fax toll-free to 1 800 609-4884, then destroy the pages received in error.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

SECTION 1 - SPECIALIST INFORMATION

Specialist's Name and Mailing Address
College ID (use ONLY College ID number) Phone Number (include area code)
Specialist's Fax Number
CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name
Patient (Given) Name(s)
Date of Birth (yyyy / mm / dd) Date of Application (yyyy / mm / dd)
Personal Health Number (PHN)
CRITICAL FOR PROCESSING

SECTION 3 - CONFIRMATION OF COVERAGE OF OMNIPOD SYSTEM OR YPSOPUMP (For Medtronic device coverage, complete pg 2 and Section 3)

3A. ALL INSULIN PUMP USERS:

- Prescribed by an endocrinologist, or practitioner with experience in managing pump therapy (specify):
Patient has access and agrees to comprehensive and age-appropriate diabetes education by an interdisciplinary diabetes healthcare team and commits to regular follow up.
Patient has type 1 diabetes or other form of diabetes requiring the use of insulin (specify):

3B. NEW INSULIN PUMP USER:

- Patient has been checking blood glucose at a minimum of four times daily and is recording results.
Patient does not own a pump with an active warranty.
And at least one of the following:
Patient has frequent unpredictable hypoglycemic episodes, or
Patient has frequent unpredictable diabetic ketoacidosis episodes, or
Patient has unpredictable swings in blood glucose.

3C. CURRENT INSULIN PUMP USER:

- A copy of the letter from the supplier confirming purchase date of the previous insulin pump for the patient is attached. Please note that PharmaCare will only provide coverage for one Insulin Pump every 5 years.
Patient has experienced no more than 1 diabetic ketoacidosis episode in the last 12 months (if more, please provide explanation on page 2)
A1C is less than or equal to 9.0% on two occasions; one within 1 month prior to application and another 4 - 6 months prior. Copies of these lab reports are attached.
A1C: Date: A1C: Date:

Report all adverse events to Canada Vigilance toll-free 1-866-234-2345 (health professionals only).

Personal information on this form is collected, used and disclosed under the authority of, and in accordance with, the British Columbia Pharmaceutical Services Act and Freedom of Information and Protection of Privacy Act. It will not be disclosed to any persons without the patient's consent. The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.

Prescriber's Signature (Mandatory)

PharmaCare may request additional documentation to support this Special Authority request. Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.

PHARMACARE USE ONLY

Table with 3 columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL

If approved, coverage is provided for 6 months to allow sufficient time for patient to claim an insulin pump and to acquire associated training. This coverage expires following a pump claim. Please note that PharmaCare will only provide coverage for one Insulin Pump every five years.

RATIONALE FOR REQUEST FOR MEDTRONIC DEVICE

ADDITIONAL COMMENTS (IF NECESSARY)