BRITISH COLUMBIA | Ministry of Health

PHARMACARE SPECIAL AUTHORITY REQUEST

CONTINUOUS SUBCUTANEOUS INSULIN INFUSION (INSULIN PUMP)

HLTH 5375 Rev. 2024/08/26

◯ **NEW* INSULIN PUMP USER** Complete Section 3A and 3B

◯ **CURRENT* INSULIN PUMP USER** Complete Section 3A and 3C

***NOTE:** New User – Patients whose insulin pump is currently covered by a private insurer are considered a current user, not a new user.
Current User – This includes patients whose insulin pumps are currently covered by private insurers.

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 privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited.

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.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

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)
CRITICAL FOR A TIMELY RESPONSE →	Specialist's Fax Number

SECTION 2 – PATIENT INFORMATION

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

SECTION 3 – CONFIRMATION OF COVERAGE OF OMNIPOD, MINIMED OR YPSOPUMP SYSTEM

Please select one: ◯ Omnipod System ◯ Minimed System ◯ Ypsopump System

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 under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act* 22(1) and *Freedom of Information and Protection of Privacy Act* 26 (a),(c),(e). The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally. If you have any questions about the collection 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

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.

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ADDITIONAL COMMENTS (IF NECESSARY)

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