Print Form

Health PEI

SPECIAL AUTHORIZATION REQUEST

LONG ACTING INSULIN ANALOGUES

Fax requests to (902) 368-4905 **OR** mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

SECTION 1 – PATIENT INFORMATION

PERSONAL HEALTH NUMBER (PHN)		PATIENT (FAMILY) NAME	PATIENT (GIVEN) NAME(S)
DATE OF BIRTH (YYYY/MM/DD)	PATIENT WEIGHT (kg)	PATIENT'S MAILING ADDRESS	

SECTION 2 – PRESCRIBER INFORMATION

NAME AND MAILING ADDRESS	APPLICATION DATE YYYY MM DD
	PRESCRIBER'S TELEPHONE # AREA CODE
	PRESCRIBER'S FAX # AREA CODE

SECTION 3 – MEDICATION DETAIL INFORMATION

REQUESTED DRUG

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

DOSAGE AND FREQUENCY

Patients must meet the following criteria for special authorization:

For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring insulin and have **previously taken NPH and/ or premix insulin** daily at optimal dosing **AND**

- have experienced unexplained **nocturnal hypoglycemia** at least once a month despite optimal management
  OR
- have documented severe or continuing systemic or local **allergic reaction** to existing insulin(s)

DIAGNOSIS

☐ Type 1 diabetes ☐ Type 2 diabetes

INSULIN TRIED:

REASON FOR REQUEST (PLEASE EXPLAIN)

☐ **Nocturnal hypoglycemia**

Please describe frequency and severity of nocturnal hypoglycemia:

OR

☐ **Allergic reaction**

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

OTHER COMMENTS (IF APPLICABLE)

PEI Pharmacare may request additional documentation to support this Special Authorization Request. Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI High-Cost Drugs Program.

If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947 or at the address at the top of the form.

PRESCRIBER SIGNATURE (REQUIRED) **DATE**

FORMS WITH INFORMATION MISSING WILL BE RETURNED FOR COMPLETION.
APPROVALS WILL NOT BE CONSIDERED AT DOSES OR DOSING INTERVALS OUTSIDE OF PEI GUIDELINES.