

Request for Blood Glucose Test Supplies

This form must be completed by a Physician, Nurse Practitioner or a Certified Diabetes Educator (CDE)

PATIENT INFORMATION		
Patient's Last Name:	First Name:	Middle Name:
Health Card ID:	Date of Birth (YYYY/MM/DD):	
Mailing Address:	Today's Date (YYYY/MM/DD):	
<p><i>Note: This request is valid for 1 year only, starting with the date above. Social Development will monitor and evaluate the information provided. The quantities of strips noted below indicate the annual maximums for reimbursement.</i></p>		

NUMBER OF TEST STRIPS PERMITTED FOR SELF-MONITORING OF BLOOD GLUCOSE (SMBG) (CHECK ONLY ONE BOX)

Patient Category	Annual Allowance	Exceptional Circumstances (two additional requests permitted annually)
Newly diagnosed type 2 diabetes receiving no antidiabetes drugs <i>* For most adults with type 2 diabetes who control their diabetes through diet alone, routine SMBG is not required.</i>	<input type="checkbox"/> 50 strips and associated testing supplies	Additional 50 strips and associated testing supplies because this patient has: <input type="checkbox"/> Acute illness, significant change in routine, or changes in drug dose or regimen <input type="checkbox"/> Poorly controlled or unstable blood glucose levels <input type="checkbox"/> History of, or increased risk of, hypoglycemia <input type="checkbox"/> Occupation in which hypoglycemia poses a safety hazard <input type="checkbox"/> Trying to become pregnant <i>Note: In extenuating circumstances a special request for additional strips may be made in the form of a letter by a physician or nurse practitioner if there is a specific identified medical need.</i>
Type 2 diabetes receiving oral drugs (e.g., metformin, secretagogue, DPP-4 inhibitor, etc.) <i>* For most adults with type 2 diabetes who are taking oral antidiabetes drugs, routine SMBG is not required. Testing may be required in some situations, but only if it helps to determine a specific course of action.</i>	<input type="checkbox"/> 100 strips (dispensed in quantities of up to 50 strips every six months) and associated testing supplies	
Gestational diabetes, or type 2 diabetes and pregnant but not receiving insulin <i>* The optimal daily frequency of SMBG should be individualized for most women with gestational diabetes not using diabetes pharmacotherapy.</i>	<input type="checkbox"/> Individualize to achieve optimal glucose control. _____ strips and associated testing supplies every month x _____ month(s) EDC: _____	
Type 1 or type 2 diabetes receiving insulin <i>* Most adults with type 2 diabetes receiving basal insulin require no more than 14 tests each week on average.</i>	<input type="checkbox"/> Individualize to guide adjustments in insulin therapy to achieve optimal glucose control. _____ strips and associated testing supplies every month x _____ month(s) Supplies are required to administer insulin _____ x per day	

* Optimal Therapy Recommendations for the Prescribing and Use of Blood Glucose Test Strips. Ottawa: CADTH; 2009 Jul. Available from: www.cadth.ca/media/pdf/compus_BGTS_OT_Rec_e.pdf, and Self-monitoring of blood glucose in patients with type 2 diabetes mellitus who are not using insulin. Cochrane Database of Systematic Reviews 2012, Issue 1. Art. No.: CD005060. DOI: 10.1002/14651858.CD005060.pub3.

REQUESTOR INFORMATION

Requestor Address:	Name:
	Physician license or Nurse Practitioner Prescriber number:
	or CDE certification number:
	Telephone and Fax Numbers:

Requestor signature:

Please return the completed form and a Pharmacy estimate to your local Social Development office