Government of Northwest Territories | Gouvernement des Territoires du Nord-Ouest

EXTENDED HEALTH BENEFITS PROGRAM

EXCEPTION APPROVAL REQUEST FOR INSULIN PUMPS & SUPPLIES

Please ensure all sections are completed to allow your request to be processed.

PATIENT IDENTIFICATION			
PATIENT SURNAME	FIRST NAME	INITIAL	
BIRTH DATE (YYYY-MM-DD)	ALBERTA BLUE CROSS IDENTIFICATION NUMBER		
STREET ADDRESS	CITY	TERRITORY	POSTAL CODE

REQUESTING PRESCRIBER			
PHYSICIAN SURNAME	FIRST NAME	INITIAL	PRESCRIBER NO.
PHONE	FAX		
STREET ADDRESS	CITY	TERRITORY	POSTAL CODE

A. Product requested (Check ALL that apply)

☐ Insulin pump* and insulin pump supplies → proceed to section B

☐ Insulin pump supplies ONLY. Please answer the following:

→ Was an insulin pump partially or totally covered by another insurance?

☐ Yes → please answer question 1 in section C below

☐ No

***Note:** eligible insulin pumps include Minimed 630G Insulin Pump (PIN 97799180); Minimed 670G Insulin Pump Kit (PIN 97799156); Minimed 770G Insulin Pump System (PIN 97799072); Minimed 780G Insulin Pump System (PIN 97798974); Omnipod System (PIN 09991326); Omnipod Dash System (PIN 09991701); T:Slim X2 Insulin Pump (PIN 09991658); and Ypsopump Starter Kit (PIN 91500036). Eligible patients will be provided coverage for an insulin pump once every 5 years. Where approval for an insulin pump is granted, insulin pump supplies will be approved along with the insulin pump.

B. Treatment status

Is the patient starting a new insulin pump?

☐ Yes → please answer questions 1-4 in section C below

☐ No, the patient is already using an insulin pump → please answer questions 1-2 in section C below

C. Diagnosis and clinical information

Please indicate if the following apply to the patient (check Yes if true or No if false for each of 1-4 below)	Yes	No
1) Diagnosis of type 1 diabetes	☐	☐
2) Under the care of an endocrinologist or a specialist prescriber with experience in the use of insulin pumps	☐	☐
3) Cannot consistently achieve the recommended HbA1C target value despite concerted efforts by the individual and/or family to achieve glucose control, through: a) Strong consistency with carbohydrate counting and matching of insulin with carbohydrate intake. b) Frequent blood glucose monitoring. c) Multiple daily insulin injections administered with meals and snacks.	☐	☐
4) Has at least ONE of the following: frequent unpredictable hypoglycemic episodes OR frequent unpredictable diabetic ketoacidosis episodes OR unpredictable swings in blood glucose	☐	☐

PHYSICIAN'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to **Alberta Blue Cross, Clinical Drug Services & Evaluation** **10009 108 Street NW, Edmonton, Alberta T5J 3C5** FAX **780-498-8384** in Edmonton • **1-877-828-4106** toll free all other areas

This personal information is being collected under the authority of the Government of the Northwest Territories Extended Health Benefits Policy and Directive and will be used to determine program benefit entitlement. This information is protected by the privacy provisions of the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact the Department of Health and Social Services at 1-800-661-0830. ABC 60108 (2023/11)