

## Nova Scotia Sensor-based Glucose Monitoring Program

### Registration Form

- Please read the reverse side of this form to see who to include as family members.
- Please sign both the Consent and Declaration below.
- Please have your provider complete the Section: **Request for Insured Coverage of Sensor-based Glucose Monitoring Products.**
- This program is payer of last resort – this means any other insurance must be used first.
- Send the completed form to the address or fax number below.

### Family Information

Include all family members (see reverse), even if they have drug coverage through other programs. All family members are included in the annual deductible calculation. If more space is required, please attach a separate sheet.  
Please provide your family's contact information:

Mailing Address	City	Province	Postal Code
Daytime Phone Number	Marital Status		
	Married/Partnered	Single/Widowed	Divorced/Separated

### Please list all family members:

Last Name	First Name	Date of Birth Day /Month / Year	Health Card Number	Social Insurance Number (Applicant, Spouse/Partner)
Applicant				
Spouse/Partner				
Children				<b>Not Required</b>
Children				
Children				

### Consent

I/we hereby consent to the release, to the Nova Scotia Department of Health & Wellness by the Canada Revenue Agency, of information from my income tax returns and if applicable, other required taxpayer information about me/us. This information will be relevant to and used solely for the purpose of determining eligibility and enrollment in the Nova Scotia Sensor-based Glucose Monitoring Program and will not be disclosed to any person without my/our approval. This authorization is valid for two taxation years prior to my signing the application and each subsequent consecutive taxation year for which assistance is requested by me or on my behalf. I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to the Nova Scotia Sensor-based Glucose Monitoring Program.

\_\_\_\_\_  
Signature of Applicant                      Date                      Signature of Spouse/Partner (if applicable)                      Date

### Declaration

I declare that all the information I have provided in this form is complete and I understand that a false statement constitutes fraud and may result in termination of benefit coverage.

\_\_\_\_\_  
Signature of Applicant                      Date                      Signature of Spouse/Partner (if applicable)                      Date

### Submit Your Form

Online: <a href="https://novascotia.ca/dhw-pharmacare-22">https://novascotia.ca/dhw-pharmacare-22</a>	By mail: Nova Scotia Sensor-based Glucose Monitoring Program PO Box 500 Halifax, NS B3J 2S1	By fax: 902-468-9402
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Please visit [novascotia.ca/msi-online](https://novascotia.ca/msi-online) for the self-service options available to you

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.

**How do we define the “Sensor-based Glucose Monitoring Program Applicant”?**

An applicant must be an adult (refer to definition below) and will be the person whom all correspondence relating to the program will be sent.

The applicant does not have to be the person receiving the product.

**How do we define “Adult”?**

An adult is a person 18 years of age and over.

**How do we define “Family”?**

A family is:

- a single adult
- an adult and spouse/partner (refer to definition below)
- an adult and all dependant children (refer to definition below)
- an adult, spouse/partner, and all dependant children

**How do we define “Spouse/Partner”?**

A spouse/partner is a person who is either married to you, or with whom you are living in a marriage-like relationship. A spouse/partner may be of the same gender.

**Who is eligible for coverage under the Sensor-based Glucose Monitoring Program?**

You may be eligible for coverage under this program if:

- You are a Nova Scotia resident, and
- You are 2 years of age or older, and
- Have a valid MSI health card, and
- Meet the clinical criteria.

Residents under other Pharmacare Programs (Seniors’, Family, Diabetes Assistance Program, and Department of Community Services), may receive coverage for these products under their current program, if they meet the clinical criteria. Special authorization is required.

**What if I am single, 18 years of age or over and still living with my family?**

If you are 18 years of age or over, you must complete you own registration form for enrolment. If you live with your parents and do not have a spouse/partner or dependants, you are considered a family for the purposes of the program.

You do not need to include your parents’ names, Health Card Number or Social Insurance Number information on the registration form.

If you have any questions or require help to fill out the application form, please call 902-496-5667, or 1-877-330-0323 (if you live outside the metro Halifax area), or visit our website: [www.nspharmacare.ca](http://www.nspharmacare.ca)

## Nova Scotia Provincial Pharmacare Programs

### Request for Coverage of Sensor-based Glucose Monitoring Products

**\*\*\*\*\*This Section to be Completed by a Prescriber\*\*\*\*\***

#### Patient Information

Please identify which family member requires coverage below. A separate request is required for each beneficiary requiring coverage. Additional forms are available at [www.nspharmacare.ca](http://www.nspharmacare.ca).

Last Name	First Name	Health Card Number	Date of Birth
			Day Month Year

#### Prescriber Information

Last Name	First Name	Licence Number
Mailing Address		City
		Province
		Postal Code

#### Clinical Criteria

For patients 2 years of age or older with Diabetes Mellitus (DM) AND requires multiple daily injections of insulin<sup>1</sup> or insulin pump therapy as part of intensive therapy

<sup>1</sup>Multiple daily injections of insulin is defined as 1 (or more) injection(s) of basal insulin and 3 (or more) injections of bolus insulin, with a minimum of at least 4 total injections per day.

#### Device Requested

FreeStyle	Dexcom	Medtronic
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#### Diagnostic/Drug Information

##### Diagnosis/Indication:

Type I DM

Type I DM and requires insulin pump therapy

Type II DM AND requires 1 (or more) injection(s) of basal insulin and 3 (or more) injections of bolus insulin, with a minimum of at least 4 total insulin injections per day.

Basal:

Bolus:

#### Authorization

I certify that the information given on this form is accurate.

Prescriber Signature

Date

#### Submit Your Form

By mail:  
Nova Scotia Pharmacare Programs  
PO Box 500  
Halifax NS B3J 2S1

By fax:  
902-496-4440

**If you are a service provider requiring assistance to complete this section, please contact the Pharmacare Office at 902-496-7001 or 1-800-305-5026.**

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