

Nova Scotia Insulin Pump Program (NSIPP) Clinical Eligibility Form



Please complete this form at initial enrollment. Annual completion is required for applicants under the age of 26 and for those who have been using insulin pump therapy for less than 2 years. All other applicants must complete the form every second year.

Section 1: Applicant Information				
Last Name:		First Name:		Middle Initial:
Date of Birth (MM/DD/YYYY):		NS Health Card Number:		
Applying for:	<input type="checkbox"/> First pump <input type="checkbox"/> Replacement pump <input type="checkbox"/> Supplies only <i>Current pump type and year:</i> <i>Reason for replacement if pump is less than 5 years old:</i>			
Pump Vendor Selected:	<input type="checkbox"/> Insulet/Omnipod <input type="checkbox"/> Medtronic <input type="checkbox"/> Tandem <input type="checkbox"/> Other:			
Diabetes Team:				

- **Section 2:** Regulated health care professional with knowledge of insulin pump therapy (IPT) can independently complete this section. Must understand principles for insulin dose adjustment for basal-bolus insulin using IPT.
- **Section 3:** Diabetes specialist physician must complete this section for applicants who require exception status.
- **Section 4:** Diabetes specialist physician must sign this section for applicants new to insulin pump therapy and/or with exception status.

Section 2: Confirmation of NSIPP Clinical Eligibility			
<input type="checkbox"/> Diagnosed with Type 1 Diabetes, duration at least 4 months. <input type="checkbox"/> At least 1 A1C value after diagnosis in the last 12 months. <input type="checkbox"/> No more than 1 episode of diabetic ketoacidosis/hyposmolar hyperglycemic state (DKA/HHS) in the past year, excluding diagnosis. <input type="checkbox"/> Assessed by Diabetes Team with insulin pump knowledge at least once in the last 12 months. <input type="checkbox"/> Self-monitors glucose 4 or more times per day or uses continuous glucose monitoring (CGM) with at least 70% active time. <input type="checkbox"/> Adequate knowledge and behaviours to safely manage insulin pump. <input type="checkbox"/> Completed <i>Insulin Pump Therapy Participant Responsibility Agreement – Initial enrollment only</i>			
ALL applicable eligibility criteria met:			
<input type="checkbox"/> Yes – Eligibility confirmed. If applicant is new to IPT – Diabetes specialist physician must assess applicant and sign (section 4) <input type="checkbox"/> No – Diabetes specialist physician must complete exception status (section 3) and sign (section 4).			
Regulated Health Care Professional with IPT knowledge (physician, nurse practitioner, registered dietitian, registered nurse, pharmacist):			
Name (print)	Signature	Date (MM/DD/YYYY)	License Number

Section 3: Exception Status (if applicable) – For completion by diabetes specialist physician only	
Should applicant receive NSIPP coverage without meeting all clinical eligibility criteria outlined in Section 2:	
Yes, exception status granted for <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Reason(s): <input type="checkbox"/> Allergic to basal/intermediate insulins or injection devices <input type="checkbox"/> Exceptional personal circumstances <input type="checkbox"/> Pump therapy best treatment option <input type="checkbox"/> Root cause of DKA/HHS episodes addressed <input type="checkbox"/> Other (specify):	No, not currently eligible Reason(s): <input type="checkbox"/> Inadequate self-management skills/behaviours <input type="checkbox"/> Chronic hyperglycemia without improvement on IPT <input type="checkbox"/> Not participating in follow-up care <input type="checkbox"/> Recurrent DKA/HHS <input type="checkbox"/> Other (specify):

Section 4: Authorization (If applicable) – For completion by diabetes specialist physician only			
Name (print)	Signature	Date (MM/DD/YYYY)	License Number

Please forward completed form to NSIPP Coordinator:

Mail: Nova Scotia Insulin Pump Program, PO Box 9700, Halifax, NS B3K 6R8 | Fax: 902-470-7841 | By secure email to: NSIPP@iwk.nshealth.ca