

SPECIAL AUTHORIZATION REQUEST

DPP-4/SGLT2 INHIBITORS

Please fax completed form to (902) 368-4905 OR email to drugprograms@gov.pe.ca.

Incomplete forms will be returned for completion. If a mailing address and fax number are not provided, we will be unable to issue a response.

Approvals will not be considered at doses or dosing intervals outside of PEI guidelines.

SECTION 1 – REQUESTOR INFORMATION

SECTION 2 – PATIENT INFORMATION

NAME AND MAILING ADDRESS <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> PHARMACIST EMAIL ADDRESS (FOR IHIS USERS ONLY) PHONE NUMBER (INCLUDE AREA CODE) FAX NUMBER (INCLUDE AREA CODE)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PATIENT (FAMILY NAME)</td> <td style="width:50%;">PATIENT (GIVEN NAME)</td> </tr> <tr> <td>DATE OF BIRTH (YYYY/MM/DD)</td> <td>PERSONAL HEALTH NUMBER (PHN)</td> </tr> </table> PATIENT'S MAILING ADDRESS	PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)	DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
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- Details regarding any contraindications or intolerances must be provided
- Requests for coverage will not be considered if details are not provided

☐ **Patient has type 2 diabetes** **Most recent A1C = _____%** **Date of test: _____**

For ALL requests, please confirm if metformin has been used for at least 6 months
☐ Yes. Actively on therapy.
☐ Yes, but discontinued. Specify reason:
☐ No, specify reasons:
 ☐ Contraindication, please elaborate:
 ☐ Other reasons, please elaborate:

SGLT2 inhibitors:
☐ **canagliflozin (Invokana®)**
 For the treatment of patients with type 2 diabetes when added to metformin for patients who have inadequate glycemic control on metformin.
☐ **empagliflozin (Jardiance®)**
Check one:
☐ For the treatment of patients with type 2 diabetes when added to metformin for patients who have inadequate glycemic control on metformin.
OR
☐ As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular (CV) death in patients with Type 2 diabetes mellitus and established cardiovascular disease, who have inadequate glycemic control despite a sufficient trial of metformin

- **Please indicate element(s) of established cardiovascular disease:**
 - ☐ History of myocardial infarction
 - ☐ Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status)
 - ☐ Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months
 - ☐ Last episode of unstable angina >2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease
 - ☐ History of ischemic or hemorrhagic stroke
 - ☐ Occlusive peripheral artery disease

DPP- 4 Inhibitors:
☐ **linagliptin (Trajenta®)** ☐ **saxagliptin (Onglyza®)**
 For the treatment of patients with type 2 diabetes when added to metformin for patients who have inadequate glycemic control on metformin.
Note: Coverage for a DPP-4 inhibitor (as a single agent or in combination with metformin) is not provided alongside semaglutide. If approval is given for a DPP-4 inhibitor, coverage for semaglutide will be discontinued.

Special Authorization grants coverage to a drug that otherwise would not be eligible for coverage. Coverage is provided to patients in specific medical circumstances as defined in the PEI Pharmacare Formulary and **subject to Pharmacare Drug Program plan rules, including deductible and eligibility requirements.**

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 Diabetes Drug Program. If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947.

REQUESTOR SIGNATURE (REQUIRED)	DATE
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