



SPECIAL AUTHORITY REQUEST THIRD-LINE ANTI-DIABETIC MEDICATIONS

For up-to-date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests to 1-800-609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

This facsimile is doctor-patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs.

PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

SECTION 1 - PRESCRIBER INFORMATION

Name and Mailing Address, Mail Confirmation, College ID, Phone Number, Prescriber's Fax Number, CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), CRITICAL FOR PROCESSING

SECTION 3 - MEDICATION REQUESTED

Medication options: Dipeptidyl peptidase-4 inhibitor, Pioglitazone, Empagliflozin or Empagliflozin + Metformin Combination Tablet, Semaglutide Injection

Note: Coverage for a DPP-4 inhibitor (i.e., linagliptin or saxagliptin) is not provided alongside empagliflozin or semaglutide.

SECTION 4 - CRITERIA FOR INDEFINITE COVERAGE

As part of THIRD-LINE combination treatment for type 2 diabetes mellitus AFTER inadequate glycemic control on maximally tolerated doses of: A. Dual therapy of metformin and a sulfonylurea OR B. Dual therapy of metformin and an insulin

Report all adverse events to the post-market surveillance program, Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).

Personal information on this form is collected under the authority of... I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.

PharmaCare may request additional documentation to support this Special Authority request. Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.

PHARMACARE USE ONLY

STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL