



SPECIAL AUTHORITY REQUEST
EMPAGLIFLOZIN / SEMAGLUTIDE FOR DIABETES

HLTH 5826 Rev. 2023/03/21

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
College ID (use ONLY College ID number) Phone Number (include area code)
Prescriber's Fax Number
CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name
Patient (Given) Name(s)
Date of Birth (YYYY / MM / DD) Date of Application (YYYY / MM / DD)
Personal Health Number (PHN)
CRITICAL FOR PROCESSING

SECTION 3 - MEDICATION REQUESTED

Empagliflozin or Empagliflozin + Metformin Combination Tablet 9901-0320
Semaglutide Injection 9901-0360
Note: Coverage for a DPP-4 inhibitor (i.e., linagliptin or saxagliptin) is not provided alongside empagliflozin or semaglutide. If approval is given for empagliflozin or semaglutide, coverage for a DPP-4 inhibitor will be discontinued if applicable. If approval is given for a DPP-4 inhibitor, coverage for empagliflozin or semaglutide will be discontinued if applicable.

SECTION 4 - CRITERIA FOR INDEFINITE COVERAGE

Checkboxes for diabetes diagnosis and metformin control.
Please provide rationale for avoiding metformin trials if applicable:

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, and in accordance with, the British Columbia Pharmaceutical Services Act 22(1) and Freedom of Information and Protection of Privacy Act 26 (a),(c),(e).
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.
Prescriber's Signature (Mandatory)

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

Table with columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL