ALBERTA BLUE CROSS®

DPP-4/SGLT2 INHIBITORS / GLP-1 RECEPTOR AGONISTS SPECIAL AUTHORIZATION REQUEST FORM

Please complete all required sections to allow your request to be processed.

Patients may or may not meet eligibility requirements as established by Alberta government-sponsored drug programs.

PATIENT INFORMATION				**COVERAGE TYPE**
PATIENT LAST NAME	FIRST NAME		INITIAL	☐ Alberta Blue Cross ☐ Alberta Human Services ☐ Other
BIRTH DATE (YYYY/MM/DD)	ALBERTA PERSONAL HEALTH NUMBER			
STREET ADDRESS	CITY	PROV	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER

PRESCRIBER INFORMATION				
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION	
STREET ADDRESS			☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other	REGISTRATION NUMBER
CITY, PROVINCE			PHONE	FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	

Indicate which drug is requested

For the treatment of Type 2 diabetes	**Criteria for coverage***	**Complete section(s)**
☐ CANAgliflozin (e.g. Invokana) ☐ LINAgliptin (e.g. Trajenta) ☐ LINAgliptin + metformin (e.g. Jentadueto) ☐ SAXAgliptin (e.g. Onglyza) ☐ SAXAgliptin + metformin (e.g. Komboglyze) ☐ SEMAglutide (e.g. Ozempic) ☐ SITAgliptin (e.g. Januvia) ☐ SITAgliptin + metformin (e.g. Janumet, Janumet XR)	First-line drug product(s): metformin Second-line drug product(s): sulfonylureas And where insulin is not an option	Sections I & II
☐ DAPAgliflozin (e.g. Forxiga) ☐ DAPAgliflozin + metformin (e.g. Xigduo)	First-line drug product(s): metformin or sulfonylureas Second-line drug product(s): sulfonylureas or metformin And where insulin is not an option	Sections I & II
☐ LIXIsenatide (e.g. Adlyxine)	First-line drug product(s): metformin Second-line drug product(s): sulfonylureas And insulin	Sections I & II
For the treatment of Type 2 diabetes OR Type 2 diabetes and established CV diseases as defined in the criteria for coverage	**Criteria for coverage***	**Complete section(s)**
☐ EMPAgliflozin (e.g. Jardiance) ☐ EMPAgliflozin + metformin (e.g. Synjardy)	*See page 2 for complete criteria	Sections I &/or II (as applicable)

Section I.

Please indicate if **metformin** was tried for **at least 6 months**

☐ Yes ☐ No, specify reason _____

Section II.

Please indicate if a **sulfonylurea** was tried

☐ Yes ☐ No, specify reason _____

Please indicate if **insulin** was tried

☐ Yes ☐ No, indicate why insulin is not an option for this patient

☐ Cognitive impairment ☐ Manual dexterity concerns

☐ Needle phobia ☐ Visual impairment

☐ Other, specify _____

PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to ▪ **Alberta Blue Cross, Clinical Drug Services** **10009-108 Street NW, Edmonton, Alberta T5J 3C5** ▪ **FAX**: **780-498-8384** in Edmonton • **1-877-828-4106** toll free all other areas

ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.

The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 108 Street, Edmonton AB T5J 3C5.

ALBERTA BLUE CROSS®

DPP-4/SGLT2 INHIBITORS / GLP-1 RECEPTOR AGONISTS SPECIAL AUTHORIZATION CRITERIA

Criteria for coverage

Patients may or may not meet eligibility requirements as established by Alberta government-sponsored drug programs.

CANAgliflozin (e.g. Invokana), LINAgliptin (e.g. Trajenta), LINAgliptin + metformin (e.g. Jentadueto), LIXIsenatide (e.g. Adlyxine), SAXAgliptin (e.g. Onglyza), SAXAgliptin + metformin (e.g. Komboglyze), SEMAglutide (e.g. Ozempic), SITAgliptin (e.g. Januvia) and SITAgliptin + metformin (e.g. Janumet, Janumet XR) special authorization criteria

FIRST-LINE DRUG PRODUCT(S): METFORMIN
SECOND-LINE DRUG PRODUCT(S): SULFONYLUREAS
AND WHERE INSULIN IS NOT AN OPTION

As add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:
- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- a sulfonylurea, AND
- for whom insulin is not an option.

Or, for whom these products are contraindicated.

Special authorization may be granted for 24 months.

DAPAgliflozin (e.g. Forxiga) and DAPAgliflozin + metformin (e.g. Xigduo) special authorization criteria for the treatment of Type 2 diabetes

Note: Dapagliflozin (e.g. Forxiga) is also eligible via special authorization/step therapy for the treatment of heart failure. Please refer to the Alberta Drug Benefit List for the complete criteria and to the Dapagliflozin for Heart Failure Special Authorization Request Form (ABC 60097).

FIRST-LINE DRUG PRODUCT(S): METFORMIN OR SULFONYLUREAS
SECOND-LINE DRUG PRODUCT(S): SULFONYLUREAS OR METFORMIN
AND WHERE INSULIN IS NOT AN OPTION

As add-on therapy to metformin or a sulfonylurea for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:
- a sufficient trial (i.e. a minimum of 6 months) of metformin who have a contraindication or intolerance to a sulfonylurea, OR a sulfonylurea who have a contraindication or intolerance to metformin,
- AND for whom insulin is not an option.

Special authorization may be granted for 24 months.

EMPAgliflozin (e.g. Jardiance) and EMPAgliflozin + metformin (e.g. Synjardy) special authorization criteria

FIRST-LINE DRUG PRODUCT(S): METFORMIN

As add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:
- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- a sulfonylurea, AND
- for whom insulin is not an option.

Or, for whom these products are contraindicated.

As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular (CV) death in patients with Type 2 diabetes and established cardiovascular diseases who have an inadequate glycemic control, if the following criteria are met:
- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- established cardiovascular disease* as defined in the EMPA-REG OUTCOME trial.

* Established cardiovascular disease is defined on the basis of one of the following:
1) History of myocardial infarction (MI)
2) Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status)
3) Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress or discharged from hospital with a documented diagnosis of unstable angina within the last 12 months
4) Last episode of unstable angina greater than 2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease
5) History of ischemic or hemorrhagic stroke
6) Occlusive peripheral artery disease

Special authorization may be granted for 24 months.

LIXIsenatide (e.g. Adlyxine) special authorization criteria

FIRST-LINE DRUG PRODUCT(S): METFORMIN
SECOND-LINE DRUG PRODUCT(S): SULFONYLUREAS
AND INSULIN

“As add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:
- a sufficient trial (i.e. a minimum of 6 months) of metformin, AND
- a sulfonylurea, AND
- insulin.

Or, for whom these products are contraindicated

Special authorization may be granted for 24 months.

ABC 60012 (2022/02)