



**SPECIAL AUTHORIZATION REQUEST FORM**  
**The Newfoundland and Labrador Prescription Drug Program (NLPDP)**  
**Oral Agents for Type 2 Diabetes**

Pharmaceutical Services  
 Department of Health and Community Services  
 P.O. Box 8700, Confederation Bldg.  
 St. John's, NL A1B 4J6

Phone: (709) 729-6507  
 Toll Free Line: 1-888-222-0533  
 Fax: (709) 729-2851

**Patient Information**

**Patient Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **NLPDP Drug Card/MCP Number** \_\_\_\_\_

**Address**

**Drug Requested (Indicate Dose)**

<p><b>DPP-4 INHIBITOR</b></p> <p><input type="checkbox"/> LINAgliptin (Trajenta) Dose: _____</p> <p><input type="checkbox"/> SAXAgliptin (Onglyza) Dose: _____</p> <p><input type="checkbox"/> SITAgliptin (Januvia) Dose: _____</p>	<p><b>COMBINED FORMULATION</b></p> <p><input type="checkbox"/> DAPagliflozin + metformin (Xigduo) Dose: _____</p> <p><input type="checkbox"/> LINAgliptin + metformin (Jentadueto) Dose: _____</p> <p><input type="checkbox"/> SAXAgliptin + metformin (Komboglyze) Dose: _____</p> <p><input type="checkbox"/> SITAgliptin + metformin (Janumet) Dose: _____</p> <p><input type="checkbox"/> SITAgliptin + metformin (Janumet XR) Dose: _____</p>	<p><b>SGLT2 INHIBITOR</b></p> <p><input type="checkbox"/> CANAgliflozin (Invokana) Dose: _____</p> <p><input type="checkbox"/> DAPagliflozin (Forxiga) Dose: _____</p> <p><input type="checkbox"/> EMPAgliflozin (Jardiance) Dose: _____</p>	<p><b>THIAZOLIDINEDIONE</b></p> <p><input type="checkbox"/> PIOglitazone (Actos) Dose: _____</p> <hr/> <p><b>INSULIN SECRETAGOGUE</b></p> <p><input type="checkbox"/> REPaglinide (GlucNorm) Dose: _____</p>
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**Clinical Information (Coverage criteria is on next page.)**

**Hemoglobin A1c:** \_\_\_\_\_ % **Date:** \_\_\_\_\_

**Current and Past Therapies for Diabetes (indicate drug, dose, date, duration and outcome):**

**Please indicate if metformin was used:**

YES

**If yes please indicate if a 6 month trial of metformin was used:**

YES Dose: \_\_\_\_\_

NO, please specify reason

NO, please specify reason

**Please indicate if a sulfonylurea was used:**

YES Gliclazide Glyburide Glimperide (circle one) Dose: \_\_\_\_\_

No, please specify reason

**Please indicate and give details why insulin, even with pen delivery and/or injection aids, is not an option for this patient:**

- Details:**
- Manual dexterity concerns
  - Cognitive impairment
  - Visual impairment
  - Other, please specify

**Prescriber Information / Requested By:**  Physician  Other Health Professional

Prescriber Name:  
(please print)

Address: \_\_\_\_\_ License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

**Version November 2017 – Replaces previous forms**

Coverage Criteria

CLASS	CRITERIA
DPP-4 INHIBITOR	For the treatment of type 2 diabetes as a third drug added to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea AND in whom insulin is not an option
DPP-4 INHIBITOR + METFORMIN	For the treatment of type 2 diabetes in patients with inadequate glycemic control on metformin and a sulfonylurea and in whom insulin is not an option AND who are already stabilized on therapy with metformin, a sulfonylurea and a DPP-4 inhibitor, to replace the individual components of a DPP-4 inhibitor and metformin in these patients.
SGLT2 INHIBITOR	For the treatment of type 2 diabetes as a third drug added to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea AND in whom insulin is not an option
SGLT2 INHIBITOR + METFORMIN	For the treatment of type 2 diabetes in patients who are already stabilized on therapy with metformin, a sulfonylurea and dapagliflozin to replace the individual components of dapagliflozin and metformin and for whom insulin is not an option.
THIAZOLIDINEDIONE	For the treatment of type 2 diabetes in patients who are inadequately controlled on a combination of a sulfonylurea and metformin, at maximum dosages, or in whom these agents are contraindicated or not tolerated
INSULIN SECRETAGOGUE	For patients who have failed to respond to or have experienced hypoglycemia from benefit sulfonylureas. Special Authorization is not needed if patient has a paid claim for gliclazide or glyburide or glimepiride in past year.

Select Antihyperglycemic agents for use in type 2 diabetes

CLASS	EXPECTED* DECREASE IN A1C	RELATIVE* A1C LOWERING	HYPOGLYCEMIA	OTHER THERAPEUTIC CONSIDERATIONS
DPP-4 INHIBITOR	0.7%	↓↓	Negligible risk as monotherapy	<ul style="list-style-type: none"> <li>• Weight neutral</li> <li>• Improved post-prandial control</li> <li>• Rare cases of pancreatitis</li> <li>• Caution with saxagliptin in heart failure</li> </ul>
SGLT2 INHIBITOR	0.7-1.0%	↓↓ or ↓↓↓	Negligible risk as monotherapy	Genital infections, UTI, hypotension, dose-related changes in LDL-C, caution with renal dysfunction and loop diuretics, dapagliflozin not to be used if bladder cancer, rare diabetic ketoacidosis (may occur with no hyperglycemia)
ALPHA-GLUCOSIDASE INHIBITOR	0.6%	↓	Negligible risk as monotherapy	<ul style="list-style-type: none"> <li>• Not recommended as initial therapy in people with marked hyperglycemia (A1C ≥ 8.5%)</li> <li>• Weight neutral as monotherapy</li> <li>• GI side effects</li> </ul>
THIAZOLIDINEDIONE (Pioglitazone)	0.8%	↓↓	Negligible risk as monotherapy	<ul style="list-style-type: none"> <li>• Contraindicated in patients with known clinical heart failure or evidence of left ventricular dysfunction on echocardiogram or other heart imaging</li> <li>• Rare risk bladder cancer with pioglitazone</li> </ul>
INSULIN SECRETAGOGUE (Repaglinide)	0.7%	↓↓	Minimal/moderate risk	Repaglinide is associated with less hypoglycemia than sulfonylureas due to its shorter duration of action allowing medication to be held when forgoing a meal

Adapted from Canadian Diabetes Association 2016 Guidelines

[http://guidelines.diabetes.ca/cdacpg\\_resources/Ch13\\_Table1\\_Antihyperglycemic\\_agents\\_type\\_2\\_2016.pdf](http://guidelines.diabetes.ca/cdacpg_resources/Ch13_Table1_Antihyperglycemic_agents_type_2_2016.pdf)

\* A1C percentage/relative reduction expected when agent from this class is added to metformin therapy