



SPECIAL AUTHORIZATION REQUEST

Semaglutide

Fax requests to (902) 368-4905, email to drugprograms@gov.pe.ca OR mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

SECTION 1 – PRESCRIBER INFORMATION

SECTION 2 – PATIENT INFORMATION

NAME AND MAILING ADDRESS	PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)
	DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
PHONE NUMBER (INCLUDE AREA CODE):	PATIENT'S MAILING ADDRESS	
FAX NUMBER (INCLUDE AREA CODE):		

PEI Pharmacare criteria for Semaglutide (subcutaneous and oral):

For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control.

Drug being requested:

<input type="checkbox"/> Semaglutide (subcutaneous)	<input type="checkbox"/> 0.25 mg weekly	<input type="checkbox"/> 0.5 mg weekly	<input type="checkbox"/> 1 mg weekly
<input type="checkbox"/> Semaglutide (oral)	<input type="checkbox"/> 3 mg daily	<input type="checkbox"/> 7 mg daily	<input type="checkbox"/> 14 mg daily

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

- **Details regarding any contraindications or intolerances must be provided.**
- **Requests for coverage will not be considered if details are not provided.**
- Additional information related to request:

Please confirm that **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:

Please confirm that an adequate trial of a **sulfonylurea** has been used

- ☐ Yes. Actively on therapy.
- ☐ Yes, but discontinued. Specify reason:
- ☐ No, specify reasons:
 - ☐ Contraindication, please elaborate:
 - ☐ Other reasons, please elaborate:

Notes:

- For semaglutide (subcutaneous) – approvals will be for a maximum of 1 prefilled pen every 4 weeks
- For semaglutide (oral) – approvals will be for a maximum dose of 14 mg daily at 30-day intervals
- Coverage for a DPP-4 inhibitor (i.e., linagliptin, saxagliptin and sitagliptin as single agents or in combination with metformin) is not provided alongside semaglutide. If approval is given for semaglutide, coverage for a DPP-4 inhibitor 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 or at the address at the top of the form.

PRESCRIBER SIGNATURE (REQUIRED)

DATE