Insurance Coverage for Diabetes Prescription Therapies

Drug	Available as generic	Alberta Blue Cross Coverage	Private Coverage *Dependent on plan, some exceptions may apply
Acarbose (**Glucobay®**)	Yes	Covered	Covered
Sitagliptin (**Januvia®**) Linagliptin (**Trajenta®**) Saxagliptin (**Onglyza®**)	No	Step Therapy (Appendix 1.a) and Special Authorization Form (Appendix 1.b)	Covered
Gliclazide (**Diamicron®**) Glyburide (**Diabeta®**)	Yes	Covered	Covered
Glimepiride (**Amaryl®**)	Yes	Not covered	Covered
Nateglinide (**Starlix®**)	No	Not covered	Covered
Repaglinide (**Gluconorm®**)	Yes	Covered	Covered
Metformin (**Glucophage®**) Metformin XR (**Glumetza®**)	Yes	Covered *Glumetza not covered	Covered
Pioglitazone (**Actos®**) Rosiglitazone (**Avandia®**)	Yes No	Step Therapy (Appendix 2.a) and Special Authorization Form (Appendix 2.b)	Covered
Canagliflozin (**Invokana®**) Dapagliflozin (**Forxiga®**) Empagliflozin (**Jardiance®**)	No	Step Therapy (Appendix 1.a) and Special Authorization Form (Appendix 1.b)	Covered
Orlistat (**Xenical®**)	No	Not covered	Usually not covered
Exenatide (**Byetta®**) Liraglutide (**Victoza®, Saxenda®**), Dulaglutide (**Trulicity®**)	No	Not covered	Likely covered
Insulin Rapid/Short/Intermediate/Long Pre-Mixed	N/A	Covered * Novomix 30 not covered	Covered
Toujeo®, Fiasp®	N/A	Under review	Covered

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Tresiba®	N/A	Under review	Likely covered

Appendix 1.a

Step Therapy for DPP-4/SGLT2 Inhibitors for Alberta Blue Cross Patients

The drug product(s) listed below are eligible for coverage via the step therapy/special authorization process.

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.

Note: If a claim for the Step therapy drug product is rejected, pharmacists can use their professional judgment to determine the appropriateness of using the intervention code(s) noted below to re-submit a claim. The pharmacist is responsible to document on the patient's record the rationale for using the second-line therapy drug.

UP - First-line therapy ineffective
UQ - First-line therapy not tolerated
CA - Prior adverse reaction
CB - Previous treatment failure
CJ - Product is not effective

All requests for DPP-4/SGLT2 Inhibitors must be completed using the DPP-4/SGLT2 Inhibitors Special Authorization Request Form (ABC 60012).

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Appendix 1.b

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PDF fillable version is available at: https://idbl.ab.bluecross.ca/idbl/PDFS/60012.pdf

ALBERTA BLUE CROSS®

DPP- 4/SGLT2 INHIBITORS 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

PATIENT LAST NAME	FIRST NAME	INITIAL
DATE OF BIRTH: Year / Month / Day	ALBERTA PERSONAL HEALTH NUMBER	

STREET ADDRESS	CITY	PROV	POSTAL CODE

COVERAGE TYPE:

- ☐ Alberta Blue Cross
- ☐ Alberta Human Services
- ☐ Other

IDENTIFICATION/CLIENT/COVERAGE No:

PRESCRIBER INFORMATION

PRESCRIBER LAST NAME	FIRST NAME	INITIAL

STREET ADDRESS

CITY , PROVINCE

POSTAL CODE

PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION

- ☐ CPSA ☐ ACO REGISTRATION NO.
- ☐ CARNA ☐ ADA+C
- ☐ ACP ☐ Other

PHONE: FAX:

FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Indicate which drug is requested (check one box):

- ☐ CANAgliflozin (e.g. Invokana)
- ☐ LINAgliptin (e.g. Trajenta)
- ☐ LINAgliptin + metformin (e.g. Jentadueto)
- ☐ SAXAgliptin (e.g. Onglyza)
- ☐ SITAgliptin (e.g. Januvia)
- ☐ SITAgliptin + metformin (e.g. Janumet)

Criteria for Coverage

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.

☐ **NEW Please provide the following information for NEW requests:**

Please indicate if **metformin** was used:

☐ Yes

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

☐ Yes

☐ No, please specify reason:_____

☐ No, please specify reason:_____

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

☐ Yes ☐ No, please specify reason:

Please indicate if **insulin** was tried:

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

- ☐ Manual dexterity concerns
- ☐ Cognitive impairment
- ☐ Visual impairment
- ☐ Needle phobia
- ☐ Patient preference
- ☐ Other, please specify:_____

Additional information relating to request :

☐ **RENEWAL**: This product is eligible for step-therapy. A Special Authorization renewal request is required only if the patient has not made a claim for the drug product during the preceding 12 months.

PRESCRIBER'S SIGNATURE	DATE

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.

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Appendix 2.a

Step Therapy for Pioglitazone and Rosiglitazone for Alberta Blue Cross Patients

The drug product(s) listed below are eligible for coverage via the step therapy/special authorization process.

FIRST-LINE DRUG PRODUCT(S): METFORMIN

"For the treatment of Type 2 diabetes in patients who have an inadequate response to a sufficient trial (i.e. a minimum of 6 months) of metformin or who are intolerant to metformin (e.g. dermatologic reactions) or for whom the product is contraindicated."

Special authorization may be granted for 24 months.

Note: If a claim for the Step therapy drug product is rejected, pharmacists can use their professional judgment to determine the appropriateness of using the intervention code(s) noted below to re-submit a claim. The pharmacist is responsible to document on the patient's record the rationale for using the second-line therapy drug.

UP - First-line therapy ineffective
UQ - First-line therapy not tolerated

Complete Special Authorization Request Form (ABC 60015).

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Appendix 2.b

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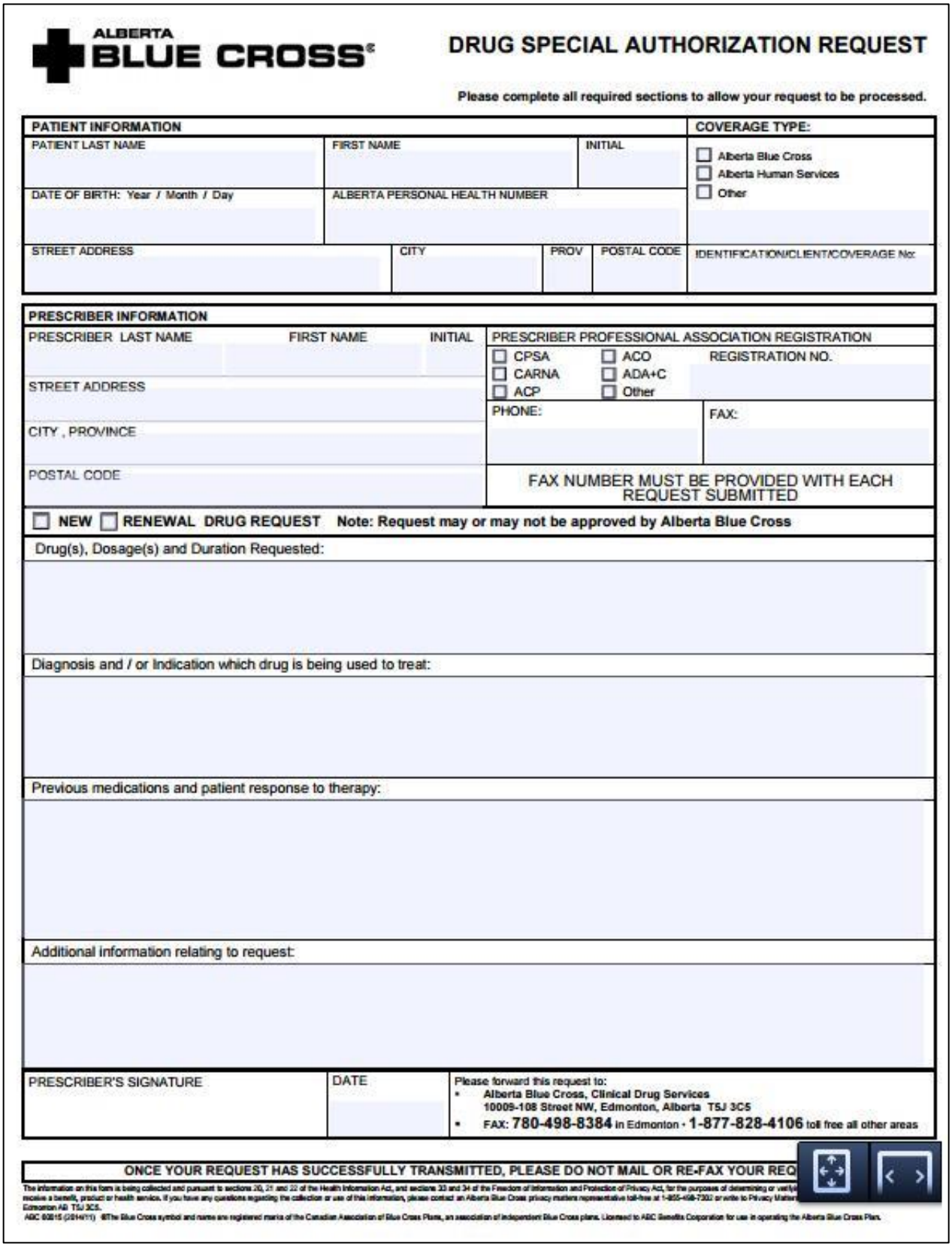
PDF fillable version is available at: https://idbl.ab.bluecross.ca/idbl/PDFS/60015.pdf



ALBERTA BLUE CROSS®

DRUG SPECIAL AUTHORIZATION REQUEST

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

PATIENT INFORMATION				COVERAGE TYPE:
PATIENT LAST NAME	FIRST NAME	INITIAL		☐ Alberta Blue Cross ☐ Alberta Human Services ☐ Other
DATE OF BIRTH: Year / Month / Day	ALBERTA PERSONAL HEALTH NUMBER			
STREET ADDRESS	CITY	PROV	POSTAL CODE	IDENTIFICATION/CLIENT/COVERAGE No:

PRESCRIBER INFORMATION			
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION
STREET ADDRESS			☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other REGISTRATION NO.
CITY , PROVINCE			PHONE: / FAX:
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

☐ **NEW** ☐ **RENEWAL DRUG REQUEST** **Note: Request may or may not be approved by Alberta Blue Cross**

Drug(s), Dosage(s) and Duration Requested:

Diagnosis and / or Indication which drug is being used to treat:

Previous medications and patient response to therapy:

Additional information relating to request:

PRESCRIBER'S SIGNATURE	DATE	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 REQ

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 verify
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
Edmonton AB T5J 3C5.
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