Appendix 1: Product-Specific Reimbursement Details

Dipeptidyl Peptidase-4 Inhibitors

Alogliptin/*Nesina*

QC	For treatment of type 2 diabetes: • as monotherapy, where metformin and a sulfonylurea are contraindicated or not tolerated; or • in association with metformin, where a sulfonylurea is contraindicated, not tolerated, or ineffective; or • in association with a sulfonylurea, where metformin is contraindicated, not tolerated, or ineffective. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.

Linagliptin/*Trajenta*

BC	As part of a combination treatment for type 2 diabetes mellitus: • when insulin NPH is not an option; AND • after inadequate glycemic control on maximum tolerated doses of dual therapy of metformin AND a sulfonylurea. **Special Notes:** 1. Based on evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH (if applicable) before considering other drugs. 2. Patients intolerant to a sulfonylurea may be considered for coverage. Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available through the PharmaCare Special Authority program). 3. Patients who meet the limited coverage criteria for linagliptin automatically receive coverage for pioglitazone and saxagliptin.
AB	The following drug product(s) are eligible for coverage through 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;

AB	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) to re-submit a claim. The pharmacist is responsible for documenting on the patient's record the rationale for using the second-line therapy drug.
SK	For treatment of patients with type 2 diabetes who have had previous prescriptions for metformin and a sulfonylurea. **Notes:** • This product should be used in patients with diabetes who are not adequately controlled on or who are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
MB	For the treatment of patients with type 2 diabetes who have previously been treated with metformin and a sulfonylurea. Should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • as monotherapy when metformin and a sulfonylurea are contraindicated or poorly tolerated; or • in association with metformin where a sulfonylurea is contraindicated, not tolerated, or ineffective. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes for patients: • with inadequate glycemic control on metformin and a sulfonylurea; and • for whom insulin is not an option.
NB	For patients with type 2 diabetes mellitus with inadequate glycemic control while on optimal doses of metformin and a sulfonylurea, and for whom NPH insulin is not an option, when added as a third drug.
PEI	For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option.
YK	In addition to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea AND for whom insulin is not an option, for reasons other than "needle phobia."
CAF	Requests for special authorization are considered for members with type 2 diabetes mellitus as a third drug added on to metformin and a sulfonylurea when experiencing inadequate glycemic control and for whom insulin is not an option.
VAC	Criteria not available

CSC	As a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea and for whom insulin is not an option.
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

AB = Alberta; BC = British Colombia; CAF = Canadian Armed Forces; CSC = Correctional Services Canada; MB = Manitoba; NBr = New Brunswick; NIHB = Non-Insured Health Benefits; NL = Newfoundland and Labrador; NPH = neutral protamine Hagedorn; NS = Nova Scotia; NU = Nunavut; NWT = Northwest Territories; ON = Ontario; PEI = Prince Edward Island; QC = Quebec; SK = Saskatchewan; VAC = Veteran Affairs Canada; YK = Yukon.

[a] Constitutes the criteria for NWT and NU as well.[7]

Saxagliptin/*Onglyza*

BC	As part of a combination treatment for type 2 diabetes mellitus: • when insulin NPH is not an option; AND • after inadequate glycemic control on maximum tolerated doses of dual therapy of metformin AND a sulfonylurea. **Special Notes:** 1. Based on evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH (tried if applicable) before considering other drugs. 2. Patients intolerant to a sulfonylurea may be considered for coverage. Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available through the PharmaCare Special Authority program). 3. Patients who meet the limited coverage criteria for saxagliptin automatically receive coverage for pioglitazone and linagliptin.
AB	The following drug product(s) are eligible for coverage through 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.

SK	For treatment of patients with type 2 diabetes who have had previous prescriptions for metformin and a sulfonylurea. **Notes:** • This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
MB	For the treatment of patients with type 2 diabetes who have previously been treated with metformin and a sulfonylurea. Should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • as monotherapy when metformin and a sulfonylurea are contraindicated or poorly tolerated; or • in association with metformin where a sulfonylurea is contraindicated, not tolerated, or ineffective. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes for patients with: • Inadequate glycemic control on metformin and a sulfonylurea; and • for whom insulin is not an option.
NB	For patients with type 2 diabetes mellitus with inadequate glycemic control while on optimal doses of metformin and a sulfonylurea, and for whom NPH insulin is not an option, when added as a third drug.
PEI	For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option.
YK	In addition to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea AND for whom insulin is not an option, for reasons other than "needle phobia."
CAF	Requests for special authorization are considered for members with type 2 diabetes mellitus as a third drug added on to metformin and a sulfonylurea when experiencing inadequate glycemic control and for whom insulin is not an option.
VAC	Criteria not available
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

AB = Alberta; BC = British Colombia; CAF = Canadian Armed Forces; CSC = Correctional Services Canada; MB = Manitoba; NBr = New Brunswick; NIHB = Non-Insured Health Benefits; NL = Newfoundland and Labrador; NPH = neutral protamine Hagedorn; NS = Nova Scotia; NU = Nunavut; NWT = Northwest Territories; ON = Ontario; PEI = Prince Edward Island; QC = Quebec; SK = Saskatchewan; VAC = Veteran Affairs Canada; YK = Yukon.

[a] Constitutes the criteria for NWT and NU as well.[7]

Sitagliptin/*Januvia*

AB	The following drug product(s) are eligible for coverage through the step therapy/special authorization process where insulin is not an option: First-line drug product(s): metformin Second-line drug product(s): sulfonylureas 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) 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. Patients who meet the limited coverage criteria for saxagliptin automatically receive coverage for pioglitazone and linagliptin.
SK	For the treatment of patients with type 2 diabetes with reduced renal function who are not adequately controlled on or who are intolerant to metformin AND a sulfonylurea, and in whom insulin is not an option.
MB	For the treatment of patients with type 2 diabetes who have previously been treated with metformin and a sulfonylurea. Should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • as monotherapy when metformin and a sulfonylurea are contraindicated or poorly tolerated; or • in association with metformin where a sulfonylurea is contraindicated, not tolerated, or ineffective. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes for patients with: • inadequate glycemic control on metformin and a sulfonylurea; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus in patients for whom NPH insulin is not an option and: • who have inadequate glycemic control while on optimal doses of metformin and a sulfonylurea when added as a third drug; or • in combination with metformin when a sulfonylurea is not suitable due to contraindications or intolerance; or • as monotherapy when metformin and sulfonylurea are not suitable due to contraindications or intolerance.
PEI	For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option.
YK	As add-on therapy for the treatment of type 2 diabetes in patients with inadequate glycemic control on: metformin AND a sulfonylurea AND for whom insulin is not an option, for reasons other than "needle phobia."

CAF	Requests for use are considered for members with inadequate glycemic control who require a third drug added on to metformin and a sulfonylurea and for whom insulin is not an option.
VAC	Criteria not available
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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[a] Constitutes the criteria for NWT and NU as well.[7]

Sodium-Glucose Cotransporter-2 Inhibitors

Canagliflozin/*Invokana*

AB	The following drug product(s) are eligible for coverage through the step therapy/special authorization process. 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 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 on 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. 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) 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.
SK	For treatment of patients with type 2 diabetes who have concurrent prescriptions for metformin and a sulfonylurea. **Notes:** • This product should not be used in combination with dipeptidyl peptidase-4 inhibitors. • This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and/or a sulfonylurea, and for whom insulin is not an option.

MB	For the treatment of patients with type 2 diabetes. 1. Added on to metformin for patients: (a) Who have inadequate glycemic control on metformin; (b) Who have a contraindication or intolerance to a sulfonylurea; (c) For whom insulin is not an option. 2. Added on to a sulfonylurea for patients (a) Who have inadequate glycemic control on a sulfonylurea; (b) Who have a contraindication or intolerance to metformin; (c) For whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • in association with metformin, where a sulfonylurea is contraindicated, not tolerated, or ineffective; or • in association with a sulfonylurea, where metformin is contraindicated, not tolerated, or ineffective. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes when added on to metformin for patients, and for patients: • who have inadequate glycemic control on metformin; and • who have a contraindication or intolerance to a sulfonylurea; and • for whom insulin is not an option. Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea; and • who have a contraindication or intolerance to metformin; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus, in addition to metformin or a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin or a sulfonylurea and for whom insulin is not an option.
PEI	For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option.
YK	Added on to metformin for patients: • who have inadequate glycemic control on metformin; • who have a contraindication or intolerance to a sulfonylurea; • for whom insulin is not an option, for reasons other than needle phobia. Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea • who have a contraindication or intolerance to metformin • for whom insulin is not an option, for reasons other than needle phobia.

CAF	Requests for special authorization are considered for members with inadequate glycemic control who require a third drug added on to metformin and a sulfonylurea and for whom insulin is not an option.
VAC	Criteria not available
CSC	As a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea and for whom insulin is not an option.
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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Dapagliflozin/*Forxiga*

AB	The following drug product(s) are eligible for coverage through 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) 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.
SK	For treatment of patients with type 2 diabetes who have concurrent prescriptions for metformin and a sulfonylurea. **Notes:** • This product should not be used in combination with dipeptidyl peptidase-4 inhibitors. • This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and/or a sulfonylurea, and for whom insulin is not an option.

MB	For the treatment of patients with type 2 diabetes. 1. Added on to metformin for patients: (a) Who have inadequate glycemic control on metformin; (b) Who have a contraindication or intolerance to a sulfonylurea; (c) For whom insulin is not an option. 2. Added on to a sulfonylurea for patients (a) Who have inadequate glycemic control on a sulfonylurea; (b) Who have a contraindication or intolerance to metformin; (c) For whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • in association with metformin, where a sulfonylurea is contraindicated, not tolerated, or ineffective; or • in association with a sulfonylurea, where metformin is contraindicated, not tolerated, or ineffective. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes when added on to metformin for patients, and for patients: • who have inadequate glycemic control on metformin; and • who have a contraindication or intolerance to a sulfonylurea; and • for whom insulin is not an option. Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea; and • who have a contraindication or intolerance to metformin; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus, in addition to metformin or a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin or a sulfonylurea and for whom insulin is not an option.
PEI	For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option.
YK	Added on to metformin for patients: • who have inadequate glycemic control on metformin; • who have a contraindication or intolerance to a sulfonylurea; • for whom insulin is not an option, for reasons other than needle phobia. Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea • who have a contraindication or intolerance to metformin • for whom insulin is not an option, for reasons other than needle phobia.

CAF	Requests will be considered for CAF members with type 2 diabetes mellitus to improve glycemic control if the clinical criteria and conditions are met for any one of the following four scenarios: 1) Added on to metformin for patients: • who have inadequate glycemic control on metformin; AND • who have a contraindication or intolerance to a sulfonylurea; OR • for whom insulin is not an option. 2) Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea; AND • who have a contraindication or intolerance to metformin; OR • for whom insulin is not an option. 3) Added on to insulin in combination with metformin for patients with inadequate glycemic control on insulin with metformin. 4) Added on to insulin without metformin for patients with: • inadequate glycemic control on insulin; AND • contraindication or intolerance to metformin.
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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Empagliflozin/*Jardiance*

AB	The following drug product(s) are eligible for coverage through the step therapy/special authorization process. 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 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 on 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. 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) 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.

SK	For treatment of patients with type 2 diabetes who have concurrent prescriptions for metformin and a sulfonylurea. **Notes:** • This product should not be used in combination with dipeptidyl peptidase-4 inhibitors. • This product should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and/or a sulfonylurea, and for whom insulin is not an option.
MB	For the treatment of patients with type 2 diabetes. 1. Added on to metformin for patients: (a) Who have inadequate glycemic control on metformin; (b) Who have a contraindication or intolerance to a sulfonylurea; (c) For whom insulin is not an option. 2. Added on to a sulfonylurea for patients (a) Who have inadequate glycemic control on a sulfonylurea; (b) Who have a contraindication or intolerance to metformin; (c) For whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • in association with metformin, where a sulfonylurea is contraindicated, not tolerated, or ineffective; or • in association with a sulfonylurea, where metformin is contraindicated, not tolerated, or ineffective. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes when added on to metformin for patients, and for patients: • who have inadequate glycemic control on metformin; and • who have a contraindication or intolerance to a sulfonylurea; and • for whom insulin is not an option. Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea; and • who have a contraindication or intolerance to metformin; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus, in addition to metformin or a sulfonylurea, in patients who have inadequate glycemic control on, or intolerance to, metformin or a sulfonylurea and for whom insulin is not an option.
PEI	For the treatment of type 2 diabetes as a third drug added on to metformin and a sulfonylurea for patients with inadequate glycemic control on optimal doses of metformin and a sulfonylurea, and for whom insulin is not an option.

YK	Added on to metformin for patients: • who have inadequate glycemic control on metformin; • who have a contraindication or intolerance to a sulfonylurea; • for whom insulin is not an option, for reasons other than needle phobia. Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea • who have a contraindication or intolerance to metformin • for whom insulin is not an option, for reasons other than needle phobia.
CAF	Requests will be considered for CAF members with type 2 diabetes mellitus to improve glycemic control if the clinical criteria and conditions are met for any one of the following four scenarios: 1) Added on to metformin for patients: • who have inadequate glycemic control on metformin; AND • who have a contraindication or intolerance to a sulfonylurea; OR • for whom insulin is not an option. 2) Added on to a sulfonylurea for patients: • who have inadequate glycemic control on a sulfonylurea; AND • who have a contraindication or intolerance to metformin; OR • for whom insulin is not an option. 3) Added on to insulin in combination with metformin for patients with inadequate glycemic control on insulin with metformin. 4) Added on to insulin without metformin for patients with: • inadequate glycemic control on insulin; AND • contraindication or intolerance to metformin.
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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Glucagon-Like Peptide-1 Agonists

Dulaglutide/*Trulicity*

QC	In association with metformin, for the treatment of type 2 diabetic persons whose glycemic control is inadequate and whose body mass index is more than 30 kg/m^2 where a dipeptidyl peptidase-4 inhibitor is contraindicated, not tolerated, or ineffective. The maximum duration of each authorization is 12 months. When submitting the first request for continuation of treatment, the physician must provide proof of a beneficial effect defined by a reduction in the glycated hemoglobin of at least 0.5% or by the attainment of a target value of 7% or less. Authorization is given for a weekly maximum dose of 1.5 mg. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.

Liraglutide/*Victoza*

QC	In association with metformin, for treatment of type 2 diabetic persons whose glycemic control is inadequate and whose body mass index is more than 30 kg/m^2 when a dipeptidyl peptidase-4 inhibitor is contraindicated, not tolerated, or ineffective. The maximum duration of each authorization is 12 months. When submitting the first request for continuation of treatment, the physician must provide proof of a beneficial effect defined by a reduction in the glycated hemoglobin (A1C) of at least 0.5% or by the attainment of a target value of 7% or less. Authorization is given for a maximum daily dose of 1.8 mg. Ineffectiveness means the non-attainment of the A1C value adapted to the patient.

Dipeptidyl Peptisade-4 Inhibitors/Biguanides

Alogliptin/Metformin/*Kazano*

QC	For treatment of type 2 diabetic persons: • where a sulfonylurea is contraindicated, not tolerated, or ineffective; and • where the optimal maximum dose of metformin has been stable for at least one month. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.

Linagliptin/Metformin/*Jentadueto*

BC	As part of a combination treatment for type 2 diabetes mellitus: • when insulin NPH is not an option; AND • after inadequate glycemic control on maximum tolerated doses of dual therapy of metformin AND a sulfonylurea. **Special Notes:** 1. Based on evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH (if applicable) before considering other drugs. 2. Patients intolerant to a sulfonylurea may be considered for coverage. Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available through the PharmaCare Special Authority program). 3. Patients who meet the limited coverage criteria for linagliptin automatically receive coverage for pioglitazone and saxagliptin.
AB	The following drug product(s) are eligible for coverage through 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) 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.

SK	For the convenience of patients who have been stabilized on metformin and linagliptin. **Notes:** • These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
MB	For type 2 diabetic patients who have been titrated to a stable combination of the separate components (metformin and linagliptin/saxagliptin/sitagliptin) for a minimum of 3 months and for whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • where a sulfonylurea is contraindicated, not tolerated, or ineffective; and • where the optimal maximum dose of metformin has been stable for at least one month. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes for patients: • who are already stabilized on therapy with metformin, a sulfonylurea, and linagliptin to replace the individual components of linagliptin and metformin; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus in patients: • for whom insulin is not an option, and • who are already stabilized on therapy with metformin, a sulfonylurea, and linagliptin to replace the individual components of linagliptin and metformin.
PEI	For patients with type 2 diabetes for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea, and linagliptin, to replace the individual components of linagliptin and metformin.
YK	For combination treatment of type 2 diabetes for patients approved for linagliptin coverage and already stabilized on combination treatment with metformin.
CAF	Requests for use are considered for members who are stabilized on therapy with metformin, a sulfonylurea, and linagliptin to replace the individual components of linagliptin and metformin and for whom insulin is not an option.
VAC	Criteria not available
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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Saxagliptin/Metformin/*Komboglyze*

BC	As part of a combination treatment for type 2 diabetes mellitus: • when insulin NPH is not an option; AND • after inadequate glycemic control on maximum tolerated doses of dual therapy of metformin AND a sulfonylurea. **Special Notes:** 1. Based on evidence of long-term benefit and enhanced cost-effectiveness, patients should be tried on metformin, sulfonylureas, and insulin NPH (if applicable) before considering other drugs. 2. Patients intolerant to a sulfonylurea may be considered for coverage. Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide, which is available through the PharmaCare Special Authority program). 3. Patients who meet the limited coverage criteria for linagliptin automatically receive coverage for pioglitazone and saxagliptin.
AB	The following drug product(s) are eligible for coverage through 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) 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.
SK	For the convenience of patients who have been stabilized on metformin and saxagliptin. **Notes:** • These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
MB	For type 2 diabetic patients who have been titrated to a stable combination of the separate components (metformin and linagliptin/saxagliptin/sitagliptin) for a minimum of 3 months and for whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • where a sulfonylurea is contraindicated, not tolerated, or ineffective; and • where the optimal maximum dose of metformin has been stable for at least one month. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.

NS	For the treatment of type 2 diabetes for patients: • who are already stabilized on therapy with metformin, a sulfonylurea, and saxagliptin to replace the individual components of saxagliptin and metformin; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus in patients: • for whom insulin is not an option; and • who are already stabilized on therapy with metformin, a sulfonylurea, and saxagliptin, to replace the individual components of saxagliptin and metformin.
PEI	For patients with type 2 diabetes for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea, and saxagliptin, to replace the individual components of saxagliptin and metformin in these patients.
YK	For the treatment of type 2 diabetes for patients who are already stabilized on therapy with metformin, a sulfonylurea, and saxagliptin to replace the individual components of saxagliptin and metformin AND for whom insulin is not an option for reasons other than "needle phobia."
CAF	Requests for use are considered for members for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea, and saxagliptin, to replace the individual components of saxagliptin and metformin.
VAC	Criteria not available
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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Sitagliptin/Metformin/*Janumet, Janumet XR*

AB	The following drug product(s) are eligible for coverage through 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) 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.
SK	For the convenience of patients who have been stabilized on metformin and sitagliptin. Notes: • These products should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.
MB	For type 2 diabetic patients who have been titrated to a stable combination of the separate components (metformin and linagliptin/saxagliptin/sitagliptin) for a minimum of 3 months and for whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • where a sulfonylurea is contraindicated, not tolerated, or ineffective; and • where the optimal maximum dose of metformin has been stable for at least one month. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.
NS	For the treatment of type 2 diabetes for patients: • who are already stabilized on therapy with metformin, a sulfonylurea, and sitagliptin to replace the individual components of sitagliptin and metformin; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus in patients: • for whom insulin is not an option; and • who are already stabilized on therapy with metformin, a sulfonylurea, and sitagliptin to replace the individual components of sitagliptin and metformin.
PEI	For combination treatment of type 2 diabetes mellitus for patients approved for sitagliptin coverage and already stabilized on combination treatment with the individual components of metformin and sitagliptin.
YK	For the treatment of type 2 diabetes for patients who are already stabilized on therapy with metformin, a sulfonylurea, and saxagliptin to replace the individual components of saxagliptin and metformin AND for whom insulin is not an option, for reasons other than "needle phobia."

CAF	Requests for use are considered for members who are stabilized on therapy with metformin, a sulfonylurea, and sitagliptin to replace the individual components of sitagliptin and metformin.
VAC	Criteria not available
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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Sodium-Glucose Cotransporter-2 Inhibitors/Biguanides

Dapagliflozin/Metformin/*Xigduo*

AB	The following drug product(s) are eligible for coverage through the step therapy/special authorization process. 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 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. 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) 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.
SK	For the convenience of patients who have been stabilized on metformin and dapagliflozin. **Notes:** • This product should not be used in combination with dipeptidyl peptidase-4 inhibitors. • This product should be used in patients with diabetes who are not adequately controlled on, or are intolerant to combination therapy of metformin and a sulfonylurea, and for whom insulin is not an option.
MB	For the treatment of type 2 diabetes for patients: • who are already stabilized on therapy with dapagliflozin and metformin to replace the individual components of dapagliflozin and metformin; and • for whom insulin is not an option.
QC	For treatment of type 2 diabetic persons: • where a sulfonylurea is contraindicated, not tolerated, or ineffective; and • where the optimal maximum dose of metformin has been stable for at least one month. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.

NS	For the treatment of type 2 diabetes for patients: • who are already stabilized on therapy with dapagliflozin and metformin to replace the individual components of dapagliflozin and metformin; and • for whom insulin is not an option.
NB	For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with dapagliflozin and metformin to replace the individual components of dapagliflozin and metformin.
PEI	For the treatment of type 2 diabetes for patients for whom insulin is not an option and who are already stabilized on therapy with metformin, a sulfonylurea, and dapagliflozin to replace the individual components of dapagliflozin and metformin in these patients.
YK	For combination treatment of type 2 diabetes for patients approved for dapagliflozin coverage and already stabilized on combination treatment with metformin.
CAF	Requests for use are considered for members with type 2 diabetes mellitus who are stabilized on therapy with metformin and dapagliflozin to replace the individual components of dapagliflozin and metformin for those members who: • have inadequate glycemic control on metformin, a contraindication or intolerance to a sulfonylurea, and for whom insulin is not an option; or • have inadequate glycemic control on metformin and insulin.
NIHB	For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin AND a sulfonylurea.

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Empagliflozon/Metformin/*Synjardy*

QC	For treatment of type 2 diabetes: • where a sulfonylurea is contraindicated, not tolerated, or ineffective; and • where the optimal maximum dose of metformin has been stable for at least one month. Ineffectiveness means the non-attainment of the value of glycated hemoglobin adapted to the patient.