

BC Pharmacare Special Authority Endocrine Medication List (see last page for Health Canada Special Access Programme Meds)

Here is a link to the list of the medications that need a BC PharmaCare Special Authority form filled out:

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/special-authority/sa-drug-list>

Medication/Device	Note	Initial Coverage / Criteria	Renewal	Practitioner Exemptions
Continuous Glucose Monitor (Dexcom G6/G7) LINK	<p>Special Authority approval is required for coverage, even if a patient is already using a CGM.</p> <p>* Approvals of hyperinsulinism and younger kids with 6MP as part of oncology treatment experiencing hypoglycemia have been obtained by filling out the SA form and providing a supporting letter.</p>	<p>Initial 1-year approval.</p> <p>Patient is 2 years or older with DM and MDI or pump followed by a MD care team and has one of: hypoglycemia unawareness, frequent hypoglycemic episodes, unpredictable swings in BG, dexterity issues unable to check BG or occupation high risk of hypoglycemia OR: other, doesn't meet this criteria</p>	<p>5 years. Patient with DM continues to benefit from CGM and has MDI or pump</p> <p>Continued benefit with other criteria</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: Glucose Monitoring Systems (Dexcom G6 and G7 and FreeStyle Libre2) (gov.bc.ca)</p>
Desmopressin oral LINK	<p>0.1-mg, 0.2-mg tabs 60-, 120- and 240-mcg SL disintegrating tablets (melts)</p>	<p>Indefinite coverage.</p> <p>For treatment of DI (not a benefit for nocturnal enuresis)</p>	<p>N/A</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>

<p>Estradiol Patches</p> <p>LINK</p>	<p>The following brands will be considered for coverage: Climara®, Divigel®, Estalis®, Estalis-Sequi®, Estracomb®, Estraderm®, Estradot®, Estrogel®, Oesclim®, Vivelle®</p>	<p>Indefinite coverage.</p> <p>Dx of severe liver disease, Menopausal/postmenopausal symptoms + extreme intolerance to oral preps at the minimum dose required to control symptoms.</p>	<p>N/A</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>
<p>Estradiol Transdermal Gel</p> <p>LINK</p>	<p>The following brands will be considered for coverage: Divigel®, Estrogel®</p>	<p>Indefinite coverage.</p> <p>Dx of severe liver disease, Menopausal/postmenopausal symptoms + extreme intolerance to oral preps at the minimum dose required to control symptoms.</p>	<p>N/A</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>
<p>Flash Glucose Monitor</p> <p>LINK</p>	<p>FreeStyle Libre 2 Flash Glucose Monitoring (FGM) System</p>	<p>Initial 1-year approval.</p> <p>4 years or older with DM and MDI/pump therapy, followed by a MD care team and has one of: hypoglycemia unawareness, frequent hypoglycemic episodes, unpredictable swings in BG, dexterity issues unable to check BG or occupation high risk of hypoglycemia</p>	<p>5 years. Continues MDI/pump and benefits from FGM</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: Glucose Monitoring Systems (Dexcom G6 and G7 and FreeStyle Libre2) (gov.bc.ca)</p>

<p>Gliclazide</p> <p>LINK</p>	<p>Gliclazide</p> <p>30-mg, 60-mg modified-release, 80-mg tabs</p>	<p>Indefinite coverage.</p> <p>For the treatment of type 2 diabetes, when the patient has demonstrated treatment failure or intolerance to at least one other sulfonylurea drug (e.g., glyburide, tolbutamide) at adequate doses.</p> <p>Gliclazide is a regular benefit for Plan W (First Nations Health Benefits) recipients.</p>	<p>N/A</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>
<p>Glucagon (limited coverage drug – last updated October 6, 2023)</p> <p>LINK</p>	<p>Glucagon 1-mg vial — kit including sterile lyophilized powder in a single dose vial and diluent in a pre-filled syringe</p> <p>This criterion applies to the US-labelled product imported through the Health Canada exceptional importation pathway</p>	<p>Indefinite coverage.</p> <p>For the treatment of severe hypoglycemia in patients for whom the nasal spray dosage form is not appropriate.</p>	<p>N/A</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>

<p>Insulin Detemir</p> <p>LINK</p>	<p>Levemir®, Levemir® FlexTouch®</p> <p>Documentation of previous trials (i.e., specific insulin tried and patient's response) is required.</p>	<p>Indefinite coverage.</p> <p>Type 1 DM any age currently on NPH or pre-mix at optimal dosing + nocturnal hypoglycemia or allergic reaction</p> <p>Type 2 DM over 17 years of age currently on NPH or pre-mix at optimal dosing + nocturnal hypoglycemia or allergic reaction</p>	<p>N/A</p>	<p>Endocrinology</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Glargine and Detemir Insulin Glargine and Detemir (gov.bc.ca)</p>
<p>Insulin Glargine</p> <p>LINK</p>	<p>Basaglar®, Semglee®</p> <p>Basaglar and Semglee are a Regular Benefit for patients covered under Plan W (First Nations Health Benefits).</p> <p>Documentation of previous trials (i.e., specific insulin tried and patient's response) is required.</p>	<p>Indefinite coverage.</p> <p>Type 1 DM any age currently on NPH or pre-mix at optimal dosing + nocturnal hypoglycemia or allergic reaction</p> <p>Type 2 DM over 17 years of age currently on NPH or pre-mix at optimal dosing + nocturnal hypoglycemia or allergic reaction</p>	<p>N/A</p>	<p>Endocrinology</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Glargine and Detemir Insulin Glargine and Detemir (gov.bc.ca)</p>
<p>Insulin Pumps and Pump Supplies</p> <p>LINK</p>	<p>Tier 1: Omnipod, Ypsomed</p> <p>Tier 2: Medtronic</p> <p>NOT covered: Tandem</p>	<p>Initial 6-month approval.</p> <p>Must order pump within 6 months. For patient with diabetes requiring insulin AND checks BG min QID, seen at DEC, AND either hypoglycemic episodes or unpredictable DKA/swings</p>	<p>Once every 5 years</p> <p>Diabetes requiring insulin AND agrees to see DEC, A1C less or = to 9% on 2 occasions with one 1 month prior AND no more than 1 DKA episode in past year</p>	<p>None</p> <p>SA form: Continuous Subcutaneous Insulin Infusion (Insulin Pump), Initial Coverage and Renewal (gov.bc.ca)</p>

<p>Leuprolide</p> <p>LINK</p>	<p>Lupron® Depot</p> <p>3.75-, 7.5-mg monthly 11.25-, 22.5-mg 3-monthly</p>	<p>Practitioner Exemption for Peds Endos</p> <p>CPP – one year Endometriosis – six months Dx needing reduced sex drive – indefinite – (Plan G)</p>	<p>CPP – one year Endometriosis – 6 months Dx needing reduced sex drive – N/A – (Plan G)</p>	<p>Other than pediatric endocrinologists</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>
<p>Linagliptin and linagliptin–metformin</p> <p>LINK</p>	<p>Trajenta™</p> <p>5-mg tabs</p> <p>OR Jentadueto™</p> <p>2.5-mg/500-mg tabs 2.5-mg/850-mg tabs 2.5-mg/1000-mg tabs</p>	<p>Indefinite coverage.</p> <p>As part of a combination treatment for T2DM: After inadequate glycemic control on maximum tolerated doses of dual therapy of metformin and a sulfonylurea or dual therapy of metformin and an insulin.</p>	<p>Patients intolerant to a sulfonylurea may be considered for coverage. Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide) Patients who meet the Limited Coverage criteria for linagliptin automatically receive coverage for saxagliptin.</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA 3rd-line anti-diabetic Medication: Third Line Anti-Diabetic Medications (gov.bc.ca)</p>
<p>Saxagliptin and saxagliptin–metformin</p> <p>LINK</p>	<p>Onglyza®</p> <p>2.5-mg, 5-mg tabs</p> <p>OR Komboglyze™</p> <p>2.5-mg/500-mg tabs 2.5-mg/850-mg tabs 2.5-mg/1000-mg tabs</p>	<p>Indefinite coverage.</p> <p>As part of a combination treatment for T2DM: After inadequate glycemic control on maximum tolerated doses of dual therapy of metformin and a sulfonylurea or dual therapy of metformin and an insulin.</p>	<p>Patients intolerant to a sulfonylurea may be considered for coverage. Patients intolerant to glyburide may try another sulfonylurea (e.g., gliclazide) Patients who meet the Limited Coverage criteria for saxagliptin automatically receive coverage for linagliptin.</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA 3rd-line anti-diabetic Medication: Third Line Anti-Diabetic Medications (gov.bc.ca)</p>

<p>Semaglutide (last updated Feb 6, 2024)</p> <p>LINK</p>	<p>Ozempic®</p> <p>0.68 mg/mL, 1.34 mg/mL</p>	<p>Indefinite coverage.</p> <p>As part of treatment for T2DM: After inadequate glycemic control on maximum tolerated doses of metformin</p>	<p>A minimum 3-month trial of metformin should be considered. SA coverage of semaglutide is available for up to a maximum dose of 1 mg weekly, in a pen delivery device intended to give a 1-mg dose. The 2-mg dose is currently under review for reimbursement. Note: Taking two 0.5-mg doses from a pen delivery device designed to give a 0.5-mg dose is not covered, because the cost is approximately double the cost of a single 1-mg dose in a 1-mg/dose pen. Coverage will be provided for either semaglutide or an eligible dipeptidyl peptidase-4 (DPP-4) inhibitor. For patients with SA coverage for a DPP-4 inhibitor, approval for semaglutide coverage will result in discontinuation of coverage for the DPP-4 inhibitor</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Empagliflozin/Semaglutide for DM: Empagliflozin/Semaglutide for Diabetes (gov.bc.ca)</p>
<p>Somatropin (rhGH)</p> <p>LINK</p>	<p>Genotropin®, Humatrope®, Norditropin® Nordiflex™, Norditropin® FlexPro™, Nutropin AQ®, Omnitrope®, Saizen®</p> <p>See link: Limited coverage drugs – somatropin - Province of British Columbia (gov.bc.ca)</p>	<p>Coverage up to 21st birthday.</p> <p>When prescribed by an endocrinologist at BCCH for true growth hormone deficiency.</p> <p>OR</p> <p>A nephrologist for CRF</p>	<p>N/A.</p> <p>*** Need SA for extended health insurance purposes.</p>	<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>

<p>Testosterone Cypionate</p> <p>LINK</p>	<p>Taro-Testosterone® — 100 mg/mL, 10-mL vial</p>	<p>Indefinite coverage.</p> <p>For the treatment of testosterone deficiency in one of the following Dx: hypogonadism, orchiectomy, undescended testes, Klinefelter syndrome, female-to-male (gender) transformation, pituitary tumor, removal of pituitary gland, surgery of pituitary with low testo levels, AIDS wasting syndrome with low testo</p>		<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>
<p>Testosterone Enanthate</p> <p>LINK</p>	<p>Testosterone Enanthate — 200 mg/mL, 5-mL vial</p>	<p>Indefinite coverage.</p> <p>For the treatment of testosterone deficiency in one of the following Dx: hypogonadism, orchiectomy, undescended testes, Klinefelter syndrome, female-to-male (gender) transformation, pituitary tumor, removal of pituitary gland, surgery of pituitary with low testo levels, AIDS wasting syndrome with low testo</p>		<p>None</p> <p>Login to E-form: Provincial eForms Login page (healthbc.org)</p> <p>SA Request Form: PharmaCare Special Authority Request (gov.bc.ca)</p>

Health Canada Special Access Programs

Request a drug: [Health Canada's special access programs: Request a drug - Canada.ca](#)

- Diazoxide oral suspension (Proglycem®): 50 mg/mL, 30-mL bottles
- Hydrocortisone (Cortef®): 5-mg tablets
- Potassium phosphate, monobasic tablet (K-Phos® Original): 500-mg tablets

SAP Form: **Form A – Patient Specific Request – C08.010(1)**

- [PDF](#)
- [Word](#)

SCAN AND EMAIL TO BCCH SAP TEAM who helps support drug navigation, they need to attach an invoice number to the application:
cwpharmacysap@cw.bc.ca

- Vivi Zheng, Brenna Glover - Drug Access Navigators/Pharmacy Technicians
- Shane Pawluk – Pharmacy Distribution Coordinator
- Lynne Taylor – Administrative Secretary
- ... as of Mar 2024