

**Nova Scotia Provincial Pharmacare Programs**  
**Request for Coverage of Jardiance (empagliflozin) and Synjardy**  
**(empagliflozin/metformin)**  
**Diabetes Mellitus Type 2 High Cardiovascular Risk**

**P A T I E N T   I N F O R M A T I O N**

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			

**R E Q U E S T E D   D R U G   N A M E   A N D   D I A G N O S T I C   I N F O R M A T I O N**

**Jardiance (empagliflozin): DM Type 2 High Cardiovascular Risk**

As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular death in patients with type 2 diabetes mellitus and established cardiovascular disease who have inadequate glycemic control despite an adequate trial of metformin.

Inadequate control on metformin: Dose/Duration \_\_\_\_\_

Must provide details of cardiac risk below:

- History of myocardial infarction (MI)
- Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status)
- Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection
- Last episode of unstable angina >2 months prior with confirmed evidence of coronary multi/single vessel disease
- History of ischemic or hemorrhagic stroke
- Occlusive peripheral artery disease

**Synjardy (empagliflozin/metformin)**

For the treatment of type 2 diabetes mellitus in patients who are already stabilized on therapy with empagliflozin and metformin.

Patients must meet coverage criteria for empagliflozin. Please complete relevant form if patient does not already have Pharmacare coverage for empagliflozin.

PRESCRIBER NAME & ADDRESS:		
_____ LICENCE #	_____ PRESCRIBER SIGNATURE	_____ DATE

**If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026**

**Please Return Form To:** Nova Scotia Pharmacare Programs  
P.O. Box 500, Halifax, NS B3J 2S1  
Fax: (902) 496-4440

