

Oral Anti-Diabetic Medications

EXCEPTION DRUG STATUS (EDS) REQUEST FORM

Fax: (204) 942-2030 or 1-877-208-3588

Prescriber Name:	Fax Number:
Prescriber Address:	Phone Number:
	Prescriber License Number (NOT Billing Number):

Patient First Name:	PHIN:	MHSC:
Patient Last Name:	Patient's Date of Birth:	
Medication Requested: <div style="display: flex; justify-content: space-between;"> <div> Canagliflozin Empagliflozin Linagliptin </div> <div> Saxagliptin Sitagliptin </div> </div> <p><i>Please note: for combination products (ex. Empagliflozin/metformin, sitagliptin/metformin, saxagliptin/metformin), please use the generic EDS application found at https://www.gov.mb.ca/health/pharmacare/profdocs/eds_reqform.pdf</i></p>		
Requested Strength and Regimen:		

Exception Drug Status (EDS) approval is only granted upon demonstration that the patient meets the coverage criteria of the EDS listing. Please provide the following details about how this patient meets the specific criteria for coverage. Manitoba Health may request additional documentation to support this EDS request.

Criteria for coverage of common drugs requested under the EDS Program can be found here:

<https://www.gov.mb.ca/health/mbbif/docs/edsnotice.pdf>

For INITIAL Requests:		
Diagnosis/Indication:	Type 2 Diabetes	
	Adjunct to diet, exercise and standard of care therapy to reduce the incidence of cardiovascular (CV) death in patients with type 2 diabetes mellitus (for empagliflozin only)	
	Other: _____	
Please check YES or NO to all of the following statements:		
Patient has had a trial of metformin which resulted in intolerance or inadequate diabetes control.	YES	NO
Patient has had a trial of a sulfonylurea which resulted in intolerance or inadequate diabetes control.	YES	NO
Insulin is not an option for this patient.	YES	NO
If no to any of the above statements, please provide rationale:		

Patient has established cardiovascular disease defined as one of the following **(for empagliflozin only)**:

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 greater than 2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease.

History of ischemic or hemorrhagic stroke.

Occlusive peripheral artery disease.

Additional Relevant Clinical Information:

Prescriber Signature and Date:

Please check the following:

I have discussed with the patient that the purpose of releasing their information to Manitoba Health, Seniors and Long-Term Care is to obtain Exception Drug Status for prescription coverage.

Date:

Prescriber Signature:

Updated March 17, 2025