

Generic Name, Brand Name, Available Strengths	Health Canada Adult Starting Dose (Range) ¹ See Canadian monographs for titration details	Approximate Annual Cost ³ BC PharmaCare Coverage	
METFORMIN			
metformin <i>Glucophage, generics</i> 500, 850 mg	500 mg PO BID; 850 mg PO once daily (1500-2550 mg/day) ²	\$20-40	Regular Benefit
metformin ER <i>Glumetza, generics</i> 500, 1000 mg	1000 mg ER PO once daily (1000-2000 mg/day)	\$400-\$800	Non-Benefit
SULFONYLUREAS (SU)			
glyburide <i>generics</i> 2.5, 5 mg	2.5 mg PO once daily > 60 years 5 mg PO once daily < 60 years (2.5-20 mg/day)	\$15-\$90	Regular Benefit
gliclazide <i>Diamicon, generics</i> 80 mg	80 mg PO BID (80-320 mg/day)	\$75-\$150	Limited Coverage
gliclazide MR <i>Diamicon MR, generics</i> 30, 60 mg	30 mg MR PO once daily (30-120 mg/day)	\$40-\$50	Plan W Regular Benefit
glimepiride <i>generics</i> 1, 2, 4 mg	1 mg PO once daily (1-8 mg/day)	\$325-\$825	Non-Benefit
SODIUM GLUCOSE COTRANSPORTER 2 INHIBITORS (SGLT2i)			
empagliflozin <i>Jardiance</i> 10, 25 mg	10 mg PO once daily (10-25 mg/day)	\$1080	Limited Coverage
+ metformin <i>Synjardy</i> 5+500/850/1000 mg, 12.5+500/850/1000 mg	1 tab PO BID	\$1115	Limited Coverage
canagliflozin <i>Invokana</i> 100, 300 mg	100 mg PO once daily (100-300 mg/day)	\$1140	Non-Benefit*
+ metformin <i>Invokamet</i> 50+500/1000 mg, 150+500/1000 mg	1 tab PO BID	\$1310	Non-Benefit*
dapagliflozin <i>Forxiga</i> 5, 10 mg	5 mg PO once daily (5-10 mg/day)	\$1080	Non-Benefit*
+ metformin <i>Xigduo</i> 5+850/1000 mg	1 tab PO BID	\$1035	Non-Benefit*
GLUCAGON LIKE PEPTIDE RECEPTOR AGONISTS (GLP1a)			
semaglutide <i>Ozempic</i> 1.34 mg/mL: 1.5 mL (0.25, 0.5 mg/dose), 3 mL (1 mg/dose) multidose prefilled pens	0.25 mg subcut once weekly for 4 weeks without regard to meals, then ↑ to 0.5 mg/week (may ↑ to 1 mg/week after subsequent 4 weeks)	\$2855	Limited Coverage
semaglutide <i>Rybelsus</i> 3, 7, 14 mg tablets	3 mg orally once daily on an empty stomach for 30 days, then ↑ to 7 mg/day (may ↑ to 14 mg/day after subsequent 30 days)	\$2750	Non-Benefit
semaglutide <i>Wegovy</i> 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/0.75 mL single dose prefilled pens <i>Indication: chronic weight management</i>	0.25 mg subcut once weekly for 4 weeks without regard to meals (titrate to maintenance dose of 2.4 mg/week in 4 week intervals)		Approved not yet marketed
dulaglutide <i>Trulicity</i> 0.75 mg/0.5 mL, 1.5 mg/0.5 mL single dose prefilled pens	0.75 mg subcut once weekly without regard to meals (may ↑ to 1.5 mg/week after 1 week)	\$2955	Non-Benefit
exenatide ER <i>Bydureon</i> 2 mg single dose prefilled pens	2 mg subcut once weekly with or without meal	\$2855	Non-Benefit
exenatide <i>Byetta</i> 250 mcg/mL: 1.2 mL (5 mcg/dose), 2.4 mL (10 mcg/dose) multidose prefilled pens	5 mcg subcut BID within 1 hour prior to main meals, 6 hours apart (may ↑ to 10 mcg subcut BID after 1 month)	\$1890	Non-Benefit
liraglutide <i>Victoza</i> 6 mg/mL: 3 mL (0.6, 1.2, 1.8 mg/dose) multidose prefilled pens	0.6 mg subcut once daily independent of meals (may titrate to 1.8 mg/day in weekly intervals)	\$3755	Non-Benefit
liraglutide <i>Saxenda</i> 6 mg/mL: 3 mL (0.6, 1.2, 1.8, 2.4, 3 mg/dose) multidose prefilled pens <i>Indication: chronic weight management</i>	0.6 mg subcut once daily independent of meals (titrate to maintenance dose of 3 mg/day in weekly intervals: discontinue after 12 weeks if ≥ 5% of initial body weight not lost)	\$5025	Non-Benefit
lixisenatide <i>Adlyxine</i> 50 mcg/mL: 3 mL (10 mcg/dose), 100 mcg/mL: 3 mL (20 mcg/dose) multidose prefilled pens	10 mcg subcut once daily for 14 days within 1 hour prior to meal (then ↑ to maintenance dose of 20 mcg/day)	\$1600	Non-Benefit
BID twice a day; ER extended-release; MR modified-release; subcut subcutaneous; XR extended-release; TID three times a day ¹ Health Canada Drug Product Database; ² US Food and Drug Administration Glucophage (metformin). ³ Cost range includes initial to maximum dose without mark-up & professional fee (GLP1a cost is the maximum dose) calculated from McKesson Canada November 24, 2021. *Plan W exceptions: if initiated before October 1, 2017, coverage continues to be provided for canagliflozin ± metformin, dapagliflozin ± metformin, repaglinide, pioglitazone, rosiglitazone, acarbose (FNHA Summary of Diabetes Drugs June 24, 2021).			

Generic Name, Brand Name, Available Strengths	Health Canada Adult Starting Dose (Range) ¹ See Canadian monographs for titration details	Approximate Annual Cost ² BC PharmaCare Coverage	
BASAL INSULIN + GLP1 AGONIST FIXED-DOSE COMBINATIONS[†]			
insulin degludec + liraglutide <i>Xultophy</i> 100 units/mL + 3.6 mg/mL: 3 mL (1 unit = 1 unit insulin degludec + 0.036 mg liraglutide) multidose prefilled pens	(10-50 units insulin degludec + 0.36-1.8 mg liraglutide subcut/day) [†]	\$4060	Non-Benefit
insulin glargine + lixisenatide <i>Soliqua</i> 100 units/mL + 33 mcg/mL: 3 mL (1 unit = 1 unit insulin glargine + 0.33 mcg lixisenatide) multidose prefilled pens (<i>SoloSTAR</i>)	do not exceed lixisenatide 10 mcg subcut/day initially; (15-60 units insulin glargine + 5-20 mcg lixisenatide subcut/day within 1 hour prior to first meal) [†]	\$2995	Non-Benefit
DIPEPTIDYL PEPTIDASE 4 INHIBITORS (DPP4i)			
linagliptin <i>Trajenta</i> 5 mg	5 mg PO once daily (5 mg/day)	\$930	Limited Coverage
+ metformin <i>Jentadueto</i> 2.5+500/850/1000 mg	1 tab PO BID	\$975	Limited Coverage
saxagliptin <i>Onglyza</i> , generics 2.5, 5 mg	5 mg PO once daily (2.5-5 mg/day)	\$500-\$600	Limited Coverage
+ metformin <i>Komboglyze</i> 2.5+500/850/1000 mg	1 tab PO BID	\$1000	Limited Coverage
alogliptin <i>Nesina</i> 6.25, 12.5, 25 mg	25 mg PO once daily (6.25-25 mg/day)	\$870	Non-Benefit
+ metformin <i>Kazano</i> 12.5+1000 mg	1 tab PO BID	\$945	
sitagliptin <i>Januvia</i> 25, 50, 100 mg	100 mg PO once daily (25-100 mg/day)	\$1290	Non-Benefit
+ metformin <i>Janumet</i> 50+500/850/1000 mg	1 tab PO BID	\$1400	
+ metformin XR <i>Janumet XR</i> 50+500/1000 mg, 100+1000 mg	50+500/1000 mg: 2 XR tabs PO once daily 100+1000 mg: 1 XR tab PO once daily	\$1400	
MEGLITINIDE ANALOGUE			
repaglinide <i>GlucNorm</i> , generics 0.5, 1, 2 mg	0.5 mg PO TID (1.5-16 mg/day)	\$250-\$770	Non-Benefit*
THIAZOLIDINEDIONES (TZD)			
pioglitazone generics 15, 30, 45 mg	15 mg PO once daily (15-45 mg/day)	\$185-\$390	Limited Coverage*
rosiglitazone generics 2, 4, 8 mg	4 mg PO once daily or 2 mg PO BID (4-8 mg/day)	\$750-\$1070	Non-Benefit*
ALPHA-GLUCOSIDASE INHIBITOR			
acarbose <i>Glucobay</i> , generics 50, 100 mg	50 mg PO once daily (150-300 mg/day)	\$90-\$375	Non-Benefit*

subcut subcutaneous; PO oral; BID twice a day; XR extended-release; TID three times a day

¹Health Canada Drug Product Database.

²Cost range includes initial to maximum dose without mark-up & professional fee (GLP1a cost is the maximum dose) calculated from McKesson Canada November 24, 2021.

*Plan W exceptions: if initiated before October 1, 2017, coverage continues to be provided for canagliflozin ± metformin, dapagliflozin ± metformin, repaglinide, pioglitazone, rosiglitazone, acarbose (FNHA Summary of Diabetes Drugs June 24, 2021).

[†]Basal insulin + GLP1 agonist combinations: see Health Canada Drug Product Monographs for complex dosing instructions which take into account prior basal insulin dose.

Generic Name, Brand Name, Available Strengths ¹ Dosage Form	Cost per 100 units ²	BC PharmaCare Coverage ³
BASAL INSULINS		
insulin neutral protamine Hagedorn (NPH) Humulin N , Novolin ge NPH 100 units/mL vial, cartridges, prefilled pens (KwikPen)	< \$5	Regular Benefit
insulin glargine biosimilar Basaglar 100 units/mL cartridges, prefilled pens (KwikPen)	< \$10	Limited Coverage Plan W Regular Benefit
insulin glargine Lantus 100 units/mL vial, cartridges, prefilled pens (SoloSTAR)	< \$10	Non-Benefit
insulin glargine Toujeo 300 units/mL prefilled pens (SoloSTAR, DoubleSTAR)	< \$10	Non-Benefit
insulin detemir Levemir 100 units/mL cartridges, prefilled pens (FlexTouch)	< \$10	Limited Coverage
insulin degludec Tresiba 100 units/mL prefilled pens (FlexTouch)	< \$10	Non-Benefit
insulin degludec Tresiba 200 units/mL prefilled pens (FlexTouch)		
BOLUS (PRANDIAL) INSULINS		
insulin regular Humulin R , Novolin ge Toronto 100 units/mL vial, cartridges, prefilled pens (KwikPen)	< \$5	Regular Benefit KwikPen Non-Benefit
insulin regular Entuzity 500 units/mL basal + bolus activity prefilled pens (KwikPen)	< \$5	Non-Benefit
insulin aspart biosimilar Trurapi 100 units/mL cartridges, prefilled pens (SoloSTAR)	< \$5	Regular Benefit
insulin aspart NovoRapid 100 units/mL vial, cartridges, prefilled pens (FlexTouch)	< \$5	Non-Benefit
insulin aspart Fiasp 100 units/mL vial, cartridges, prefilled pens (FlexTouch)	< \$5	Non-Benefit
insulin glulisine Apidra 100 units/mL vial, cartridges, prefilled pens (SoloSTAR)	< \$5	Regular Benefit
insulin lispro biosimilar Admelog 100 units/mL vial, cartridges, prefilled pens (SoloSTAR)	< \$5	Regular Benefit
insulin lispro Humalog 100 units/mL vial, cartridges, prefilled pens (KwikPen)	< \$5	Non-Benefit
insulin lispro Humalog 200 units/mL prefilled pens (KwikPen)	< \$5	Non-Benefit
BASAL + BOLUS INSULINS		
insulin regular + NPH Humulin 30/70 , Novolin ge 30/70 , 40/60 , 50/50 100 units/mL vial, cartridges	< \$5	Regular Benefit
insulin aspart + aspart protamine NovoMix 30 100 units/mL cartridges	< \$5	Non-Benefit
insulin lispro + lispro protamine Humalog Mix25 , Humalog Mix50 100 units/mL cartridges, prefilled pens (KwikPen)	< \$5	Non-Benefit

¹Heath Canada Drug Product Database.

²Cost per 100 units without mark-up calculated from McKesson Canada November 24, 2021 (insulin is a Schedule II Professional Service Area retail drug and does not require a prescription).

[Biosimilars Initiative BC PharmaCare](#) coverage changes to rapid acting and premixed insulins November 30, 2021.