

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	
METFORMIN			
metformin <i>Glucophage, generics</i> 500, 850 mg	500 mg PO BID; 850 mg PO once daily (1500-2550 mg/day) ³	\$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-\$830	Non-benefit
SODIUM GLUCOSE COTRANSPORTER 2 INHIBITORS (SGLT2i)			
dapagliflozin <i>Forxiga</i> 5, 10 mg	5 mg PO once daily (5-10 mg/day)	\$1,080	Regular benefit
+ metformin <i>Xigduo</i> 5+850/1000 mg	1 tab PO BID	\$1,035	Non-benefit
empagliflozin <i>Jardiance</i> 10, 25 mg	10 mg PO once daily (10-25 mg/day)	\$1,090	Limited Coverage
+ metformin <i>Synjardy</i> 5+500/850/1000 mg, 12.5+500/850/1000 mg	1 tab PO BID	\$1,125	
canagliflozin <i>Invokana</i> 100, 300 mg	100 mg PO once daily (100-300 mg/day)	\$1,140	Non-benefit
+ metformin <i>Invokamet</i> 50+500/1000 mg, 150+500/1000 mg	1 tab PO BID	\$1,310	
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 2 mg/dose prefilled pen (not available)	0.25 mg subcut once weekly for 4 weeks, then ↑ to 0.5 mg/week (may titrate every 4 weeks to maximum dose of 2 mg/week)	\$2,870	Limited Coverage 2 mg dose: non-benefit
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)	\$2,750	Non-benefit
semaglutide <i>Wegovy</i> 0.25, 0.5, 1, 1.7 or 2.4 mg/dose single and multidose prefilled pens (not available) <i>Indication: chronic weight management</i>	0.25 mg subcut once weekly for 4 weeks without regard to meals (titrate every 4 weeks to maintenance dose of 2.4 mg/week)	N/A	Non-benefit
dulaglutide <i>Trulicity</i> 0.5 mL (0.75, 1.5 mg/dose) single dose prefilled pens 3 mg, 4.5 mg/dose prefilled pens (not available)	0.75 mg subcut once weekly (may ↑ to 1.5 mg/week after 1 week, then may titrate every 4 weeks to maximum dose of 4.5 mg/week)	\$2,990	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 for 1 week, then ↑ to 1.2 mg/day (may ↑ to 1.8 mg/day after 1 week)	\$3,825	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 (titrate to maintenance dose of 3 mg/day in weekly intervals: discontinue after 12 weeks if ≥ 5% of initial body weight not lost)	\$5,120	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)	\$1,500	Non-benefit
BASAL INSULIN + GLP1 AGONIST FIXED-DOSE COMBINATIONS[†]			
insulin degludec + liraglutide <i>Xultophy</i> 100 units/mL + 3.6 mg/mL: 3 mL (1 unit insulin degludec + 0.036 mg liraglutide) multidose prefilled pens	(10-50 units insulin degludec + 0.36-1.8 mg liraglutide subcut/day) [†]	\$4,060	Non-benefit
insulin glargine + lixisenatide <i>Soliqua</i> 100 units/mL + 33 mcg/mL: 3 mL (1 unit insulin glargine + 0.33 mcg lixisenatide) multidose prefilled pens (SoloSTAR)	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) [†]	\$3,025	Non-benefit

BID twice a day; **ER** extended-release; **MR** modified-release; **subcut** subcutaneous; **XR** extended-release; **TID** three times a day

¹Health Canada Drug Product Database; ²Cost range: includes initial to maximum dose without mark-up or professional fee (GLP1a cost is for the maximum/maintenance dose) calculated from McKesson Canada January 10, 2023; ³US Food and Drug Administration Glucophage (metformin); *Plan W exceptions: see FNHA Summary of Diabetes Drugs

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

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DIPEPTIDYL PEPTIDASE 4 INHIBITORS (DPP4i)			
linagliptin Trajenta 5 mg	5 mg PO once daily (5 mg/day)	\$940	Limited Coverage
+ metformin Jentaduo 2.5+500/850/1000 mg	1 tab PO BID	\$990	
saxagliptin Onglyza , generics 2.5, 5 mg	5 mg PO once daily (2.5-5 mg/day)	\$500-\$600	Limited Coverage
+ metformin Komboglyze 2.5+500/850/1000 mg	1 tab PO BID	\$1,015	
alogliptin Nesina 6.25, 12.5, 25 mg	25 mg PO once daily (6.25-25 mg/day)	\$870	Non-benefit
+ metformin Kazano 12.5+1000 mg	1 tab PO BID	\$945	
sitagliptin Januvia , generics 25, 50, 100 mg	100 mg PO once daily (25-100 mg/day)	\$1,000	Non-benefit
+ metformin Janumet , generics 50+500/850/1000 mg	1 tab PO BID	\$1,195	
+ metformin XR Janumet XR , generics 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	\$1,195	
MEGLITINIDE ANALOGUE			
repaglinide GlucNorm , 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)	\$760-\$1,085	Non-benefit
ALPHA-GLUCOSIDASE INHIBITOR			
acarbose Glucobay , generics 50, 100 mg	50 mg PO once daily (150-300 mg/day)	\$90-\$375	Non-benefit

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 or professional fee calculated from McKesson Canada January 10, 2023; *Plan W exceptions: see FNHA Summary of Diabetes Drugs

Generic name, brand name, available strengths, dosage forms ¹	Cost per 100 units BC PharmaCare coverage ²	
BASAL INSULINS		
insulin NPH 100 units/mL Humulin N , Novolin ge NPH vial, cartridges, prefilled pens (KwikPen)	< \$5	Regular benefit
insulin glargine biosimilar 100 units/mL Basaglar cartridges, prefilled pens (KwikPen)	< \$10	Limited Coverage Plan W regular benefit*
insulin glargine biosimilar 100 units/mL Semglee cartridges, prefilled pens	< \$10	Non-benefit
insulin glargine 100 units/mL Lantus vial, cartridges, prefilled pens (SoloSTAR)	< \$10	Non-benefit
insulin glargine 300 units/mL Toujeo prefilled pens (SoloSTAR, DoubleSTAR)	< \$10	Non-benefit
insulin detemir 100 units/mL Levemir cartridges, prefilled pens (FlexTouch)	< \$10	Limited Coverage
insulin degludec 100 units/mL, 200 units/mL Tresiba prefilled pens (FlexTouch)	< \$10	Non-benefit
BOLUS (PRANDIAL) INSULINS		
insulin regular 100 units/mL Humulin R , Novolin ge Toronto vial, cartridges, prefilled pens (KwikPen ^{non-benefit})	< \$5	Regular benefit
insulin regular 500 units/mL Entuzity basal + bolus activity, prefilled pens (KwikPen)	< \$5	Regular benefit
insulin aspart biosimilar 100 units/mL Trurapi , Kirsty vial, cartridges, prefilled pens (SoloSTAR), prefilled pens	< \$5	Regular benefit
insulin aspart 100 units/mL NovoRapid vial, cartridges, prefilled pens (FlexTouch)	< \$5	Non-benefit**
insulin aspart 100 units/mL Fiasp vial, cartridges, prefilled pens (FlexTouch)	< \$5	Non-benefit
insulin glulisine 100 units/mL Apidra vial, cartridges, prefilled pens (SoloSTAR)	< \$5	Regular benefit
insulin lispro biosimilar 100 units/mL Admelog vial, cartridges, prefilled pens (SoloSTAR)	< \$5	Regular benefit
insulin lispro 100 units/mL Humalog vial, cartridges, prefilled pens (KwikPen, Junior KwikPen)	< \$5	Non-benefit**
insulin lispro 200 units/mL Humalog 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 100 units/mL NovoMix 30 cartridges	< \$5	Non-benefit
insulin lispro + lispro protamine 100 units/mL Humalog Mix25 , Mix50 cartridges, prefilled pens (KwikPen)	< \$5	Non-benefit

NPH neutral protamine Hagedorn; ¹Health Canada Drug Product Database; ²Cost per 100 units without mark-up: calculated from McKesson Canada January 10, 2023 (insulin is a Schedule II Professional Service Area retail drug and does not require a prescription); *Plan W exceptions: see FNHA Summary of Diabetes Drugs; **see BC PharmaCare Biosimilars Initiative for updated insulin coverage information and exceptions