

Formulary Listings for Diabetes Medications in Canada

This information demonstrates that access to diabetes medication varies across the provinces and territories. Regular updates are made however specific circumstances and forms of coverage (where applicable) **should be verified with provincial or territorial government provincial/territorial drug formularies** as medications under different drug plans may be subject to deductibles, co-payments, and other conditions.

Please send notification of amendments or errors to advocacy@diabetes.ca

18 January 2016

Class	Drug (brand name)	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIH B /NU	NT	YK
Alpha-glucosidase inhibitor	acarbose (<i>Glucobay</i>)	DL	L	L	L	R	L	L	L	L	R	L	L	L
Combined formulations	metformin & rosiglitazone (<i>Avandamet</i>)	DL	R	R	NL	NL	R	NL	NL	NL	NL	NL	R	NL
	glimepiride & rosiglitazone (<i>Avandaryl</i>)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	R	NL
	sitagliptin & metformin (<i>Janumet</i>)	DL	R	R	R	L	R	R	R	R	R	R	R	NL
	linagliptin & metformin (<i>Jentadueto</i>)	R	R	R	R	L	R	NL	NL	NL	R	NL	R	NL
	alogliptin & metformin (<i>Kazano</i>)	NL	NL	NL	NL	NL	R	NL	NL	NL	NL	NL	R	NL
	saxagliptin & metformin (<i>Komboglyze</i>)	R	NL	R	R	NL	R	R	NL	NL	NL	NL	R	NL
	dapagliflozin & metformin (<i>Xigduo</i>)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
DPP-4 inhibitor	Alogliptin (<i>Nesina</i>)	NL	NL	NL	NL	NL	R	NL	NL	NL	NL	NL	NL	NL
	lingagliptin (<i>Trajenta</i>)	R	R	R	R	L	R	R	R	R	R	R	R	R
	sitagliptin (<i>Januvia</i>)	DL	R	R	R	L	R	R	R	R	R	R	R	R
	saxagliptin (<i>Onglyza</i>)	R	R	R	R	L	L	R	R	R	NL	R	R	NL
GLP-1 receptor agonist	albiglutide (<i>Eperzan</i>)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	exenatide (<i>Byetta</i>)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	liraglutide (<i>Victoza</i>)	NL	NL	NL	NL	NL	R	NL	NL	NL	NL	NL	R	NL
	dulaglutide (<i>Trulicity</i>)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
Insulin	Bolus (prandial) Insulins:													
	Rapid-acting Analogues													
	aspart (<i>NovoRapid/Novolog</i>)	L*	L	R	L	R	L	R	R**	L	R	L	L	L
glulisine (<i>Apidra</i>)	L*	L	L	L	L	L	R	R**	L	R	L	L	L	

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Insulin cont.	lispro (<i>Humalog</i>)	L*	L	L	L	L	L	R	R**	L	R	L	L	L	
	Short-acting														
	Regular (<i>Humulin-R, Novolin ge Toronto</i>)	L	L	L	L	L	L	L	L	L	L	L	L	L	
	Pork regular insulin (<i>Hypurin Regular</i>)	R	NL	L	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	
	Basal Insulins														
	Intermediate acting – regular														
	NPH (<i>Humulin-N, Novolin ge NPH</i>)	L	L	L	L	L	L	L	L	L	L	L	L	L	
	Long-acting basal analogues														
	detemir (<i>Levemir</i>)	R	L	L	R	L	R	R	R	R	NL	R	L	L	R
	glargine (<i>Lantus</i>)	R	L	L	R	L	R	R	R	R	R	R	L	L	R
	glargine U300 (<i>Toujeo</i>)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	N
	glargine (SEB**) (<i>Basaglar</i>)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	pork isophane insulin (<i>Hypurin NPH</i>)	R	NL	L	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
Pre-Mixed Insulins															
Premixed Regular-NPH (<i>Humulin 30/70, Novolin 30/70-40/60-50/50</i>)	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
Biphasic Insulin Aspart (<i>NovoMix 30</i>)	L*	NL	NL	NL	L	R	NL	NL	NL	NL	NL	NL	NL	L	
Insulin Lispro/lispro protamine suspension (<i>Humalog Mix25</i>)	L*	L	NL	L	L	R	NL	NL	L	NL	L	L	L	NL	
Humalog Mix50	L*	L	NL	NL	L	NL	NL	NL	NL	NL	L	L	L	NL	
Insulin secretagogues	Sulfonylureas														
	Gliclazide (<i>Diamicon, DiamiconMR</i>)	R	L	L	L	L	L	L	L	L	L	L	L	L	
	glimepiride (<i>Amaryl</i>)	NL	NL	NL	R	L	R	L	NL	L	L	NL	R	NL	
	glyburide (<i>Diabeta, Euglucon</i>)	L	L	L	L	L	L	L	L	L	L	L	L	L	
repaglinide (<i>GlucoNorm</i>)	NL	L	R	R	NL	R	R	NL	NL	R	L	L	L		
Metformin	(<i>GlucoPhage, Glumetza</i>)	L	L	L	L	L	L	L	L	L	L	L	L	L	
Sodium glucose co-transporter 2 inhibitors (SGLT2)	canagliflozin (<i>Invokana</i>)	NL	R	R	R	R	R	R	R	R	R	R	R	R	
	dapagliflozin (<i>Forxiga</i>)	NL	NL	NL	NL	NL	R	NL	NL	NL	NL	NL	R	NL	

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SGLT2 cont.	empagliflozin (Jardiance)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
Thiazolidinedione (TZD)	pioglitazone (Actos)	R	R	R	R	NL	R	R	R	R	R	R	R	R
	rosiglitazone (Avandia)	DL	R	R	L	NL	R	NL	NL	NL	NL	R	R	R
Antihypoglycemic	glucagon	L	L	L	L	L	L	L	L	R	L	L	L	L

(L) Listed: Can be prescribed by any doctor. Cost will be fully or partially covered according to the terms of the public drug plan.

(R) Restricted: Only available to those who meet eligibility criteria and receive prior approval from the drug benefit plan. Cost will be fully or partially covered according to the terms of the public drug plan.

(NL) Not Listed: Not available through the public drug plan.

(DL) Delisted: Product has been removed from the formulary and is no longer available

* BC Pharmacare provides partial reimbursement for rapid-acting insulins and patients must pay the difference

** Full benefit for children 18 yrs or younger

*** Subsequent Entry Biologic/Insulin Biosimilar