DIABETES CANADA

Formulary Listings for Diabetes Medications in Canada

This information demonstrates that access to diabetes medication varies across the provinces and territories. Specific listings should be verified with provincial and territorial formularies (accessible online). **Please send notification of amendments or errors to advocacy@diabetes.ca**

April 2018

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

Class	Drug (brand name)	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIHB NU/ NT	YK
Insulin cont.	lispro (***Humalog***)	L*	L	L	L	L	L	R	R**	L	R	L	L
	Short-acting Regular (**Humulin-R, Novolin ge Toronto**)	L	L	L	L	L	L	L	L	L	L	L	L
	Pork regular insulin (**Hypurin Regular**)	R	NL	L	NL	NL	NL	NL	NL	NL	NL	NL	NL
	Basal Insulins Intermediate acting – regularNPH (**Humulin-N, Novolin ge NPH**)	L	L	L	L	L	L	L	L	L	L	L	L
	Long-acting basal analogues detemir (**Levemir**)	R	L	L	R	L	L	R	R	R	R	L	R
	glargine (**Lantus**)	R	L	L	R	L	R***	R***	R	R	R	L	R
	glargine U300 (**Toujeo**)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	glargine** (**Basaglar**)	NL	L	L	R	L	L	L	L	L	L	NL	L
	degludec **(Tresiba)**	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	pork isophane insulin (**Hypurin NPH**)	R	NL	L	NL	NL	NL	NL	NL	NL	NL	NL	NL
	Pre-Mixed Insulins Premixed Regular-NPH (**Humulin 30/70, Novolin 30/70-40/60-50/50**)	L	L	L	L	L	L	L	L	L	L	L	L
	Biphasic Insulin Aspart **(NovoMix 30)**	L*	NL	NL	NL	L	L	NL	NL	NL	NL	NL	L
	Insuin Lispro/lispro protamine suspension **(Humalog Mix25)**	L*	L	NL	L	L	L	NL	NL	L	NL	L	L
	Humalog Mix50	L*	L	NL	NL	L	NL	NL	NL	NL	NL	L	NL
Insulin secretagogues	**Sulfonylureas** Gliclazide (***Diamicron, DiamicronMR***)	R	L	L	L	L	L	L	L	L	L	L	L
	glimepiride (***Amaryl***)	NL	NL	NL	R	L	L	L	NL	L	L	NL	NL
	glyburide (***Diabeta, Euglucon***)	L	L	L	L	L	L	L	L	L	L	L	L
	Meglitinides repaglinide (***GlucoNorm***)	NL	L	R	R	L	L	R	NL	NL	R	L	L
Metformin	(***Glucophage, Glumetza***)	L	L	L	L	L	L	L	L	L	L	L	L

Class	Drug (brand name)	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIHB NU/ NT	YK
Sodium glucose Co-transporter 2 inhibitors (SGLT2)	canagliflozin (***Invokana***)	NL	R	R	R	L	L	R	R	R	R	R	R
	dapagliflozin (**Forxiga**)	NL	R	R	R	L	R	R	R	R	R	R	R
	empagliflozin (**Jardiance**)	NL	R	R	R	L	L	R	R	R	R	R	R
Thiazolidinedione (TZD)	pioglitazone (***Actos***)	R	R	R	R	L	L	R	R	R	R	R	R
	rosiglitazone (***Avandia***)	DL	R	R	L	NL	L	NL	NL	NL	NL	R	R
Anti hypoglycemic	**glucagon**	L	L	L	L	L	L	L	L	R	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
** Insulin Biosimilar
*** QC: Delisted but those who began treatment / received reimbursement for Lantus before August 18, 2017 will continue to be covered. NB: New special authorization requests for Lantus no longer accepted. Patients who had a claim paid for Lantus between November 1, 2016 and October 31, 2017 will continue to be covered.