

BC PharmaCare Drug Information

The drug below is being considered for possible coverage under the B.C. PharmaCare program. PharmaCare is a government-funded drug plan that helps British Columbians with the cost of eligible prescription drugs and specific medical supplies. For more information on PharmaCare, visit [Ministry of Health - PharmaCare](#).

PharmaCare reviews each drug for treating a specific illness or medical condition (known as an “indication”). If a decision is made to cover the drug, it will be only for that illness or condition.

In some cases, PharmaCare may cover a drug only for people who have the illness or condition and have not responded to other drugs used to treat that illness or condition.

For more information on PharmaCare’s drug coverage review process, see the last page of this information sheet.

Information about the drug	
Generic name (scientific name)	liraglutide
Brand name	Victoza[®]
Manufacturer	Novo Nordisk Canada Inc.
Indication	Type 2 Diabetes
Has the drug been reviewed by the Common Drug Review (CDR)? (see the note below this table.)	Yes. For more information about the CDR’s review of liraglutide (Victoza [®]), you can Search the CDR Reports .
Public input start date	Wednesday February 15, 2017
Public input closing date	Wednesday March 15, 2017 AT MIDNIGHT
How is the drug taken?	Victoza [®] is administered by subcutaneous (below the skin) injection.
How often is the drug is taken?	Victoza [®] is administered once daily.

Information about the drug	
General drug and/or drug study information	<p>Type 2 diabetes is a condition in which the body does not make enough insulin, and/or does not use the insulin that the body produces as well as it should. When this happens, glucose (sugar) builds up in the blood.</p> <p>Victoza® belongs to a class of medicines called Glucagon Like Peptide-1 (GLP-1) analogues. It is used in combination with metformin, with metformin and a sulfonylurea or basal insulin to improve blood sugar levels in adult patients with type 2 diabetes. Victoza® helps the body to make more insulin when the blood sugar is high.</p> <p>Studies looked at the following to determine if Victoza® is helpful and safe for the treatment of Type 2 diabetes :</p> <ul style="list-style-type: none"> • Cardiovascular (relating to the heart and blood vessels) outcomes such as Myocardial Infarction (heart attack) • Blood sugar control (Hemoglobin A1C) • Change in body weight and blood pressure • Health-related quality of life • Number of hypoglycemic (low blood sugar) events • Bad reactions • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest: gastrointestinal bad reactions including nausea, diarrhea, vomiting, dyspepsia, constipation and decreased appetite; pancreatitis, injection site reactions; thyroid cancer; arrhythmia; angioedema and hypersensitivity reaction
Other considerations	None

Note:

The Common Drug Review (CDR) is a national organization that reviews drugs on behalf of Canadian public sector plans when manufacturers want to have the jurisdictions provide coverage for the drugs. For detailed information on B.C. PharmaCare's drug review process, including the role of the CDR in that process, see [The Drug Review Process in B.C. - Overview](#).

Cost of the drug under review compared to other drugs used to treat the same indication			
generic name (Brand Name) of Drug Comparator	PharmaCare Status (if and how the drug is already covered)	Usual Dose	Annual Cost of Therapy (\$)
Glucagon-like peptide-1 (GLP-1) receptor analogue			
liraglutide (Victoza®)	Under Review/Non-Benefit	1.2 mg to 1.8 mg daily	2,022 – 3,033
dulaglutide (Trulicity™)	Under Review	0.75 mg to 1.5 mg once weekly	2,194

Cost of the drug under review compared to other drugs used to treat the same indication			
generic name (Brand Name) of Drug Comparator	PharmaCare Status (if and how the drug is already covered)	Usual Dose	Annual Cost of Therapy (\$)
exenatide (Bydureon®)	Non-Benefit	2 mg once weekly	2,493
exenatide (Byetta®)	Non-Benefit	5 µg to 10 µg twice daily	1,457
<i>Biguanides</i>			
metformin	Regular Benefit	500 mg three to four times daily	49 - 65
<i>Sulfonylureas</i>			
gliclazide (generics)	Limited Coverage	80 mg to 320 mg daily (in divided doses if dose > 160 mg daily)	34 – 136
gliclazide long-acting (Diamicron® MR)	Limited Coverage	30 mg to 120 mg daily	34 – 157
glimepiride (generics)	Non-Benefit	1 mg to 4 mg daily	142
glyburide (generics)	Regular Benefit	2.5 mg to 20 mg daily (in divided doses if dose > 10 mg daily)	12 - 84
<i>Dipeptidyl peptidase-4 (DPP-4) inhibitors</i>			
alogliptin (Nesina®)	Non-Benefit	25 mg daily	767
linagliptin (Trajenta®)	Limited Coverage	5 mg daily	931
saxagliptin (Onglyza®)	Limited Coverage	5 mg daily	1,049
sitagliptin (Januvia®)	Non-Benefit	100 mg daily	1,087
<i>DPP-4 inhibitor plus MET fixed dose combinations</i>			
alogliptin-MET (Kazano™)	Non-Benefit	Two tablets daily	836
linagliptin-MET (Jentadueto™)	Limited Coverage	Two tablets daily	974
saxagliptin-MET (Komboglyze®)	Limited Coverage	Two tablets daily	927
sitagliptin-MET (Janumet®)	Non-Benefit	Two tablets daily	1,180
<i>Subtype 2 sodium-glucose transport protein (SGLT2) inhibitors</i>			

Cost of the drug under review compared to other drugs used to treat the same indication			
generic name (Brand Name) of Drug Comparator	PharmaCare Status (if and how the drug is already covered)	Usual Dose	Annual Cost of Therapy (\$)
canagliflozin (Invokana®)	Under Review	100 or 300 mg daily	986
dapagliflozin (Forxiga®)	Under Review	5 or 10 mg daily	956
empagliflozin (Jardiance™)	Under Review	10 or 25 mg daily	955
Thiazolidinediones (TZDs)			
pioglitazone (generics)	Limited Coverage	15 mg to 45 mg daily	124 – 266
rosiglitazone (Avandia®)	Non-Benefit	4 mg to 8 mg daily	730 – 1,048
rosiglitazone-MET (Avandamet®)	Non-Benefit	4 mg-1000 mg to 8 mg-2000 mg daily in divided doses	610 – 1,223

Note: all costs taken from the CDR Pharmacoeconomic Review Report for liraglutide (Victoza®)

The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent group called the [Drug Benefit Council \(DBC\)](#) gives advice to the Ministry. The DBC looks at:

- whether the drug is safe and effective
- advice from a national group called the [Common Drug Review \(CDR\)](#)
- what the drug costs and whether it is a good value for the people of B.C.
- ethical considerations involved with covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes PharmaCare coverage decisions by taking into account:

- the existing PharmaCare policies, programs and resources
- the evidence-informed advice of the DBC
- the drugs already covered by PharmaCare that are used to treat similar medical conditions
- the overall cost of covering the drug

For more information about the B.C. Drug Review Process, visit: [The Drug Review Process in B.C. - Overview](#).

This document is intended for information only.

It does not take the place of advice from a physician or other qualified health care provider.