



Refills

Your dose of drug information in between sessions

Diabetes drug table update

On March 1, 2026, many diabetes medications, including insulin, metformin, glyburide, gliclazide, dapagliflozin, and empagliflozin became fully covered under BC PharmaCare [Plan NP](#) (National Pharmacare plan). For a full list of benefits, refer to [Plan NP diabetes medications](#).

Generic name, brand name, available strengths		Health Canada adult starting dose (range) ¹ See monographs for titration details	Approximate annual cost ² BC PharmaCare coverage	
METFORMIN				
metformin GLUCOPHAGE, generics	500, 850, 1000 mg tabs	500 mg PO BID; 850 mg PO once daily (1500-2550 mg/day) ³	\$20 to \$45	Regular benefit (plan NP)
metformin ER GLUMETZA, generics	500, 1000 mg tabs	1000 mg ER PO once daily (1000-2000 mg/day)	\$520 to \$1045	Non-benefit
SODIUM GLUCOSE COTRANSPORTER 2 INHIBITORS (SGLT2i)				
dapagliflozin FORXIGA, generics	5, 10 mg tabs	5 mg PO once daily (5-10 mg/day)	\$270	Regular benefit (plan NP)
dapagliflozin + metformin XIGDUO, generics	5 + 850/1000 mg tabs	1 tab PO BID	\$765	Non-benefit
empagliflozin JARDIANCE	10, 25 mg tabs	10 mg PO once daily (10-25 mg/day)	\$1140	Regular benefit (plan NP)
empagliflozin + metformin SYNJARDY	5 + 500/850/1000 mg tabs 12.5 + 500/850/1000 mg tabs	1 tab PO BID	\$1175	
canagliflozin INVOKANA, generics	100, 300 mg tabs	100 mg PO once daily (100-300 mg/day)	\$970 to \$1010	Non-benefit
canagliflozin + metformin INVOKAMET	50 + 500/1000 mg tabs 150 + 1000 mg tabs	1 tab PO BID	\$1310	
GLUCAGON LIKE PEPTIDE-1 RECEPTOR AGONISTS (GLP1)				
semaglutide OZEMPIC, generics	2 mg (0.25, 0.5 mg/dose) and 4 mg (1 mg/dose) multidose prefilled pens	0.25 mg subcut once weekly for 4 weeks, then ↑ to 0.5 mg/week (may titrate every 4 weeks to a maximum dose of 2 mg/week)	\$550 to \$1100 (\$85/pen)	Limited Coverage 2 mg dose: non- benefit
semaglutide RYBELSUS	1.5, 4, 9 mg tablets	1.5 mg orally once daily on an empty stomach for 30 days, then ↑ to 4 mg/day (may ↑ to 9 mg/day after subsequent 30 days)	\$2970	Non-benefit
dulaglutide TRULICITY	0.75 mg and 1.5 mg single-dose prefilled pens	0.75 mg subcut once weekly (may ↑ to 1.5 mg/week after 1 week, then may titrate every 4 weeks to a maximum dose of 4.5 mg/week)	\$3450 to \$3475 (\$70/pen)	Non-benefit
liraglutide VICTOZA	18 mg multidose prefilled pens (0.6, 1.2, 1.8 mg/ dose)	0.6 mg subcut once daily for 1 week, then ↑ to 1.2 mg/day (may ↑ to 1.8 mg/day after 1 week)	\$1430 to \$4280 (\$120/pen)	Non-benefit
GLUCAGON-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP) & GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP1)				
tirzepatide MOUNJARO	10-60 mg multidose prefilled pens (2.5, 5, 7.5, 10, 12.5, 15 mg/dose)	2.5 mg subcut once weekly for 4 weeks, then ↑ to 5 mg/week (may titrate every 4 weeks to a maximum dose of 15 mg/week)	\$4215 to \$7585 (\$325 to \$585/ pen)	Non-benefit
BASAL INSULIN + GLP1 AGONIST FIXED-DOSE COMBINATIONS [†]				
insulin glargine + lixisenatide SOLIQUA	300 units glargine + 100 mcg lixisenatide multidose prefilled pens (SoloSTAR) (100 units/mL + 33 mcg/mL)	1 unit = 1 unit of glargine + 0.33 mcg lixisenatide (do not exceed 10 mcg lixisenatide /day initially); dosage range: 15-60 units insulin glargine + 5-20 mcg lixisenatide subcut/day within 1 hour prior to first meal) [†]	\$800 to \$3195 (\$220/5 pens)	Non-benefit

Generic name, brand name, available strengths		Health Canada adult starting dose (range) ¹ See monographs for titration details	Approximate annual cost ² BC PharmaCare coverage	
SULFONYLUREAS (SU)				
glyburide generics	2.5, 5 mg tabs	2.5 mg PO once daily > 60 years 5 mg PO once daily < 60 years (2.5-20 mg/day)	\$15 to \$95	Regular benefit (plan NP)
gliclazide generics	80 mg tabs	80 mg PO BID (80-320 mg/day)	\$40 to \$150	Regular benefit (plan NP)
gliclazide MR DIAMICRON MR, generics	30, 60 mg tabs	30 mg MR PO once daily (30-120 mg/day)	\$15 to \$50	
glimepiride generics	1, 2, 4 mg tabs	1 mg PO once daily (1-8 mg/day)	\$325 to \$830	Non-benefit
DIPEPTIDYL PEPTIDASE 4 INHIBITORS (DPP4i)				
linagliptin TRAJENTA	5 mg tabs	5 mg PO once daily (5 mg/day)	\$980	Limited Coverage (plan NP)
linagliptin + metformin JENTADUETO	2.5 + 500/850/1000 mg tabs	1 tab PO BID	\$1030	
saxagliptin ONGLYZA, generics	2.5, 5 mg tabs	5 mg PO once daily (2.5-5 mg/day)	\$500 to \$600	Limited Coverage (plan NP)
alogliptin NESINA	6.25, 12.5, 25 mg tabs	25 mg PO once daily (6.25-25 mg/day)	\$870	Non-benefit
alogliptin + metformin KAZANO	12.5 + 500/850/1000 mg tabs	1 tab PO BID	\$945	
sitagliptin JANUVIA, generics	25, 50, 100 mg tabs	100 mg PO once daily (25-100 mg/day)	\$1100	Non-benefit
sitagliptin + metformin JANUMET, generics	50 + 500/850/1000 mg tabs	1 tab PO BID	\$1195	
sitagliptin + metformin XR JANUMET XR, generics	50 + 500/1000 mg tabs 100 + 1000 mg tabs	50 + 500/1000 mg: 2 XR tabs PO once daily 100 + 1000 mg: 1 XR tab PO once daily	\$1055 to \$1195	
MEGLITINIDE ANALOGUE				
repaglinide GLUCONORM, generics	0.5, 1, 2 mg tabs	0.5 mg PO TID (1.5-16 mg/day)	\$250 to \$770	Non-benefit
THIAZOLIDINEDIONES (TZD)				
pioglitazone generics	15, 30, 45 mg tabs	15-30 mg PO once daily (15-45 mg/day)	\$185 to \$390	Limited Coverage (plan NP)
rosiglitazone generics	2, 4, 8 mg tabs	4 mg PO once daily or 2 mg PO BID (4-8 mg/day)	\$980 to \$1400	Non-benefit
ALPHA-GLUCOSIDASE INHIBITOR				
acarbose generics	50, 100 mg tabs	50 mg PO once daily (150-300 mg/day)	\$90 to \$380	Non-benefit
tabs tablets; PO oral; BID twice a day; ER extended-release; subcut subcutaneous; MR modified-release; TID three times a day; ¹ Heath Canada Drug Product Database; ² Cost range: includes initial to maximum dose without mark-up or professional fee rounded up to the nearest \$5 calculated from McKesson Canada July 27, 2026; ³ US Food and Drug Administration Glucophage (metformin) ; †Basal insulin + GLP1 agonist combination: see Health Canada Drug Product Monographs for complex dosing instructions which take into account prior basal insulin dose				

Generic name, brand name, available strengths, dosage forms (see monographs for titration details) ¹		Approximate cost per pack	BC PharmaCare coverage ²
BASAL INSULINS			
insulin NPH HUMULIN N NOVOLIN ge NPH	100 units/mL vial (Novolin ge NPH) 100 units/mL cartridges, prefilled pen (Humulin N KwikPen)	vial (10 mL): \$30 cartridges (15 mL): \$65 pen (15 mL): \$65	Regular benefit (plan NP)
insulin glargine biosimilar BASAGLAR	100 units/mL cartridges, prefilled pen (KwikPen)	cartridges (15 mL): \$95 pen (15 mL): \$95	Regular benefit (plan NP)
insulin glargine biosimilar SEMGLEE	100 units/mL prefilled pen	pen (15 mL): \$70	
insulin glargine LANTUS	100 units/mL vial, cartridges, prefilled pen (SoloSTAR)	vial (10 mL): \$70 cartridges (15 mL): \$105 pen (15 mL): \$105	Non-benefit
insulin glargine TOUJEO	300 units/mL prefilled pens (SoloSTAR, DoubleSTAR)	SoloSTAR (15 mL): \$145 DoubleSTAR (9 mL): \$175	Non-benefit
insulin degludec TRESIBA	100 units/mL cartridges, prefilled pen (FlexTouch) 200 units/mL prefilled pen (FlexTouch)	cartridges (15 mL): \$130 pen (15 mL): \$130 pen 200 (9 mL): \$155	Non-benefit
insulin icodec (<i>once weekly</i>) AWIQLI	700 units/mL prefilled pen (FlexTouch)	pen (1.5 mL): \$85 pen (3 mL): \$170	Non-benefit
BOLUS (PRANDIAL) INSULINS			
insulin regular HUMULIN R NOVOLIN ge Toronto	100 units/mL vial (Novolin ge Toronto) 100 units/mL cartridges, prefilled pen (Humulin R KwikPen)	vial (10 mL): \$30 cartridges (15 mL): \$65 pen (15 mL): \$70	Regular benefit (plan NP)
insulin regular ^{basal + bolus action} ENTUZITY	500 units/mL prefilled pen (KwikPen)	pen (6 mL): \$125	Regular benefit (plan NP)
insulin aspart biosimilar TRURAPI KIRSTY	100 units/mL vial, cartridges, prefilled pen (Trurapi SoloSTAR) 100 units/mL prefilled pen (Kirsty)	vial (10 mL): \$25 cartridges (15 mL): \$50 pens (15 mL): \$50	Regular benefit (plan NP)
insulin aspart NOVORAPID	100 units/mL vial, cartridges	vial (10 mL): \$40 cartridges (15 mL): \$75	Non-benefit*
insulin aspart FIASP	100 units/mL vial, cartridges	vial (10 mL): \$35 cartridges (15 mL): \$75	Non-benefit
insulin glulisine APIDRA	100 units/mL vial, cartridges, prefilled pen (SoloSTAR)	vial (10 mL): \$35 cartridges (15 mL): \$65 pen (15 mL): \$65	Regular benefit (plan NP)
insulin lispro biosimilar ADMELOG	100 units/mL vial, cartridges, prefilled pen (SoloSTAR)	vial (10 mL): \$25 cartridges (15 mL): \$50 pen (15 mL): \$50	Regular benefit (plan NP)
insulin lispro HUMALOG	100 units/mL vial, cartridges, prefilled pens (KwikPen, Junior KwikPen) 200 units/mL prefilled pen (KwikPen)	vial (10 mL): \$45 cartridges (15 mL): \$85 pens (15 mL): \$85 to \$155	Non-benefit
BASAL + BOLUS INSULINS			
insulin regular + NPH HUMULIN 30/70 NOVOLIN ge 30/70	100 units/mL vial (Novolin ge 30/70) 100 units/mL cartridges (Humulin 30/70)	vial (10 mL): \$30 cartridges (15 mL): \$65	Regular benefit (plan NP)
insulin aspart + aspart protamine NOVOMIX 30	100 units/mL cartridges	cartridges (15 mL): \$70	Non-benefit
insulin lispro + lispro protamine HUMALOG MIX25 HUMALOG MIX50	100 units/mL cartridges, prefilled pens (KwikPen)	cartridges (15 mL): \$85 pens (15 mL): \$85	Non-benefit
NPH neutral protamine Hagedorn; ¹ Heath Canada Drug Product Database; ² Cost per 100 units without mark-up calculated from McKesson Canada July 27, 2026 (Insulin is a Schedule II Professional Service Area retail drug and does not require a prescription); *for updated insulin coverage information and exceptions: see BC PharmaCare Biosimilars Initiative			

This document has been compiled for the British Columbia Ministry of Health's Pharmaceutical, Laboratory and Blood Services Division. The information contained in this document is intended for educational purposes only, and is not intended as a substitute for the advice or professional judgment of a health care professional. The information in this document is provided without any express or implied warranty regarding its content, and no party involved with the preparation of this document is responsible for any errors or omissions that may be contained herein, nor is any party involved with the preparation of this document responsible for the result obtained from the use of information in this document. Any use of this document will imply acknowledgement of this disclaimer and release the Province of British Columbia, its employees, agents and any party involved in the preparation of this document from any and all liability. Copyright © 2026, Province of British Columbia. All rights reserved.