

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 GLUCOPHAGE , generics 500, 850 mg	500 mg PO BID; 850 mg PO once daily (1500-2550 mg/day) ³	\$20-40	Regular benefit
metformin ER GLUMETZA , generics 500, 1000 mg	1000 mg ER PO once daily (1000-2000 mg/day)	\$520-\$1045	Non-benefit
SULFONYLUREAS (SU)			
glyburide generics 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 generics 80 mg	80 mg PO BID (80-320 mg/day)	\$75-\$150	Limited Coverage
gliclazide MR DIAMICRON MR , generics 30, 60 mg	30 mg MR PO once daily (30-120 mg/day)	\$40-\$50	Plan W regular benefit*
glimepiride generics 1, 2, 4 mg	1 mg PO once daily (1-8 mg/day)	\$325-\$830	Non-benefit

SODIUM GLUCOSE COTRANSPORTER 2 INHIBITORS (SGLT2i)			
dapagliflozin FORXIGA , generics 5, 10 mg	5 mg PO once daily (5-10 mg/day)	\$270	Regular benefit
+ metformin XIGDUO , generics 5+850/1000 mg	1 tab PO BID	\$705-\$760	Non-benefit
empagliflozin JARDIANCE 10, 25 mg	10 mg PO once daily (10-25 mg/day)	\$1090	Limited Coverage
+ metformin SYNJARDY 5+500/850/1000 mg, 12.5+500/850/1000 mg	1 tab PO BID	\$1125	
canagliflozin INVOKANA 100, 300 mg	100 mg PO once daily (100-300 mg/day)	\$1185	Non-benefit
+ metformin INVOKAMET 50+500/1000 mg, 150+500/1000 mg	1 tab PO BID	\$1310	

GLUCAGON LIKE PEPTIDE-1 RECEPTOR AGONISTS (GLP1)			
semaglutide OZEMPIC 3 mL multidose prefilled pens (2 mg/pen: 0.25, 0.5 mg/dose and 4 mg/pen: 1 mg/dose) <i>2 mg/dose prefilled pens: not available</i>	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)	\$3060	Limited Coverage 2 mg dose: non-benefit
semaglutide RYBELSUS 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)	\$2840	Non-benefit
dulaglutide TRULICITY 0.5 mL single dose prefilled pens (0.75, 1.5 mg/dose) <i>3 mg/dose and 4.5 mg/dose prefilled pens: not available</i>	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)	\$3275	Non-benefit
liraglutide VICTOZA : 3 mL multidose prefilled pens (18 mg/pen: 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)	\$4090	Non-benefit

GLUCAGON-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP) & GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP1)			
tirzepatide MOUNJARO 0.5 mL single-dose vials (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 in 2.5 mg increments to a maximum dose of 15 mg/week)	\$4325-\$5840	Non-benefit

BASAL INSULIN + GLP1 AGONIST FIXED-DOSE COMBINATIONS[†]			
insulin degludec + liraglutide XULTOPHY 3 mL multidose prefilled pens (100 units/mL + 3.6 mg/mL: 1 unit = 1 unit of degludec + 0.036 mg liraglutide)	basal insulin or GLP1 naïve: 10 units subcut once daily currently on basal insulin or GLP1: 16 units subcut once daily (maximum 50 units degludec + 1.8 mg liraglutide subcut/day) [†]	\$4200	Non-benefit
insulin glargine + lixisenatide SOLIQUA 3 mL multidose prefilled pens (SoloSTAR) (100 units/mL + 33 mcg/mL: 1 unit = 1 unit of glargine + 0.33 mcg lixisenatide)	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) [†]	\$3130	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 rounded to the nearest \$5 (GLP1a cost is for the maximum/maintenance dose) calculated from McKesson Canada October 8, 2024; 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



Type 2 Diabetes Medications Marketed in Canada (v. October 8, 2024)

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	
DIPEPTIDYL PEPTIDASE 4 INHIBITORS (DPP4i)			
linagliptin TRAJENTA 5 mg	5 mg PO once daily (5 mg/day)	\$940	Limited Coverage
+ metformin JENTADUETO 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	\$1065	
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)	\$1100	Non-benefit
+ metformin JANUMET , generics 50+500/850/1000 mg	1 tab PO BID	\$1190	
+ 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	\$1105	
MEGLITINIDE ANALOGUE			
repaglinide GLUCONORM , 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-\$1085	Non-benefit
ALPHA-GLUCOSIDASE INHIBITOR			
acarbose 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 rounded to the nearest \$5 without mark-up or professional fee calculated from McKesson Canada October 8, 2024

Generic name, brand name, available strengths, dosage forms ¹	Approximate 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
insulin glargine biosimilar 100 units/mL SEMGLEE prefilled pens	< \$5	Plan W regular 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	< \$10	Limited Coverage
insulin degludec 100 units/mL, 200 units/mL TRESIBA cartridges, 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	< \$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 100 units/mL HUMULIN 30/70 , NOVOLIN ge 30/70 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 October 8, 2024 (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; **for updated insulin coverage information and exceptions: see BC PharmaCare Biosimilars Initiative