

**pad** Basal Insulins for Type 2 Diabetes Supplement:  
Injectable Medications for Type 2 Diabetes (June 2019)

Medication	Brand Name	Dosage Form	Cost	BC PharmaCare Coverage
<b>BASAL INSULINS</b> suspension (re-suspend before use until liquid appears uniformly cloudy)				
NPH 100 units/mL insulin isophane; neutral protamine Hagedorn	Humulin N Humulin N KwikPen Novolin ge NPH	vial; cartridges prefilled pens vial; cartridges	\$25 (10 mL) \$50 (15 mL)	regular benefit
NPH porcine 100 units/mL	Hypurin NPH	vial	\$105 (10 mL)	limited coverage
<b>BASAL INSULINS</b> clear, colourless solution				
glargine biosimilar 100 units/mL	Basaglar Basaglar KwikPen	cartridges prefilled pens	\$75 (15 mL)	limited coverage Plan W regular benefit
glargine 100 units/mL	Lantus Lantus SoloSTAR	vial; cartridges prefilled pens	\$65 (10 mL) \$100 (15 mL)	limited coverage*
glargine 300 units/mL	Toujeo SoloSTAR	prefilled pens	\$140 (7.5 mL)	non benefit
detemir 100 units/mL	Levemir Levemir FlexTouch	cartridges prefilled pens	\$115 (15 mL) \$120 (15 mL)	limited coverage
degludec 100 units/mL	Tresiba FlexTouch	prefilled pens	\$120 (15 mL)	non benefit
degludec 200 units/mL	Tresiba FlexTouch	prefilled pens	\$145 (9 mL)	non benefit
<b>BOLUS (PRANDIAL) INSULINS</b> clear, colourless solution				
regular 100 units/mL	Humulin R Humulin R KwikPen Novolin ge Toronto	vial; cartridges prefilled pens vial; cartridges	\$25 (10 mL) \$50 (15 mL)	regular benefit KwikPen non benefit
regular porcine 100 units/mL	Hypurin Regular	vial	\$105 (10 mL)	limited coverage
regular 500 units/mL basal + bolus activity	Entuzity KwikPen	prefilled pens	\$100 (6 mL)	non benefit
aspart 100 units/mL	NovoRapid NovoRapid FlexTouch	vial; cartridges prefilled pens	\$30 (10 mL) \$70 (15 mL)	partial benefit
aspart 100 units/mL	Fiasp Fiasp FlexTouch	vial; cartridges prefilled pens	\$30 (10 mL) \$70 (15 mL)	non benefit
glulisine 100 units/mL	Apidra Apidra SoloSTAR	vial; cartridges prefilled pens	\$30 (10 mL) \$60 (15 mL)	partial benefit
lispro 100 units/mL	Humalog Humalog KwikPen	vial; cartridges prefilled pens	\$30 (10 mL) \$65 (15 mL)	partial benefit
lispro biosimilar 100 units/mL	Admelog Admelog SoloSTAR	vial; cartridges prefilled pens	not yet available	non benefit
lispro 200 units/mL	Humalog KwikPen	prefilled pens	\$120 (15 mL)	non benefit
<b>BASAL + BOLUS</b> suspension (re-suspend before use until liquid appears uniformly cloudy)				
regular + NPH 100 units/mL	Humulin 30/70 Novolin ge 30/70 Novolin ge 40/60 Novolin ge 50/50	vial; cartridges cartridges cartridges vial; cartridges	\$25 (10 mL) \$50 (15 mL)	regular benefit
aspart + aspart protamine 100 units/mL	NovoMix 30	prefilled pens	\$60 (15 mL)	partial benefit
lispro + lispro protamine 100 units/mL	Humalog Mix25 Humalog Mix25 KwikPen Humalog Mix50 Humalog Mix50 KwikPen	cartridges prefilled pens cartridges prefilled pens	\$65 (15 mL)	partial benefit

**COST** without markup [calculated from McKesson Canada <https://www.mckesson.ca/> (Accessed May 21, 2019)]

**British Columbia PharmaCare Special Authority Criteria** available at: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/special-authority>

\*PharmaCare coverage of Lantus will end on November 26, 2019 (exception: patients covered under Plan W First Nations Health Benefits); Basaglar is a Regular Benefit for patients covered under Plan W

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Medication Brand Name	Dosing	Cost/month	BC PharmaCare Coverage
<b>NON-INSULIN INJECTABLES (GLP-1 AGONISTS)</b>			
<b>DOSED ONCE A DAY OR TWICE A DAY<sup>1-4</sup></b> clear, colourless solution			
exenatide (Byetta)	<ul style="list-style-type: none"> <li><u>Initial</u>: 5 mcg subcut twice daily; <u>maximum</u>: may ↑ after one month to 10 mcg subcut BID</li> <li>Dose within 1 hour prior to two main meals of the day (doses at least 6 hours apart)</li> </ul>	\$155	non benefit
liraglutide (Victoza)	<ul style="list-style-type: none"> <li><u>Initial</u>: 0.6 mg subcut once a day</li> <li><u>Titrate</u>: ↑ after one week to 1.2 mg subcut once a day; <u>maximum</u>: 1.8 mg subcut once a day</li> <li>Given without regard to meals</li> </ul>	\$295	non benefit
liraglutide (Saxenda)	<ul style="list-style-type: none"> <li><u>Initial</u>: 0.6 mg subcut once a day</li> <li><u>Titrate</u>: may ↑ after one week by 0.6 mg subcut once a day; <u>maximum</u>: 3 mg subcut once a day</li> <li>Given without regard to meals; discontinue after 12 weeks at 3 mg/day dose if at least 5% of initial body weight not lost</li> </ul>	\$400	non benefit
lixisenatide (Adlyxine)	<ul style="list-style-type: none"> <li><u>Initial</u>: 10 mcg subcut once a day for 14 days</li> <li><u>Titration</u>: ↑ to 20 mcg subcut once a day starting on day 15; <u>maximum</u>: 20 mcg subcut once a day</li> <li>Dose within 1 hour prior to any meal of the day</li> </ul>	\$130	non benefit
<b>DOSED ONCE A WEEK<sup>5</sup></b> suspension (re-suspend before use until liquid appears uniformly cloudy)			
exenatide extended release (Bydureon)	<ul style="list-style-type: none"> <li><u>Initial &amp; maximum</u>: 2 mg subcut once every 7 days</li> <li>Given without regard to meals</li> </ul>	\$235	non benefit
<b>DOSED ONCE A WEEK<sup>6,7</sup></b> clear, colourless solution			
dulaglutide (Trulicity)	<ul style="list-style-type: none"> <li><u>Initial</u>: 0.75 mg subcut once every 7 days</li> <li><u>Maximum</u>: may ↑ to 1.5 mg subcut once every 7 days</li> <li>Given without regard to meals</li> </ul>	\$230	non benefit
semaglutide (Ozempic)	<ul style="list-style-type: none"> <li><u>Initial</u>: 0.25 mg subcut once every 7 days</li> <li><u>Titration</u>: after 4 weeks, ↑ dose to 0.5 mg subcut once every 7 days; <u>maximum</u>: 1 mg subcut once every 7 days</li> <li>Given without regard to meals</li> </ul>	\$225	non benefit
<b>BASAL INSULIN + GLP-1 AGONIST (FIXED-DOSE COMBINATIONS)<sup>8,9</sup></b> clear, colourless solution			
insulin glargine + lixisenatide (Soliqua SoloSTAR)	<ul style="list-style-type: none"> <li>Insulin glargine 100 units/mL + lixisenatide 33 mcg/mL</li> <li><u>Dosage Range</u>: 15 to 60 units insulin glargine and 5 to 20 mcg lixisenatide subcut once a day; <u>maximum</u>: glargine 60 units + lixisenatide 20 mcg subcut once a day</li> <li>Dose within 1 hour prior to the first meal</li> </ul>	\$245	non benefit
insulin degludec + liraglutide (Xultophy)	<ul style="list-style-type: none"> <li>Insulin degludec 100 units/mL + liraglutide 3.6 mg/mL</li> <li><u>Initial</u>: 16 units of insulin degludec and 0.58 mg of liraglutide subcut once a day; <u>maximum</u>: degludec 50 units + liraglutide 1.8 mg subcut once a day</li> <li>Given without regard to meals</li> </ul>	\$335	non benefit

**GLP-1 Agonist** Glucagon-Like Peptide-1 Agonist

**COST** (prefilled pens) estimated for approximately 30 days without markup or professional fee [calculated from McKesson Canada <https://www.mckesson.ca/> (Accessed May 21, 2019)]