

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
BASAL INSULINS 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
BASAL INSULINS 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
BOLUS (PRANDIAL) INSULINS 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
BASAL + BOLUS 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
NON-INSULIN INJECTABLES (GLP-1 AGONISTS)			
DOSED ONCE A DAY OR TWICE A DAY¹⁻⁴ clear, colourless solution			
exenatide (Byetta)	<ul style="list-style-type: none"> <u>Initial</u>: 5 mcg subcut twice daily; <u>maximum</u>: may ↑ after one month to 10 mcg subcut BID Dose within 1 hour prior to two main meals of the day (doses at least 6 hours apart) 	\$155	non benefit
liraglutide (Victoza)	<ul style="list-style-type: none"> <u>Initial</u>: 0.6 mg subcut once a day <u>Titrate</u>: ↑ after one week to 1.2 mg subcut once a day; <u>maximum</u>: 1.8 mg subcut once a day Given without regard to meals 	\$295	non benefit
liraglutide (Saxenda)	<ul style="list-style-type: none"> <u>Initial</u>: 0.6 mg subcut once a day <u>Titrate</u>: may ↑ after one week by 0.6 mg subcut once a day; <u>maximum</u>: 3 mg subcut once a day Given without regard to meals; discontinue after 12 weeks at 3 mg/day dose if at least 5% of initial body weight not lost 	\$400	non benefit
lixisenatide (Adlyxine)	<ul style="list-style-type: none"> <u>Initial</u>: 10 mcg subcut once a day for 14 days <u>Titration</u>: ↑ to 20 mcg subcut once a day starting on day 15; <u>maximum</u>: 20 mcg subcut once a day Dose within 1 hour prior to any meal of the day 	\$130	non benefit
DOSED ONCE A WEEK⁵ suspension (re-suspend before use until liquid appears uniformly cloudy)			
exenatide extended release (Bydureon)	<ul style="list-style-type: none"> <u>Initial & maximum</u>: 2 mg subcut once every 7 days Given without regard to meals 	\$235	non benefit
DOSED ONCE A WEEK^{6,7} clear, colourless solution			
dulaglutide (Trulicity)	<ul style="list-style-type: none"> <u>Initial</u>: 0.75 mg subcut once every 7 days <u>Maximum</u>: may ↑ to 1.5 mg subcut once every 7 days Given without regard to meals 	\$230	non benefit
semaglutide (Ozempic)	<ul style="list-style-type: none"> <u>Initial</u>: 0.25 mg subcut once every 7 days <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 Given without regard to meals 	\$225	non benefit
BASAL INSULIN + GLP-1 AGONIST (FIXED-DOSE COMBINATIONS)^{8,9} clear, colourless solution			
insulin glargine + lixisenatide (Soliqua SoloSTAR)	<ul style="list-style-type: none"> Insulin glargine 100 units/mL + lixisenatide 33 mcg/mL <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 Dose within 1 hour prior to the first meal 	\$245	non benefit
insulin degludec + liraglutide (Xultophy)	<ul style="list-style-type: none"> Insulin degludec 100 units/mL + liraglutide 3.6 mg/mL <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 Given without regard to meals 	\$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)]