

## Formulary Listings for Diabetes Medications in Canada

This information demonstrates that access to diabetes medication varies across the provinces and territories. Specific listings should be verified with provincial and territorial formularies (accessible online). **Please send notification of amendments or errors to [advocacy@diabetes.ca](mailto:advocacy@diabetes.ca)**

December 2019

Class	Drug (brand name)	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIHB NU/ NT	YK
Alpha-glucosidase inhibitor	acarbose ( <i>Glucobay</i> )	DL	L	L	L	R	L	L	L	L	R	L	L
Combined formulations	alogliptin & metformin ( <i>Kazano</i> )	NL	NL	NL	NL	NL	R	NL	NL	NL	NL	NL	NL
	canagliflozin & metformin ( <i>Invokamet</i> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	dapagliflozin & metformin ( <i>Xigduo</i> )	NL	R	R	R	L	R	R	R	R	R	R	R
	empagliflozin & metformin ( <i>Synjardy</i> )	R	R	R	R	L	R	R	R	R	NL	L	NL
	ertugliflozin & metformin ( <i>Steglatro T</i> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	linagliptin & metformin ( <i>Jentaduetto</i> )	R	R	R	R	L	R	R	R	R	R	R	R
	rosiglitazone & metformin ( <i>Avandamet</i> )	DL	R	DL	NL	NL	R	NL	NL	NL	NL	NL	NL
	rosiglitazone & glimepiride ( <i>Avandaryl</i> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	saxagliptin & metformin ( <i>Komboglyze</i> )	R	R	R	R	L	R	R	R	R	R	R	R
	sitagliptin & metformin ( <i>Janumet</i> )	DL	R	R	R	L	R	R	R	R	R	R	R
	sitagliptin & ertugliflozin ( <i>Steglujan</i> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	insulin degludec & liraglutide injection ( <i>Xultophy</i> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	insulin glargine & lixisenatide injection ( <i>Soliqua</i> )	NL	NL	NL	NL	L	NL	NL	NL	NL	NL	NL	NL
DPP-4 inhibitor	alogliptin ( <i>Nesina</i> )	NL	NL	NL	NL	NL	R	NL	NL	NL	NL	NL	NL
	lingagliptin ( <i>Trajenta</i> )	R	R	R	R	L	R	R	R	R	R	R	R
	sitagliptin ( <i>Januvia</i> )	DL	R	R	R	L	R	R	R	R	R	R	R
	saxagliptin ( <i>Onglyza</i> )	R	R	R	R	L	R	R	R	R	R	R	R

Class	Drug (brand name)	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIHB NU/ NT	YK
GLP-1 receptor agonist	albiglutide ( <b>Eperzan</b> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	dulaglutide ( <b>Trulicity</b> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	exenatide injection ( <b>Byetta</b> ) / extended release ( <b>Bydureon</b> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	liraglutide injection ( <b>Victoza</b> )	NL	NL	NL	NL	NL	R	NL	NL	NL	NL	NL	NL
	lixisenatide injection ( <b>Adlyxine</b> )	NL	NL	NL	NL	L	R	NL	NL	NL	NL	NL	NL
	semaglutide injection ( <b>Ozempic</b> )	NL	NL	NL	NL	L	NL	NL	NL	NL	NL	NL	NL
Insulin	<b>Bolus (prandial) Insulins: Rapid-acting</b>												
	aspart ( <b>NovoRapid/Novolog</b> )	L*	L	R	L	R	L	L	L	L	L	L	L
	aspart ( <b>Fiasp</b> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	glulisine ( <b>Apidra</b> )	L*	L	L	L	L	L	L	L	L	L	L	L
	lispro ( <b>Humalog</b> )	L*	L	L	L	L	L	R	R**	L	R	L	L
	lispro (biosimilar) ( <b>Admelog</b> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	<b>Short-acting</b>												
	Regular ( <b>Humulin-R, Novolin ge Toronto</b> )	L	L	L	L	L	L	L	L	L	L	L	L
	Concentrated Humulin R ( <b>Entuzity</b> )	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
	Pork regular insulin ( <b>Hypurin Regular</b> )	R	NL	L	NL	NL	NL	NL	NL	NL	NL	NL	L
	<b>Basal Insulins Intermediate acting – regular NPH</b> ( <b>Humulin-N, Novolin GE NPH</b> )	L	L	L	L	L	L	L	L	L	L	L	L
	<b>Long-acting basal analogues</b>												
detemir ( <b>Levemir</b> )	R	L	L	L	L	R	R	R	R	R	L	R	
glargine ( <b>Lantus</b> )	DL***	L	L	L	L	DL***	DL***	R	R	DL***	L	R	
glargine U300 ( <b>Toujeo</b> )	NL	NL	NL	NL	L	R	NL	NL	R	NL	L	NL	

Class	Drug (brand name)	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIHB /NU/ NT	YK
Insulin (cont'd)	glargine (biosimilar) <i>(Basaglar)</i>	R	L	L	L	L	R	L	L	L	L	L	L
	degludec <i>(Tresiba)</i>	NL	L	L	L	L	R	L	L	L	L	L	L
	pork isophane insulin <i>(Hypurin NPH)</i>	R	NL	L	NL	NL	NL	NL	NL	NL	NL	NL	L
	<b>Pre-Mixed Insulins</b> Premixed Regular-NPH <i>(Humulin 30/70, Novolin 30/70-40/60-50/50)</i>	L	L	L	L	L	L	L	L	L	L	L	L
	Biphasic Insulin Aspart <i>(NovoMix 30)</i>	L*	NL	NL	NL	L	R	NL	NL	NL	NL	NL	L
	Insulin Lispro/lispro protamine suspension <i>(Humalog Mix25)</i>	L*	L	NL	L	L	R	NL	NL	L	NL	L	L
	<i>Humalog Mix50</i>	L*	L	NL	NL	L	NL	NL	NL	NL	NL	L	L
Insulin secretagogues	<b>Sulfonylureas</b> gliclazide <i>(Diamicron, DiamicronMR)</i>	R	L	L	L	L	L	L	L	L	L	L	L
	glimepiride <i>(Amaryl)</i>	NL	NL	NL	R	L	R	L	NL	L	L	NL	NL
	glyburide <i>(Diabeta, Euglucon)</i>	L	L	L	L	L	L	L	L	L	L	L	L
	<b>Meglitinides</b> repaglinide <i>(GlucoNorm)</i>	NL	L	R	R	L	L	L	NL	NL	R	L	L
Metformin	<i>(Glucophage, Glumetza)</i>	L	L	L	L	L	L	L	L	L	L	L	L
Sodium glucose co-transporter 2 inhibitors (SGLT2)	canagliflozin <i>(Invokana)</i>	NL	R	R	R	L	R	R	R	R	R	R	R
	dapagliflozin <i>(Forxiga)</i>	NL	R	R	R	L	R	R	R	R	R	R	R
	empagliflozin <i>(Jardiance)</i>	R	R	R	R	L	R	R	R	R	R	L	R
	ertugliflozin <i>(Steglatro)</i>	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
Thiazolidinedione (TZD)	pioglitazone <i>(Actos)</i>	R	R	R	R	L	R	R	R	R	R	L	R
	rosiglitazone <i>(Avandia)</i>	DL	R	R	L	L	R	DL	NL	NL	NL	DL	R

Class	Drug (brand name)	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NIHB /NU/ NT	YK
Anti-hypoglycemic	Glucagon (injection)	L	L	L	L	L	L	L	L	R	L	L	L
	Glucagon (nasal-powder)	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL

**(L) Listed:** Can be prescribed by any doctor. Cost will be fully or partially covered according to the terms of the public drug plan.

**(R) Restricted:** Only available to those who meet eligibility criteria and receive prior approval from the drug benefit plan. Cost will be fully or partially covered according to the terms of the public drug plan.

**(NL) Not Listed:** Not available through the public drug plan.

**(DL) Delisted:** Product has been removed from the formulary and is no longer available

**Notes:**

\* **BC** Pharmacare provides partial reimbursement for rapid-acting insulins and patients must pay the difference

\*\* **NS:** Humalog - full benefit for children under 18

\*\*\* **QC** -- Delisted, but those who received reimbursement for Lantus prior to Aug 18, 2017 will continue to be covered. **NB** -- Delisted, but those who had a claim paid for Lantus prior to Oct 30, 2017 will continue to be covered. **NL** -- Delisted, but those with prior approval for Lantus will continue to be covered. **BC** -- Effective Nov 26, 2019, Lantus no longer covered unless patient medically unable to switch to Basaglar (exceptional circumstance). Coverage continues for patients covered under Plan W (First Nations Health Benefits).