New Brunswick Diabetes Medication Coverage

SA = special authorization criteria required, criteria for use available at:
https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/NBDrugPlan/NewBrunswickDrugPlansFormulary.pdf
LU = Limited use criteria through Non-Insured Health Benefits, criteria for use available at:
https://www.sac-isc.gc.ca/eng/1572545056418/1572545109296

Antidiabetic Agent	Available Strengths (DIN)	NBPDP	NIHB
INSULIN			
Insulin – BASAL/ GLP-1 Combination			
Soliqua® (Glargine 100u/mL + Adylxine 33 mcg/mL) (02478293) prefilled pen ONLY		NO	✓
Xultophy® (Degludec 100u/mL + Liraglutide 3.6mg/mL) (02474875) prefilled pen ONLY		NO	NO
Insulin - BASAL			
BasaGlar® (Glargine Biosimilar) Duration: 18-26 hrs	3 mL cartridge/ penfill (02444844); Kwik Pen® (02461528)	✓	✓
Levemir®) (Detemir) Duration: 16-24 hrs	3 mL cartridge/ penfill (02271842); FlexTouch® 3 mL (02412829)	SA	✓
Lantus® (Glargine) Duration : 18-26 hrs	SoloSTAR pens (02294338); 3 mL cartridge/ penfill (02251930); 10 mL vial (02245689)	n/a replaced with BasaGlar	✓
Humulin®N Duration: up to 18 hrs	KwikPen® (02403447); 3 mL cartridge/ penfill (01959239); 10 mL vial (00587737)	✓	✓
Novolin®ge-NPH Duration: up to 18 hrs	3 mL cartridge/ penfill (02024268); 10 mL vial (02024225)	✓	✓
Insulin – BASAL Concentrated			
Tresiba® (Degludec)FlexTouch pens ONLY Duration: up to 42 hrs	100 u/ mL (02467879) 200 u/ mL (02467887)	✓	✓
Entuzity™ (U500) KwikPen ONLY Duration: 17-24 hrs Basal/ Bolus Action	500 u/ mL (02466864)	NO	NO (? appeal)
Toujeo® (Glargine U300) Duration: > 30 hrs	Prefilled **Solo**STAR (02441829) Prefilled **Double**STAR (02493373)	NO	✓
Insulin - BOLUS Administer: 10-15 mins before meal unless otherwise indicated			
Admelog (Lispro) Duration: 3-4.75 hrs	3 mL cartridge (02469898); SoloStar prefilled pens (02469871); 10 mL vial (02469901)	✓ **(Replaced Humalog)**	?
Apidra® (Glulisine) Duration: 3.5-5 hrs	3 mL cartridge (02279479); SoloStar prefilled pens (02294346); 10 mL vial (02279460)	✓	✓
Fiasp® (faster acting Aspart) Duration: 3-5 hrs Administer: 2 min before meal OR up to 20 mins after starting meal	FlexTouch® 3mL Pens (02460424)	NO	NO
Humulin®-R/ Novolin®ge Toronto Duration: 6.5 hrs	Cartridge - R (01959220); Toronto (02024284); 10mL vial - R (00586714); Toronto (02024233)	✓	✓
Humalog® (Lispro) Duration: 3-4.75 hrs	3 mL cartridge (02229705); Kwik Pen (02403412); 10 mL vial (02229704)	n/a - replaced with Admelog	✓
NovoRapid® (Aspart) Duration: 3-5 hrs	3 mL cartridge/ penfill (02244353); FlexTouch (02377209);10 mL vial (02245397)	✓	✓ (no flextouch)
Insulin – BOLUS Concentrated			
Humalog200 - Kwik pen ONLY Duration: 3-4.75 hrs Administer: 10-15 mins before meal	200u/ mL – Kwik Pen (02439611)	NO	✓

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PreMixed Insulin			
Humalog Mix 25/ Humalog Mix 50/ NovoMix 30)		NO	✓
Insulin Regular/ NPH (Humulin ®30/70, Novolin®ge 30/70)		✓	✓
Insulin Regular/ NPH (Novolin®ge 40/60, 50/50)		✓	✓
ORAL AGENTS/ INJECTABLES			
Alpha Glucosidase Inhibitors			
Acarbose (Glucobay®)	50 mg (02190893); 100mg (02190885)	✓	✓
Biguanides			
Metformin (Glucophage®, generic)	500 mg or 850 mg (generic)	✓	✓
Metformin ER (Glumetza®)	500 mg (02268493); 1000 mg (02300451)	NO	NO (? appeal)
Metformin ER (generic)	500 mg (02305062); 1000 mg (02460653)	NO	NO
DPP-4 Inhibitors - Incretin Enhancers			
Januvia® (Sitagliptin)	25 mg (02388839); 50 mg (02388847); 100 mg (02303922)	SA	✓ (LU)
Onglyza® (Saxagliptin)	2.5 mg (02375842); 5 mg (02333554)	SA	✓
Trajenta® (Linagliptin)	5 mg (02370921)	SA	✓
DPP-4 Inhibitors Combinations - Incretin Enhancers			
Janumet XR® (Sitagliptin/ Metformin)	50 mg/500 mg (02416786); 50 mg/ 1000 mg (02416794) 100 mg/1000 mg (02416808)	SA	✓ (LU)
Janumet® (Sitagliptin/ Metformin)	50 mg/ 500 mg (02333856); 50 mg/ 850 mg (02333864) 50 mg/ 1000 mg (02333872)	SA	✓ (LU)
Jentadueto® (Linagliptin/ Metformin)	2.5 mg/500 mg (02403250); 2.5 mg/850 mg (02403269) 2.5 mg/1000 mg (02403277)	SA	✓
Komboglyze® (Saxagliptin/ Metformin)	2.5 mg/500 mg (02389169); 2.5 mg/850 mg (02389177) 2.5 mg/1000 mg (02389185)	SA	✓
GLP-1 Receptor Agonists - Incretin Mimetics			
Adlyxine ® (Lixisenitide)	0.05 mg/mL (02464276); 0.1 mg/ mL (02464284); 0.05mg /0.1 mg starter kit (02464349)	SA	✓
Bydurion® (Exenatide weekly)	(02448610)	NO	NO
Byetta® (Exenatide)	5µG (02361809); 10µG (02361817)	NO	NO
Ozempic® (Semaglutide)	0.25mg/ 0.5mg (02471477); 1.0 mg (02471469)	SA	✓
Saxenda® (Liraglutide)	3 mg (02437899)	NO	NO
Trulicity® (Dulaglutide)	0.75 mg (02448599); 1.5 mg (02448602)	NO	NO
Victoza® (Liraglutide)	1.8 mg (02351064)	NO	NO
Rybelsus® (Semaglutide **ORAL**)	3mg (02497581); 7mg (02497603); 14 mg (02497611)	NO	NO
SGLT-2 Inhibitors			
Forxiga® (Dapagliflozin)	5 mg (02435462); 10 mg (02435470)	SA	✓
Invokana® (Canagliflozin)	100 mg (02425483); 300 mg (02425491)	SA	✓ (LU)
Jardiance® (Empagliflozin)	10 mg (02443937); 25 mg (02443945)	SA	✓
SGLT-2 Inhibitors Combinations			
Invokamet (Invokana®/ Metformin)	50/ 500 mg (02455404); 50/ 850 mg (02455412); 50/ 1000 mg (02455420); 150/ 500 mg (02455439); 150/ 850 (02455447); 150/ 1000 mg (02455455)	NO	NO
Glyxambi®(Empagliflozin/Linagliptin)	10 mg/5 mg (02459752); 25 mg/5 mg (02459760)	NO	NO
Synjardy (Jardiance®/ Metformin)	5/ 500 mg (02456575); 5/ 850 mg (02456583); 5/1000 mg (02456591); 12.5/ 500mg (02456605); 12.5/850mg (02456613); 12.5/ 1000 mg (02456621)	SA	✓
Xigduo (Forxiga®/ Metformin)	5 mg/ 850 mg (2449935); 5 mg/ 1000 mg (2449943)	SA	✓

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Sulfonylureas - Insulin Secretagogues			
Amaryl® (Glimepiride/generic)	1 mg or 2 mg or 4 mg (generic)	✓	NO
Diabeta® (Glyburide/generic)	2.5 mg or 5 mg (generic)	✓	✓
Diamicron MR® (Gliclazide MR)	30 mg or 60 mg (generic)	✓	✓
Diamicron® (Gliclazide/ generic)	80 mg (generic)	✓	✓
Gluconorm® (Repalginide)	0.5 mg or 1 mg or 2 mg (generic)	✓	✓
Thiazoladinediones (TZDs)			
Actos® (Pioglitazone)	15mg or 30mg or 45mg (generic available)	SA	✓ (LU)
Glucagon			
Glucagon 1mg IM dose (02243297)		✓	✓
Glucagen Hypo Kit 1mg IM dose (02333627)		✓	✓
Baqsimi (glucagon nasal powder) 3mg dose (02492415)		NO	NO