

Diabetes medications covered under PEI Pharmacare’s Diabetes Drug Program

To access the form to register clients: <https://www.princeedwardisland.ca/en/information/health-pe/ diabetes-drug-program>

CLASS	GENERIC NAME	COMMON BRAND NAME	CLIENT COST UNDER PEI PHARMACARE	
Oral agents				
AGI	Acarbose	Glucobay	\$5.00 per oral medication prescription	
Secretagogues	Glicazide	Diamicron		
		Diamicron MR		
	Glyburide	Diabeta	\$5.00 per oral medication prescription	
	Glimepiride	Amaryl	\$11.00 per oral medication prescription	
	Repaglinide	GlucoNorm	Not covered	
Biguanide	Metformin	Glucophage	\$5.00 per oral medication prescription	
		Glumetza	Not covered	
TZDs	Pioglitazone	Actos	\$11.00 per oral medication prescription	
	Rosiglitazone (+Metformin)	Avandia (Avandamet)	Not covered	
DPP-4 inhibitors	Sitagliptin (+Metformin)	Januvia (Janumet /Janumet XR)	* <u>Special Authorization Request</u> : See criteria on reverse https://www.princeedwardisland.ca/sites/default/files/forms/dpp-4_sglit2_inhibitors_special_authorization_request_form.pdf	
	Saxagliptin (+Metformin)	Onglyza (Komboglyze)		
	Linagliptin (+Metformin)	Trajenta (Jentadueto)		
SGLT-2 inhibitors	Canagliflozin	Invokana	<i>If approved</i> through SA request, \$5.00 per oral medication prescription*	
	Empagliflozin	Jardiance		
	Empagliflozin + Metformin	Synjardy		
	Dapagliflozin (+Metformin)	Forxiga (Xigduo)	\$5.00 per oral medication prescription	
	Canagliflozin + Metformin	Invokamet	Not covered	
GLP-1 agonists	Semaglutide	Ozempic (once weekly)	* <u>Special Authorization Required</u> : See criteria on reverse <i>If approved</i> through SA request, \$5.00 per 4 weeks of injections (max dose 1mg/week)*	
	Liraglutide	Victoza (daily)	Not covered	
	Dulaglutide	Trulicity (once weekly)	Not covered	
	Semaglutide (tablets)	Rybelsus (oral – daily)	<u>Special Authorization Required</u> : See criteria on reverse. <i>If approved</i> through SA request, \$5.00 per oral medication prescription*	
Insulin			Client cost (10ml vial or 3ml cartridge)	Disposable pen?
Prandial / Bolus/ Mealtime insulin	Aspart	Novorapid	Not covered (Vials covered only for insulin pump users - Biosimilar Insulin Switching Initiative exemption criteria)	No (as of July 2023)
		Trurapi	\$5.00/vial or \$5.00/box of cartridges or prefilled pens <i>*Kirsty only available as a prefilled pen</i>	Trurapi Solostar
		Kirsty (*pen only)		Kirsty: Yes
	Lispro	Humalog	Not covered	Humalog Kwikpen
		Admelog	\$5.00/vial or \$5.00/box of cartridges or prefilled pens	Admelog Solostar
	Glulisine	Apidra		Apidra Solostar
		Humulin R		Humulin R: No
	Regular	Novolin Toronto		Novolin Toronto: No
	Faster acting Aspart	Fiasp	Not covered	Fiasp Flextouch
Basal insulin	NPH	Humulin N	\$5.00/vial or \$5.00/box of cartridges	Humulin N Kwikpen
		Novolin NPH		Novolin NPH: No
	Glargine U100	Basaglar	\$5.00/box of cartridges or prefilled pens ** Semglee only available as pre-filled pen	Basaglar Kwikpen
		Semglee **		Semglee: Yes
		Lantus	Not Covered	Lantus Yes; Solostar
	Degludec U100 & U200	Tresiba	\$5.00/box of pre-filled insulin pens	Tresiba: Yes
	Detemir	Levemir	* <u>Special Authorization Request</u> – See criteria on reverse https://www.princeedwardisland.ca/sites/default/files/forms/long_acting_insulin_analogues_special_authorization_request_form.pdf <i>If approved</i> • Levemir is \$10.00/vial or \$20.00/box of cartridges or pre-filled pens Toujeo is \$5.00/ box and is only available in prefilled pens	Levemir No Yes; Toujeo U-300 is only available as pre-filled Solostar pen
Glargine U300	Toujeo			
Other	Human Biosynthetic U500	Entuzity	* <u>Special Authorization Request</u> : For clients with TDD of >200 units of insulin. Available only as a disposable pen, \$5.00 / box	Kwikpen
Pre-mix insulin	Premix Regular-NPH	Humulin 30/70	\$5.00/vial or \$5.00/box of cartridges	Humulin 30/70: No
		Novolin 30/70, 40/60, 50/50		Novolin premix: No
	Biphasic insulin aspart	NovoMix 30	Not covered	Flextouch - not covered
	Insulin lispro/ lispro protein suspension	Humalog Mix25	\$5.00/vial or \$5.00/box of cartridges or prefilled pens	Humalog Mix 25 Kwikpen
		Humalog Mix 50	Not covered	Kwikpen- not covered
Glucagon	Glucagon- intranasal	Baqsimi 3mg	\$5.00 per device	
	Glucagon- injectable	Glucagon kit 1mg/ml	**If more than 2 devices required in a 12-month period, Special Auth must be submitted	
Non medication coverage				
Blood glucose test strips		Client must have been dispensed insulin within the last 150 days. \$11 per prescription, maximum of 100 strips per 25 days		
Urine ketone test strips		\$11 per prescription for urine ketone strips.		
Insulin Pump and pump supplies		Income tested program, provides 60% to 100% coverage for pump and supplies for those under age 25 years		
Glucose Sensor Program		Requirement: 3 or more insulin injections / day or insulin pump. Monthly cost (income tested) between \$0 to \$80		
Blood ketone test strips, Blood glucose lancets, Insulin pen needles or Insulin syringes				Not covered

Category	Special Authorization Criteria
DPP-4 inhibitors	<p><u>Criteria 1: Add on therapy</u></p> <p>DPP-4 inhibitor or SGLT-2 inhibitor as add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on:</p> <ul style="list-style-type: none">• a sufficient trial (i.e. a minimum of 6 months) of metformin, AND• a sulfonylurea, AND• for whom insulin is not an option.• Or, for whom these products are contraindicated. <p>• For approval of combination products, are already stabilized on a DPP-4 inhibitor + metformin or SGLT2 inhibitor + metformin and want to replace the individual components</p> <p>OR</p> <p><u>Criteria 2: Secondary prevention – Special Authorization for either:</u></p> <ul style="list-style-type: none">➤ EMPAgliflozin (Jardiance) OR➤ EMPAgliflozin/metformin (Synjardy) if already approved for EMPAgliflozin and stabilized on individual components <p>As an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular (CV) death in patients with <u>Type 2 diabetes mellitus and established cardiovascular disease</u>, who have inadequate glycemic control despite a sufficient trial of metformin.</p> <p><u>Clinical notes:</u> Established cardiovascular disease is defined as one of the following (details must be provided):</p> <ul style="list-style-type: none">• History of myocardial infarction (MI)• Multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status)• Single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection• Last episode of unstable angina >2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease• History of ischemic or hemorrhagic stroke• Occlusive peripheral artery disease
SGLT-2 inhibitors	
Semaglutide (Ozempic) Pen injector 0.25 to 0.5 mg per dose OR 1 mg per dose Rybelsus (oral – daily)	<p><u>Criteria:</u></p> <p>For the treatment of type 2 diabetes, in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control. Approvals for a maximum of 1 pre-filled pen every 4 weeks.</p> <p>Document on modified generic SA form</p>
Levemir (Detemir U100) Criteria #1 or #2	<p><u>Criteria:</u></p> <ul style="list-style-type: none">• For the treatment of <u>pediatric and adolescent</u> patients with type 1 diabetes requiring insulin. Requests for pediatric and adolescent patients will be approved with an automatic Special Authorization tool within the electronic claims system.• For the treatment of <u>pregnant individuals</u> with diabetes requiring insulin therapy. Requests for pregnant patients will require a written Special Authorization
Toujeo (Glargine U300) Criteria #1, #2 or #3	<p><u>Criteria:</u></p> <ul style="list-style-type: none">• For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring insulin and have previously used all eligible open benefit long-acting insulin analogues at optimal dosing AND have experienced unexplained hypoglycemia at least once a month despite optimal management• For the treatment of patients who have been diagnosed with type 1 or type 2 diabetes requiring high dose insulin.

Note: As of June 2024, Originator Insulins are no longer covered under the DDP per the Biosimilar Insulin Switching initiative unless specific exemption criteria are met