

# ANTIDIABETICS

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Rx	Dosage form	Strength and dosage schedule	eGFR (mL/min/1.73m <sup>2</sup> )				↓ % A1C (+ MET)	Weight (+ MET)	Hypo risk	CV outcomes (MACE)	Cardio-renal benefits	NIHB reimbursement criteria (Non-Insured Health Benefits program)			
			<15 or dialysis	15-29	30-44	45-59						Open benefit	Limited use benefit (prior authorization required)	Drug not listed <sup>†</sup>	Criteria required for restricted drug application
<b>Metformin</b> 1	GLUCOPHAGE (Metformin)	500 - 850 mg BID/TID (max. 850 mg TID/1000 mg BID)		500 mg QD (do not initiate)	500 mg BID		Neutral	Rare	-	-	✓			-	
	GLUMETZA (Metformin)	500 - 1000 mg QD (max. 2000 mg QD)			1000 mg QD			Rare				✓		-	
<b>SGLT2i</b> 2**	INVOKANA (Canagliflozin)	100 - 300 mg QD		Continue treatment	100 mg (Recommended for cardio-renal benefit. Lower glycemic efficacy.)	↓↓↓ 0.8 to 0.9%	↓↓ 3.3 to 4.0 kg	Rare	POSITIVE <sup>1</sup> (established ASCVD)	↓ HHF <sup>3</sup> ↓ prog. of nephropathy <sup>4</sup>		✓		Uncontrolled T2D and intolerance to MET and SU	
	JARDIANCE (Empagliflozin)	10 - 25 mg QD			Recommended for cardio-renal benefit. Lower glycemic efficacy.	↓↓↓ 0.7 to 0.8%	↓↓ 2.1 to 3.1 kg	Rare			✓			-	
	FORXIGA (Dapagliflozin)	5 - 10 mg QD				↓↓↓ 0.5 to 0.8%	↓↓ 2.9 to 3.2 kg	Rare	NEUTRAL		✓			-	
<b>GLP-1 RA</b> INCRETINS	VICTOZA (Liraglutide)	0.6 mg QD x 1 week 1.2 mg QD x 1 week 1.8 mg QD (optional)	NR			↓↓↓↓ 1.0 to 1.5%	↓↓ 2.6 to 3.4 kg	Rare					✓	-	
	TRULICITY (Dulaglutide)	0.75 mg Q1W x 2 weeks 1.5 mg Q1W (optional)	Caution			↓↓↓↓ 1.0 to 1.4%	↓↓ 2.7 to 3.1 kg	Rare	POSITIVE <sup>2</sup> (established ASCVD and/or >60 yo with 2 CV risk factors)	↓ albuminuria <sup>5</sup>			✓	-	
	OZEMPIC (s.c. semaglutide)	0.25 mg Q1W x 4 weeks 0.5 mg Q1W x 4 weeks 1 mg Q1W (optional)	NR	Caution		↓↓↓↓ 1.3 to 1.6%	↓↓↓ 4.2 to 5.8 kg	Rare			✓			-	
	RYBELSUS (oral semaglutide)	3 mg QD x 4 weeks 7 mg QD x 4 weeks 14 mg QD (optional) On empty stomach upon waking, with a sip of water, 30 min before food/drink	NR			↓↓↓↓ 1.0 to 1.3%	↓↓ 2.2 to 3.8 kg	Rare	NEUTRAL (superiority study ongoing)				✓	-	
<b>DPP-4i</b>	JANUVIA (Sitagliptin)	100 mg QD		25 mg	50 mg	↓↓ 0.7%		Rare				✓		Uncontrolled T2D and intolerance to MET and SU	
	TRAJENTA (Linagliptin)	5 mg QD	Caution			↓↓ 0.5%		Rare	NEUTRAL		✓			-	
	NESINA (Alogliptin)	25 mg QD		6.25 mg	12.5 mg	↓↓ 0.6%		Rare				✓		-	
	ONGLYZA (Saxagliptin)	5 mg QD	NR	2.5 mg		↓↓ 0.7%		Rare		↑ HHF	✓			-	
<b>α-glucosidase</b>	GLUCOBAY (Acarbose)	50 - 100 mg TID				↓ 0.6%	Neutral	Rare	NEUTRAL		✓			-	
<b>Secretagogues</b>	DIABETA (Glyburide)	2.5 - 5 mg QD/BID (max. 10 mg BID)			Caution	↓↓ 0.5 to 1.0%	↑ 1.5 kg	++			✓			-	
	DIAMICRON (Gliclazide)	80 mg (max. 160 BID) MR 30 - 60 mg (max. 120 QD)	NR			↓↓ 0.5 to 1.0%	↑ 1.5 kg	+			✓			-	
	AMARYL (Glimepiride)	1 - 2 - 4 mg (max. 8 QD)	NR	Caution		↓↓ 0.5 to 1.0%	↑ 1.5 kg	++	NEUTRAL			✓		-	
	GLUCONORM (Repaglinide)	0.5 - 1 - 2 mg TID (max. 4 QID)	Caution			↓↓ 0.5 to 1.0%	↑ 1.6 kg	+			✓			-	
<b>TZD</b>	ACTOS (Pioglitazone)	15 - 30 - 45 mg QD	Caution			↓↓↓↓ 0.9 to 1.5%	↑↑ 1.5 to 2.8 kg	Rare	NEUTRAL	↑ HF	✓			Generic only	
	AVANDIA (Rosiglitazone)	2 - 4 - 8 mg QD	Caution			↓↓↓↓ 0.9 to 1.5%		Rare				✓		-	
<b>GLP-1 RA + basal insulin combination (s.c. injection)</b>	SOLIQUA (Insulin glargine and lixisenatide)	15 U QD (if <30 U basal ins.) or 30 U (if ≥30 U basal ins.) 1 hour prior to the first meal Adjust ±2 to 4 U Q1W (max. 60 U glargine/20 µg lixi.)				↓↓↓↓↓ 1.1 to 1.6%	↓ 0.3 to 0.7 kg	+++			✓			-	
	XULTOPHY (Insulin degludec and liraglutide)	16 U QD Adjust ±2 U every 3-4 days (max. 50 U degludec/ 1.8 mg liraglutide)	NR			↓↓↓↓↓ 1.5 to 1.9%	↓ 0.5 to 2.7 kg	+++				✓		-	

BASAL INSULIN	Rx	Pen	Delivery system and max. unit dose	Duration of action	Hypo risk	Coverage	MEALTIME INSULIN		Rx	Pen	Delivery system and max. unit dose	Onset of action	Coverage	
							Ultra-fast	Fast						Regular
Ultra-long-acting	TRESIBA U100 (Degludec)		FlexTouch (max. 80 U)	42 hours	+	Open benefit	MEALTIME INSULIN	Ultra-fast	FIASP (Ultra-fast aspart)		Cartridge FlexTouch (max. 80 U)	4 minutes	Drug not listed <sup>†</sup>	
	TRESIBA U200 (Degludec)		FlexTouch (max. 160 U)	42 hours	+	Open benefit			NOVORAPID (Aspart)		Cartridge FlexTouch (max. 80 U)	9-20 minutes	Open benefit	
	TOUJEO U300 (Glargine)		SoloSTAR (max. 80 U) DoubleSTAR (max. 160 U)	Up to 36 hours	+	Open benefit			HUMALOG U100 (Lispro)		Cartridge KwikPen (max. 60 U)	10-15 minutes	Open benefit	
	Long-acting	LANTUS U100 (Glargine)		Cartridge SoloSTAR (max. 80 U)	24 hours	+++			Open benefit	HUMALOG U200 (Lispro)		KwikPen (max. 60 U)	10-15 minutes	Open benefit
		BASAGLAR (Biosimilar glargine)		Cartridge KwikPen (max. 80 U)	24 hours	+++			Open benefit	ADMELOG (Biosimilar lispro)		SoloSTAR (max. 80 U)	10-15 minutes	Open benefit
		LEVEMIR (Detemir)		Cartridge FlexTouch (max. 80 U)	16-24 hours	+++			Open benefit	APIDRA (Glulisine)		Cartridge SoloSTAR (max. 80 U)	10-15 minutes	Open benefit
	Intermediary	HUMULIN N NOVOLIN NPH		N: cartridge, KwikPen (max. 60 U) NPH: cartridge	18 hours	+++			Open benefit	Regular	HUMULIN R NOVOLIN GE TORONTO		HUMULIN R: cartridge, KwikPen (max. 60 U) NOVOLIN GE TORONTO: cartridge	30 minutes

Recommendations based on Diabetes Canada guidelines. \* Exception drugs are drug products which are not listed in the DBL. These drug products may be approved in special circumstances upon receipt of a completed "Exception Drugs Request Form" from the attending licensed practitioner. | 1\* Metformin is the first line of treatment. 2\*\* SGLT2i and GLP-1 RA should be favoured after metformin in patients with CV comorbidity and/or in poorly controlled patients in whom it is desirable to promote CV benefits and/or weight loss while minimizing the risk of hypoglycemia. | Results of CV studies (evidence level A and B in *italics*): 1) ↓ in MACE: if established ASCVD OR if CKD. 2) ↓ in MACE: if established ASCVD OR if >60 yo with 2 risk factors (tobacco, HBP, DLD, obesity) OR if CKD. 3) ↓ in HHF: if history of HF OR if CKD OR if established ASCVD OR if >60 yo with 2 CV risk factors. 4) ↓ progression of nephropathy: if CKD OR if established ASCVD. 5) ↓ albuminuria: if established ASCVD.

ASCVD: atherosclerotic cardiovascular disease | CAD: coronary artery disease | CKD: chronic kidney disease | CV: cardiovascular | DLD: dyslipidemia | eGFR: estimated glomerular filtration rate | HBP: high blood pressure | HF: heart failure | HHF: hospitalization for heart failure | MACE: major adverse cardiovascular events | MET: metformin | NR: not recommended | PAD: peripheral artery disease | prog.: progression | Q1W: once weekly | QID: four times a day | s.c.: subcutaneous | SU: sulfonylurea | Reference: Efficacy on A1C and weight lowering data as add-on to metformin have been taken from product monographs or from head-to-head trials. | This guide reflects current standards and the author's opinion. It does not replace clinical judgement and should only be used as a reference. | Some products are not represented on the chart as they are rarely prescribed. | 2020 © Photos by Vigilance Santé inc.