

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	RAMQ reimbursement criteria				
			<15 or dialysis	15-29	30-44	45-59						Monotherapy MET + SU contraindicated or not tolerated	In conjunction If the other agent is contraindicated, not tolerated, or ineffective		Combination EN 150: SU contraindicated, not tolerated, or ineffective; and MET stable for last 1 month EN 219: MET stable for 1 month; recognized indication for empagliflozin	
												+ MET	+ SU	Cardiovascular EN 179: In combination with other Rx, presence of CAD or PAD; A1C ≥7%		
<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				Covered	-	Covered	-	
	GLUMETZA (Metformin)	500 - 1000 mg QD (max. 2000 mg QD)			1000 mg QD			Rare				Private ins.	-	Private ins.	-	
<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>	EN 167	EN 148	EN 149	Invokamet 50 - 150/500 - 1000 Private ins.
	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			EN 167	EN 148	Private ins.	Synjardy 5 - 12.5/500 - 850 - 1000   EN 219 Glyxambi (empa + lina) 10/5 - 25/5   Private ins. Jardiance: EN 179
	FORXIGA (Dapagliflozin)	5 - 10 mg QD				↓↓↓	0.5 to 0.8%	↓↓	2.9 to 3.2 kg	Rare	NEUTRAL		Private ins.	EN 148	EN 149	Xigduo 5/850 - 1000   EN 150 QTern (dapa + saxa) 5/5 - 10/5   Private ins.
<b>GLP-1 RA</b> 2**	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			Exception drug Not at target + MET; BMI >30.0 kg/m <sup>2</sup> ; DPP-4i is ineffective, contraindicated, and/or not tolerated. 12 months per authorization (first continuation: ↓ A1C ≥0.5% or a value <7%)			-
	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			Exception drug In association with MET, where a SU is contraindicated, not tolerated or ineffective			-
	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)			Private ins.		
<b>DPP-4i</b>	JANUVIA (Sitagliptin)	100 mg QD		25 mg	50 mg	↓↓	0.7%			Rare			EN 167	EN 148	Private ins.	Janumet 50/500 - 850 - 1000 Janumet XR 50/500 - 1000; 100/1000 EN 150
	TRAJENTA (Linagliptin)	5 mg QD	Caution			↓↓	0.5%		Neutral	Rare	NEUTRAL		EN 167	EN 148	Private ins.	Jentaduetto 2.5/500 - 850 - 1000 EN 150
	NESINA (Alogliptin)	25 mg QD		6.25 mg	12.5 mg	↓↓	0.6%			Rare			EN 167	EN 148	EN 149	Kazano 12.5/500 - 850 - 1000 EN 150
	ONGLYZA (Saxagliptin)	5 mg QD	NR	2.5 mg		↓↓	0.7%			Rare		↑ HHF	Private ins.	EN 148	EN 149	Komboglyze 2.5/500 - 850 - 1000 EN 150
<b>α-glucosidase</b>	GLUCOBAY (Acarbose)	50 - 100 mg TID			↓	0.6%	Neutral	Rare	NEUTRAL				Covered			
<b>Secretagogues</b>	DIABETA (Glyburide)	2.5 - 5 mg QD/BID (max. 10 mg BID)			Caution	↓↓	0.5 to 1.0%	↑	1.5 kg	++					Covered	-
	DIAMICRON (Gliclazide)	80 mg (max. 160 BID) MR 30 - 60 mg (max. 120 QD)	NR			↓↓	0.5 to 1.0%	↑	1.5 kg	+					Covered	-
	AMARYL (Glimepiride)	1 - 2 - 4 mg (max. 8 QD)	NR	Caution		↓↓	0.5 to 1.0%	↑	1.5 kg	++	NEUTRAL		EN 23	EN 23		-
	GLUCONORM (Repaglinide)	0.5 - 1 - 2 mg TID (max. 4 QID)	Caution			↓↓	0.5 to 1.0%	↑	1.6 kg	+					Covered	-
<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	EN 121	EN 118	EN 119	EN 117 (For patients with CKD) EN 120 (In combination with MET + SU when insulin is indicated, but the patient is unable to receive it)
	AVANDIA (Rosiglitazone)	2 - 4 - 8 mg QD	Caution			↓↓↓↓	0.9 to 1.5%	↑↑	1.5 to 2.8 kg	Rare	NEUTRAL		EN 121	EN 118	EN 119	
<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	+++					Private ins.	-
	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	+++					Private ins.	-

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					
Ultra-long-acting	TRESIBA U100 (Degludec)		FlexTouch (max. 80 U)	42 hours	+	Covered	MEALTIME INSULIN	Ultra-fast	FIASP (Ultra-fast aspart)	Cartridge FlexTouch (max. 80 U)	4 minutes	Private ins.	
	TRESIBA U200 (Degludec)		FlexTouch (max. 160 U)	42 hours	+	Covered		Fast	NOVORAPID (Aspart)	Cartridge FlexTouch (max. 80 U)	9-20 minutes	Covered	
	TOUJEO U300 (Glargine)		SoloSTAR (max. 80 U) DoubleSTAR (max. 160 U)	Up to 36 hours	+	Covered		Fast	HUMALOG U100 (Lispro)	Cartridge KwikPen (max. 60 U)	10-15 minutes	Private ins.	
	LANTUS U100 (Glargine)		Cartridge SoloSTAR (max. 80 U)	24 hours	+++	Private ins.		Fast	HUMALOG U200 (Lispro)	Cartridge KwikPen (max. 60 U)	10-15 minutes	Covered	
	BASAGLAR (Biosimilar glargine)		Cartridge KwikPen (max. 80 U)	24 hours	+++	Covered		Fast	ADMELOG (Biosimilar lispro)	SoloSTAR (max. 80 U)	10-15 minutes	Covered	
	LEVEMIR (Detemir)		Cartridge FlexTouch (max. 80 U)	16-24 hours	+++	Covered		Fast	APIDRA (Glulisine)	Cartridge SoloSTAR (max. 80 U)	10-15 minutes	Covered	
Intermediary	HUMULIN N NOVOLIN NPH		N: cartridge, KwikPen (max. 60 U) NPH: cartridge	18 hours	+++	Covered	Regular	HUMULIN R NOVOLIN GE TORONTO	HUMULIN R: cartridge, KwikPen (max. 60 U) NOVOLIN GE TORONTO: cartridge		30 minutes	Covered	

Recommendations based on Diabetes Canada guidelines.  
 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.