































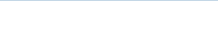


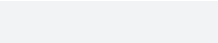





















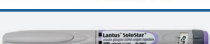









Rx	Dosage form	Strength and dosage schedule	eGFR (mL/min/1.73m ²)				↓ % A1C (+ MET)	Weight (+ MET)	Hypo risk	CV outcomes (MACE)	Cardio-renal benefits	Public provincial reimbursement criteria (Alberta, Saskatchewan & Manitoba)		
			<15 or dialysis	15-29	30-44	45-59						Open benefit	Special authority/ Exception drug status (EDS)	Drug not listed
Metformin 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						
SGLT2i 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 ¹ (established ASCVD)	↓ HHF ³ ↓ prog. of nephropathy ⁴				
	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					
GLP-1 RA 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	POSITIVE ² (established ASCVD and/or >60 yo with 2 CV risk factors)	↓ albuminuria ⁵				
	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						
	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)					
DPP-4i	JANUVIA (Sitagliptin)	100 mg QD		25 mg	50 mg	↓↓ 0.7%		Rare						
	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				
α-glucosidase	GLUCOBAY (Acarbose)	50 - 100 mg TID				↓ 0.6%	Neutral	Rare	NEUTRAL					
Secretagogues	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	+						
TZD	ACTOS (Pioglitazone)	15 - 30 - 45 mg QD	Caution			↓↓↓↓ 0.9 to 1.5%	↑↑ 1.5 to 2.8 kg	Rare	NEUTRAL	↑ HF				
	AVANDIA (Rosiglitazone)	2 - 4 - 8 mg QD	Caution			↓↓↓↓ 0.9 to 1.5%		Rare						
GLP-1 RA + basal insulin combination (s.c. injection)	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					
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
	TRESIBA U200 (Degludec)		FlexTouch (max. 160 U)	42 hours	+	Open benefit			NOVORAPID (Aspart)		Cartridge FlexTouch (max. 80 U)	9-20 minutes	EDS Open benefit
	TOUJEO U300 (Glargine)		SoloSTAR (max. 80 U) DoubleSTAR (max. 160 U)	Up to 36 hours	+	Drug not listed			HUMALOG U100 (Lispro)		Cartridge KwikPen (max. 60 U)	10-15 minutes	Open benefit
	LANTUS U100 (Glargine)		Cartridge SoloSTAR (max. 80 U)	24 hours	+++	Drug not listed			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	Drug not listed 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	Open benefit	

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: sulfonurea | 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. | Alberta Drug Benefit List: https://www.ab.bluecross.ca/dbl/dbl_main1.php | Saskatchewan Drug Plan: <https://formulary.drugplan.healthsask.ca/SearchFormulary/BG/455680> | Manitoba Exception Drug Status: <https://www.gov.mb.ca/health/medbif/docs/edsnotice.pdf> | 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.