Quebec

ANTIDIABETICS FOR TYPE 2 DIABETES

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	Rx	Dosage form	Strength and dosage schedule	eGFR (mL/min/1.73m²) <15 or dialysis	eGFR 15–29	eGFR 30–44	eGFR 45–59	↓ % A1C (+ MET)	Weight (+ MET)	Hypo risk	Major Adverse Cardiovascular Events‡	Cardiorenal Benefits	RAMQ: Monotherapy MET + SU contraindicated or not tolerated	RAMQ: In conjunction If the other agent is contraindicated, not tolerated, or ineffective + MET	RAMQ: In conjunction If the other agent is contraindicated, not tolerated, or ineffective + SU	RAMQ: Combination
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**	–	–	**Covered**	–	**Covered**	–
	GLUMETZA (Metformin)		500 - 1000 mg QD (max. 2000 mg QD)			1000 mg QD		–		**Rare**			Private ins.	–	Private ins.	–
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 Atherosclerotic Cardiovascular Disease)	**↓ Hospitalization for Heart Failure**[3] **↓ progression of Nephropathy**[4]	**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		Continue treatment			↓↓↓ 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.
INCRETINS **GLP-1 RA**	**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 Atherosclerotic Cardiovascular Disease AND/OR >60 yo with 2 CV risk factors)	**↓ Albuminuria**[5]	**Exception drug** *Not at target + MET; BMI >30.0 kg/m²; 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**						–
	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 30 days 7 mg QD x 30 days 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.			–
DPP-4i	**JANUVIA** (Sitagliptin)		100 mg QD		25 mg	50 mg		↓↓ 0.7%	**Neutral**	**Rare**	**NEUTRAL**	–	**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%		**Rare**			**EN 167**	**EN 148**	Private ins.	**Jentadueto** 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**		**↑ Hospitalization for Heart Failure**	Private ins.	**EN 148**	**EN 149**	**Komboglyze** 2.5/500 - 850 - 1000 **EN 150**
α-glucosidase	**GLUCOBAY** (Acarbose)		50 - 100 mg TID					↓ 0.6%	**Neutral**	**Rare**	**NEUTRAL**	–	**Covered**			–
Secretagogues	**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**		–	–
TZD	**ACTOS** (Pioglitazone)		15 - 30 - 45 mg QD		Caution			↓↓↓↓ 0.9 to 1.5%	↑↑ 1.5 to 2.8 kg	**Rare**	**NEUTRAL**	**↑ Heart Failure**	**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%		**Rare**			**EN 121**	**EN 118**	**EN 119**	

RAMQ reimbursement criteria ⚜

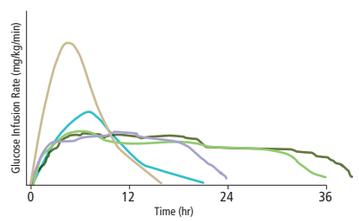
Monotherapy MET + SU contraindicated or not tolerated

In conjunction If the other agent is contraindicated, not tolerated, or ineffective: + MET | + SU

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

Cardiovascular
EN 179: In combination with other Rx, presence of CAD or PAD; A1C ≥7%

	Rx	Pen	Delivery system	Dosage† Initiation	Dosage† Titration	Dosage† Switch	Hypo risk	RAMQ coverage	Duration of action
BASAL INSULIN Long-acting	**TRESIBA U100** (Degludec) **TRESIBA U200**		FlexTouch (max. 80 U) / FlexTouch (max. 160 U)	10 U at any time of day	2 units every 3–4 days OR 4 units once a week until targets reached (4.0 to 7.0 mmol/L)	1:1 (↓ by 20% when switched from TOUJEO or twice daily insulin)	+	**Covered**	
	TOUJEO U300 (Glargine)		SoloSTAR (max. 80 U) / DoubleSTAR (max. 160 U)	10 U at bedtime or in the morning	1 unit per day until targets reached (4.0 to 7.0 mmol/L)	1:1 (↓ by 20% when switched from twice daily insulin)	+	**Covered**	
	LANTUS U100 (Glargine)		Cartridge SoloSTAR (max. 80 U)	10 U at bedtime or in the morning	1 unit per day until targets reached (4.0 to 7.0 mmol/L)	1:1 (↓ by 20% when switched from TOUJEO or twice daily insulin)	++	Private insurance (Plan dependent)	
	BASAGLAR (Biosimilar glargine)		Cartridge KwikPen (max. 80 U)	10 U at bedtime or in the morning	1 unit per day until targets reached (4.0 to 7.0 mmol/L)	1:1 (↓ by 20% when switched from TOUJEO or twice daily insulin)	++	**Covered**	
	LEVEMIR (Detemir)		Cartridge FlexTouch (max. 80 U)	10 U at bedtime or in the morning	1 unit per day until targets reached (4.0 to 7.0 mmol/L)	1:1 (↓ by 20% when switched from twice daily insulin)	++	**Covered**	
Inter-mediary	**HUMULIN N** / **NOVOLIN NPH**		Cartridge, KwikPen (max. 60 U) / Cartridge	10 U at bedtime	1 unit per day until targets reached (4.0 to 7.0 mmol/L)	1:1	+++	**Covered**	



TRESIBA U100 | U200	>42h
TOUJEO U300	up to 36h
LANTUS U100 | BASAGLAR	24h
LEVEMIR	up to 24h
HUMULIN N | NOVOLIN NPH	12-18h

Hirsch IB. N Engl J Med. 2005; 352:174-83.
Flood TM. J Fam Pract. 2007; 56(suppl 1):S1-S12.
Becker RH et al. Diabetes Care. 2015; 38:637-43.
Tim Heise. Expert Opinion on Drug Metabolism & Toxicology: 2015; 11:8, 1193-1201.

	Rx	Pen	Delivery system	Onset	RAMQ coverage
MEALTIME INSULIN Fast	**FIASP** (Faster aspart)		Cartridge FlexTouch (max. 80 U)	4 min	Private insurance (Plan dependent)
	NOVORAPID (Aspart)		Cartridge FlexTouch (max. 80 U)	9–20 min	Private insurance (Plan dependent)
	TRURAPI (Biosimilar aspart)		Cartridge SoloSTAR (max. 80 U)	9–20 min	**Covered**
	HUMALOG U100 (Lispro) **HUMALOG U200**		Cartridge, KwikPen (max. 60 U) / KwikPen (max. 60 U)	10–15 min	Private insurance (Plan dependent) **Covered**
	ADMELOG (Biosimilar lispro)		Cartidge SoloSTAR (max. 80 U)	10–15 min	**Covered**
	APIDRA (Glulisine)		Cartridge SoloSTAR (max. 80 U)	10–15 min	**Covered**
Regular	**HUMULIN R** / **NOVOLIN GE TORONTO**		Cartridge, KwikPen (max. 60 U) / Cartridge	30 min	**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. † Patients on insulin should have an individualized fasting glucose targets.
‡ 3-point MACE is defined as a composite of nonfatal stroke, nonfatal myocardial infarction, and cardiovascular death.
Results of CV studies (evidence level A and *B in italic*): **1)** ↓ in MACE: if established Atherosclerotic Cardiovascular Disease OR *if CKD.* **2)** ↓ in MACE: if established Atherosclerotic Cardiovascular Disease OR if >60 yo with 2 risk factors (tobacco, HBP, DLD, obesity) OR *if CKD.* **3)** ↓ in Hospitalization for Heart Failure: if history of Heart Failure OR if CKD OR *if established Atherosclerotic Cardiovascular Disease OR if >60 yo with 2 CV risk factors.* **4)** ↓ progression of nephropathy: if CKD OR *if established Atherosclerotic Cardiovascular Disease.* **5)** ↓ Albuminuria: *if established Atherosclerotic Cardiovascular Disease.*

CAD: coronary artery disease | CKD: chronic kidney disease | CV: cardiovascular | DLD: dyslipidemia
eGFR: estimated glomerular filtration rate | HBP: high blood pressure | MET: metformin | NR: not recommended
PAD: peripheral artery disease | 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.