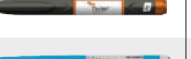
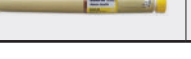


D ^r Pierre McCabe, March 2026																					
R_x													RAMQ ♣ reimbursement criteria				NIHB reimbursement criteria Non-Insured Health Benefits program for First Nations and Inuit				
													Monotherapy MET + SU Contraindicated or not tolerated	In conjunction If the other agent is contraindicated, not tolerated, or ineffective		Combination treatment EN 150 : SU contraindicated, not tolerated or ineffective; MET stable for 1 month EN 219 : Recognized indication for Empa; MET stable for 1 month	Coverage	Combination treatment coverage			
				< 15 or dialysis	15–29	30–44	45–59							+ MET	+ SU	Cardiovascular criterion EN 179 : In combination with other drugs; presence of CAD or ASCVD; A1C ≥ 7%					
1 [*] Metformin	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	–	Open Benefit	–			
	GLUMETZA (Metformin)		500 - 1000 mg QD (max. 2000 mg QD)			1000 mg QD		–		Private ins.			–	Private ins.	–	Not listed	–				
SGLT2i	INVOKANA (Canagliflozin)		100 - 300 mg QD	Do not initiate < 30mL/min; Stop if dialysis		100 mg ◊				Rare	POSITIVE	 Hospitalization for heart failure  Progression of nephropathy	EN 167	EN 148	EN 149	Invokamet 50 - 150/500 - 1000 Private ins.	Open Benefit	Invokamet (Not listed)			
	FORXIGA (Dapagliflozin)		5 - 10 mg QD	Do not initiate < 25mL/min; Stop if dialysis		◊				Rare	NEUTRAL		Private ins.	EN 148	EN 149	Xigduo 5/850 - 1000 EN 150	Open Benefit	Xigduo Open Benefit			
	JARDIANCE (Empagliflozin)		10 - 25 mg QD	Do not initiate < 20mL/min; Stop if dialysis		10 mg ◊	◊			Rare	POSITIVE		EN 167	EN 148	Private ins.	Synjardy 5 - 12.5/500 - 850 - 1000 EN 219 Jardiance EN 179	Open Benefit	Synjardy Open Benefit			
INCRETINS	GLP-1 RA	TRULICITY (s.c. Dulaglutide)	0.75 mg Q1W x 2 weeks 1.5 mg Q1W (optionnel)	Limited data						Rare	POSITIVE	 Albuminuria	Exception drugs Not at target + MET; BMI >30; DPP-4i is ineffective, contraindicated, and/or not tolerated. 12 months per authorization (first continuation:  A1C ≥ 0.5% or a value ≤ 7%)			–	Not listed	–			
		OZEMPIC (s.c. Semaglutide)	0.25 mg Q1W x 4 weeks 0.5 mg Q1W x 4 weeks 1 mg Q1W (optional)							Rare		 Progression of nephropathy	Exception drugs In association with MET, where a SU is contraindicated, not tolerated or ineffective			–	Limited Use: Uncontrolled T2D with MET or others antihyperglycemic drugs	–			
		RYBELSUS (optimized oral Semaglutide)	1.5 mg QD x 30 days 4 mg QD x 30 days 9 mg QD (optional)							Rare	POSITIVE	–				–	Limited Use: Uncontrolled T2D with MET or others antihyperglycemic drugs	–			
	AR GIP + GLP-1	MOUNJARO (Tirzepatide)	2.5 mg Q1W x 4 weeks 5 mg Q1W x 4 weeks ↑ 2.5 mg Q1W x 4 weeks Ad 10 mg or 15 mg Q1W (optional)	Limited data						Rare	(ongoing study)	–	Private ins.			–	Not listed	–			
	DPP-4i	JANUVIA (Sitagliptin)		100 mg QD	25 mg		50 mg			Neutral	Rare	NEUTRAL	–	EN 167	EN 148	Private ins.	Janumet 50/500 - 850 - 1000 EN 150 Janumet XR 50/500 - 1000; 100/1000 EN 150	Open Benefit	Janumet / Janumet XR Open Benefit		
		TRAJENTA (Linagliptin)		5 mg QD					Neutral	Rare	EN 167			EN 148	Private ins.	Jentadueto 2.5/500 - 850 - 1000 EN 150	Open Benefit	Jentadueto Open Benefit			
		NESINA (Alogliptin)		25 mg QD	6.25 mg		12.5 mg			Neutral	Rare			EN 167	EN 148	EN 149	Kazano 12.5/500 - 850 - 1000 EN 150	Not listed	Kazano (Not listed)		
		ONGLYZA (Saxagliptin)		5 mg QD		2.5 mg				Neutral	Rare		 Hospitalization for heart failure	Private ins.	EN 148	EN 149	Komboglyze 2.5/500 - 850 - 1000 EN 150	Open Benefit	Komboglyze Open Benefit		
	Alpha-glucosidase	GLUCOBAY (Acarbose)		50 - 100 mg TID								Neutral	Rare	NEUTRAL	–	Covered	Covered	Covered	–	Open Benefit	–
	Secretagogues	DIABETA (Glyburide)		2.5 - 5 mg QD/BID (max. 10 mg BID)								Neutral		–	–	Covered	Covered	–	–	Open Benefit	–
		DIAMICRON (Gliclazide)		80 mg (max. 160 mg BID) MR 30 - 60 mg (max. 120 mg DIE)		Consider reducing dose					Neutral					Covered	Covered	–	–	Open Benefit	–
		AMARYL (Glimepiride)		1 - 2 - 4 mg (max. 8 mg QD)			Caution					Neutral				EN 23	EN 23	–	–	Not listed	–
		GLUCONORM (Repaglinide)		0.5 - 1 - 2 mg TID (max. 4 mg QID)						Neutral			–	Covered		Covered	–	–	Open Benefit	–	

		Rx	Pens pre-filled	Delivery System and Maximum Single Dose	Dosage			Duration of Action	Hypo Risk	RAMQ Coverage	SSNA Coverage
					Initiation	Titration †	Switch				
BASAL INSULIN	Once-weekly	AWIQLI (Icodec)		Flextouch 1.5 ml (if < 170 U/week) and 3.0 ml (if > 170 U/week) (max. 700 U)	70 U Q1W	20 U Q1W	Daily basal insulin dose (DBID) x 7 or **	> 7 days	++	Private ins.	Not listed
	Long-acting	TRESIBA U100 (Degludec)		FlexTouch (max. 80 U)	10 U at any time of day	2 U every 3–4 days or 4 U once a week	1:1 (↓ by 20% when switched from TOUJEO or twice daily insulin)	> 42h	+	Covered	Open Benefit
		TRESIBA U200		FlexTouch (max. 160 U)							
		TOUJEO U300 (Glargine)		SoloSTAR (max. 80 U) DoubleSTAR (max. 160 U)	10 U at bedtime or in the morning	1 U QD	1:1 (↓ by 20% when switched from twice daily insulin)	Up to 36h	+	Covered	Open Benefit
		LANTUS U100 (Glargine)		Cartridge SoloSTAR (max. 80 U)					Private ins. (Plan dependent)	Covered	Open Benefit
		BASAGLAR (Biosimilar glargine)		Cartridge KwikPen (max. 80 U)	10 U at bedtime or in the morning	1 U QD	1:1 (↓ by 20% when switched from TOUJEO or twice daily insulin)	24h	++	Covered	Open Benefit
		SEMGLEE (Biosimilar glargine)		Semglee (max. 80 U)					Covered	Open Benefit	
	Intermediary	HUMULIN N		Cartridge KwikPen (max. 60 U)	10 U at bedtime	1 U QD	1:1	12 to 18h	+++	Covered	Open Benefit

		Rx	Pens pre-filled	Delivery System and Maximum Single Dose	Onset	RAMQ Coverage	NIHB Coverage
MEALTIME INSULIN	Fast	FIASP (Faster aspart)		Cartridge	4 min	Private ins. (Plan dependent)	Not listed
		NOVORAPID (Aspart)		Cartridge FlexTouch (max. 80 U)		Private ins. (Plan dependent)	Open Benefit
		TRURAPI (Biosimilar aspart)		Cartridge SoloSTAR (max. 80 U)	10-20 min	Covered	Open Benefit
		KIRSTY (Biosimilar aspart)		Kirsty (max. 80 U)		Covered	Open Benefit
		HUMALOG U100 (Lispro)		Cartridge KwikPen (max. 60 U)		Private ins. (Plan dependent)	Open Benefit
		HUMALOG U200		KwikPen (max. 60 U)		Covered	
		ADMELOG (Biosimilar lispro)		Cartridge SoloSTAR (max. 80 U)	10–15 min	Covered	Open Benefit
		APIDRA (Glulisine)		SoloSTAR (max. 80 U)		Covered	Open Benefit
	Regular	HUMULIN R		Cartridge KwikPen (max. 60 U)	30 min	Covered	Open Benefit

Recommendations based on Diabetes Canada guidelines.
1^{*} Metformin is recommended as first-line treatment. 2^{**} SGLT2i and GLP-1 RA are recommended after metformin in patients at high CV risk (established CVD or multiple CV risk factors) or with renal disease, and SGLT2i are recommended in patients with heart failure. Benefits vary from molecule to molecule.
In the absence of these conditions, 2nd-line treatment should be individualized according to clinical priorities. In cases of metabolic decompensation, the introduction of insulin is recommended, with or without metformin.
^{*} For further information, please refer to the product monograph. | [†] 3-point MACE is defined as a composite of nonfatal stroke, nonfatal myocardial infarction, and cardiovascular death.
[◊] Recommended for cardiorenal benefits. Lower glycemic efficacy.
[†] Individualized fasting blood glucose target. Usual target 4 to 7 mmol/L.
^{**} Daily basal insulin dose (DBID) x 7 x 1.5 first dose, then DBID x 7 Q1W +/- titration.
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BMI: Body Mass Index | CV: cardiovascular | DBID: Daily basal insulin dose | eGFR: estimated glomerular filtration rate | MET: metformin | QD: once per day | Q1W: once weekly | MET: metformin | s.c.: subcutaneous | SU: sulfonylurea | T2D: Type 2 diabetes.
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, D. Pierre McCabe, specialist in general internal medicine. It does not replace clinical judgement and should only be used as a reference. Some products are not represented on the chart. | © Photos by Vigilance Santé inc.