Insulin: Drug Comparison Chart Diabetes Canada'18 updated'20, ADA'23, NICE'15 updated'19

Clinical Pearls			Considerations for Insulin Therapy (Basal, Prandial, Premixed) , available OTC (schedule II)								
• Biosimilars e.g. BASAGLAR, SEMGLEE,				Many factors impact insulin response, with up to 30% day-to-day	variability. Individualized a	oproach, patient edu	cation, & fol	low-up	are key.		
 Biosinina's e.g. BASAGLAR, SEWGLEE, KIRSTY have cost saving advantages when an insulin analogue is desired with similar efficacy and safety as reference insulin. Consider NPH or long-acting insulin analogue biosimilar (i.e. glargine) for initial treatment. Rapid-acting analogues are user-friendly. Concentrated products offer comfort, convenience & an eco-friendlier Ø option for people who require large insulin doses. 			 Are: local injection site reactions e.g. pruritis, rash, dermatitis, hematoma, pain (strategies to minimize: review injection technique, change needle or insulin product); also may cause: peripheral fluid retention, ↓K*, systemic allergy (rare) Lipohypertrophy: thickening of subcut tissue due to repeated insulin injections at the same site; ↓ risk: rotate injection sites, do not reuse needle tong Story Short, Pg 51 do not inject into lipohypertrophy as variable absorption; may resolve in few mos Wt gain (least to greatest): basal (~2kg ?detemir less) < premixed insulin ≈ basal-bolus (~2-5kg) watch for ↑ wt from snacking due to frequent hypoglycemia 					y require 个/∖ anagement; f s, SGLT2 inhik M: steroids, I SSRIs, EtOH.	<mark>frail,</mark> bitors. DPP4		
				mia (least to greatest): basal < premixed insulin ≈ basal-bolus; see page 55 follow Up pg 51-52; Insulin Pen Devices pg 50; Hypoglycemia Monitor	Mixing Insulins .: less commo						gues.
		Cost (per 1500									
						mmary / Pharmac					
BAS	I		uconeogen	esis → lowers fasting & nocturnal blood glucose; ✓ T1DM & T2DM: adults							
⋧	Insulin NPH	HumuLIN N prefilled pen	<mark>\$69</mark>	 T2DM: initial insulin option; avoid if ↑ hypoglycemia risk (pg 51 & link) advantages: may delay need for lunch prandial dose if NPH dosed BID 	T2DM Evidence Summary : <i>V</i> Some advocate for a promine	vnat is the evidence o ent role while others c	not Madenido	u'18, Mona	anaiogues ami'08, CMAJ'09, ⁻	COMPAREM 10 IFP'10'18, CADTH'08	O NPH B
cloudy	HumuLIN N	cartridge	\$69	(NPH am peak provides some lunch coverage); lower cost option; can	 Mortality, macrovascular 						
вu	100units/mL NovoLIN ge NPH	vial	\$55	mix (see above); & good option for steroid-induced \uparrow BG if not already	 Similar A1c lowering among 						e.
Ç	100units/mL	NovoLIN ge NPH		on background basal insulin (NPH peak matches steroid-induced \uparrow BG, pg 52)	• Long-acting analogues m	ay reduce hypoglycen	nia; however,	, overal	l clinical be	nefit remains	s
e-A	2000	cartridge	<mark>\$62</mark>	disadvantages: PK profile non-physiologic; inconvenient (must re-suspend);	uncertain due to the follo	-					
iat	Rarely used:	vial	\$50	more erratic absorption \rightarrow BG inconsistent/variable & less smooth	 RCTs were unblinded ways 	•			•		-
Intermediate-Acting	HYPURIN NPH porcine	HYPURIN NPH		titration; insulin stacking & 个hypoglycemia (peak: NPH overlaps with prandial) • CI: IV/IM (increase hypoglycemia risk), or use with an insulin pump	 There was no difference ↓ overall (NNT=12/6-1 						
E	100units/mL	vial on SPDP, ⊗	\$173	 Administration: subcut once daily HS or BID; may titrate q1-2 days 	cohort data: one found						
nte				 prior to injection must re-suspend – roll between palms 10x & invert 	/hospitalizations.Lipska'1						
-				180° 10x; inadequate re-suspension affects insulin absorption	 Newer analogues may 						
	Insulin glargine PL	BASAGLAR	40.4	• T2DM : initial insulin option; esp 个 hypoglycemia risk (pg 51, & <u>link</u>)	e.g. insulin degludec TI						
	BASAGLAR biosimilar	prefilled pen cartridge			nocturnal hypoglycem BASAGLAR. ^{DEVOTE} 1 RCT					Ounits/ mL LA	ANTUS,
	100units/mL	SEMGLEE	, , ,	 ▲E: ? ↑ cancer risk: non-conclusive, based on observational data BASAGLAR, SEMGLEE are biosimilars for LANTUS; these glargine 	Bottom line (T2DM): in those					Based on lov	w
	SEMGLEE biosimilar	prefilled pen	<mark>\$80</mark>	100units/mL products have similar PK, A1c, & AE rates. ELEMENT 2, ABEO	quality evidence, there is						•
	100units/mL FDA'21/CDN'22 LANTUS 100units/mL	LANTUS		 Admin (100 units/mL): subcut once daily AM/HS, <u>may titrate q1-2 days</u> 	may reduce hypoglycemia						
		prefilled pen X		BID dosing: consider when >50 units/d or action does not last 24h	reduce hypoglycemia risk bey		o consider <u>co</u>	onvenie	nce, cost, &	formulary sta	atus.
clear	UJA	cartridge X▼	\$112	 <u>Concentrated insulin glargine 300units/mL (TOUJEO)</u>: EDITION 1,2,3 	Pharmacokinetics Profile: a	pproximations	Onset		Peak	Duratio	
	TOUJEO FDA/CDN'15	vial X ▼	\$112	 reserve TOUJEO for those requiring > 20units of basal insulin/day, & 	Insulin NPH HUMULIN N, NO	OVOLIN ge NPH	2-4hrs		4-10hrs	12-18hrs ^{up t}	to 24hr
ngo	300units/mL —	TOUJEO prefilled pen ^{1.5}	nL y▼\$11 2	hypoglycemia from other long-acting analogues e.g. LANTUS, BASAGLAR o not bioequivalent to insulin glargine 100 units/mL LANTUS, BASAGLAR;	Insulin glargine LANTUS, BA	ASAGLAR, SEMGLEE	2-4hrs		no peak	20-24h	irs
alo	1.5mL, 3mL Combo product:	prefilled pen 3m			Insulin glargine TOUJEO 300	units/mL	1-6hrs		no peak	24-36h	nrs
An	glargine/lixisenatide	SOLIQUA 100/33		\circ <u>advantages</u> : comfort (\downarrow injection volume), convenience & eco-friendlier	Insulin detemir LEVEMIR		1hr ^{~3.5hr 50%}	effect	6-8hrs	16-24h	hrs
li	SOLIQUA 100/33	prefilled pen ≊▼	\$228	SoloStar (450units/1.5mL pen) & DoubleStar (900units/3mL pen)	Insulin degludec TRESIBA 10	00, 200units/mL	90 mins (1-9	9hrs)	no peak	up to 42	hrs
Insulin Analogues	SoloStar max = 60 units glargine/day	see pg 44 for dosir	ng	 Admin (300 units/mL): subcut once daily, <u>may titrate every 3-4 days</u> 	• TOUJEO, TRESIBA: micro				ease & pro	longed durat	tion.
b0	Insulin detemir PL	LEVEMIR	64.20	• T2DM : for pts with hypoglycemia on NPH or \uparrow hypoglycemia risk (pg 51 & <u>link</u>)	Formulations <mark>: Pens</mark> pg 50	Prefilled Pen (dispos	able pen)	Car	tridge <mark>(reusa</mark>	<mark>ble pen)</mark> 💋	Vial
tin	LEVEMIR	cartridge	\$129	 CI: mixing with other insulins, IV/IM, or use with an insulin pump Administration: subcut once daily AM/HS, may titrate every 1-2 days 	Insulin NPH NOVOLIN ge NPH			NovoPe	n 4 or 5; max	= 60 units/inj	✓
Long-Acting	100units/mL			 Administration: Subcut once daily AM/AS, <u>may titrate every 1-2 days</u> BID may be required due to pharmacokinetics (duration 16-24hr) 	Insulin NPH HumuLIN N	KwikPen; max = 60 un	ts/ini		en Echo; max =	= 30 units/inj = 60 units/inj	✓
	Insulin degludec 👥	TRESIBA		• T2DM: for pts with hypoglycemia on long-acting analogues e.g. LANTUS, BASAGLAR	Insulin glargine BASAGLAR	KwikPen; max = 80 ur				ax=30 units/inj	
Ľ	TRESIBA	prefilled pen ^{100u}	nits/mL \$133	• CI :mixing with other insulins, IV/IM, insulin pump. Caution: peri-op \downarrow data	insulins, IV/IM, insulin pump. <u>Caution</u> : peri-op ↓data Insulin glargine LANTUS SoloStar; max = 80 units		/inj X ▼	AllStarP	9ro; max = 80	units/inj 🗶 🔻	✓
	100, 200units/mL	prefilled pen ^{200u}	^{nits/mL} \$133	Admin (100, 200 units/mL): subcut once daily, may titrate weekly			ŋ				
	Combo products:			 long duration of action may provide benefit for shift workers or those 	Insulin glargine TOUJEO	SoloStar; max = 80 units DoubleStar; max = 160 ur				Ţ	
	degludec/liraglutide			who struggle with adherence BEGIN FLEX			nus/iiij≰ ▼	NovoPe	n 4 or 5; max	= 60 units/inj	
	XULTOPHY 100/3.6	XULTOPHY 100/3.		<u>Concentrated insulin degludec 200units/mL (TRESIBA)</u> : <u>a good patien for those requiring large insulin decos</u>	Insulin detemir LEVEMIR	 FlexTouch 100units/mL; ma	(-90 unit-/:-:	NovoPe	en Echo; max =	: 30 units/inj	
	Flextouch max= 50 units degludec/day	prefilled pen X see pg 44 for dosir	-	 o good option for those requiring large insulin doses o <u>advantages</u>: comfort (↓ injection volume), convenience (eg pen ↑ by 2 	Insulin degludec TRESIBA	FlexTouch 200 units/mL; max	= 160 units /inj				
	USA: degludec/aspart		-	unit increments), eco-friendlier (600units vs 300units total/prefilled pen)	Admin, Fasting: if well-con					Otherwise	
	RYZODEG 70/30				decrease dose ~1/3 Decre	ase TRESIBA day hefo	ra tact cinca l	acte ~7	dave 305		52

Biosimilar (eg BASAGLAR, SEMGLEE): similar to the reference drug (previously authorized eg LANTUS) & has "no clinically meaningful difference in terms of safety, purity, & potency." FDA Usually less \$, most require new Rx (not interchangeable but evolving).

La Insulin: Drug Comparison Chart Diabetes Canada'18 updated'20, ADA'23, NICE'15 updated'19

M LeBras PharmD, B Jensen BSP © www.RxFiles.ca July 2023

insumi. Drug companson chart											
	Generic/TRADE *	Cost (per 1500 units)		Comments (see page 51-52 for initiating & titrating insulin)	Evidence Summary / Pharmacokinetics (PK) / Formulations					ns	
PR/	ANDIAL (MEALTIME): <mark>I</mark>	owers post-prandial or pos	st-m	neal blood glucose; ✓ T1DM & T2DM: adults, ^{all prandial} ≥ 2yrs, ^{FIASP, TRURAPI} chi	ldren HUMULIN R with basal insulin; •	✓ T1DM: ≥	2yrs, NOVORAPID	≥3yrs <mark>, ^{humal}</mark>	DG, ADMELOG >	6 yrs <mark>APID</mark>	RA
	Insulin glulisine 🛛 📊	APIDRA		• T2DM: 1 st line for most people on basal insulin & requiring prandial insulin	T2DM Evidence Summary: What is	the eviden	ce of rapid-act	ing analogu	es vs short-	icting ins	ulin?
	APIDRA	prefilled pen, cartridge \$6		\circ PK profile is more physiologic than regular insulin $ ightarrow$ more user-friendly,	Some advocate for a prominent ro	ole while ot	hers do not ^{Co}	chrane'18, CADTH'1	1, Mannucci'09, Si	ngh'09	
а,	100units/mL	vial \$5	55	minimizes need for snacks between meals to avoid lows	 <u>No difference in mortality</u>; mac 						e'18 (mod)
Ce Ce	Insulin lispro 🛛 🗖	HumaLOG		• Admin: subcut 0-15mins before, or within 15mins of consuming	It appears there is no difference						
sər	HumaLOG	prefilled pen 100units/mL \$8	-	carbohydrates/food/meal <mark>; if a meal is skipped, skip prandial insulin dose</mark>	 Cochrane review found no di (0.1.0 Gr() for an increased 						
alogu	100, 200units/mL	prefilled pen 200units/mL \$7		 if gastroparesis, inject after meal due to delayed gastric emptying required to a size of the second s	(0.1-0.6%) favouring rapid-ad			w was limite	d by trial qu	ality. Main	lucci 05
alc	ADMELOG biosimilar	cartridge \$8		 may also be used in an insulin pump ^{exceptions: HUMALOG 200units/mL} insulin lispro ^{HUMALOG, ADMELOG} & aspart ^{FIASP} may be give IV ^{DKA, but not preferred} 	No difference in severe hypogly			• · · · · · · Cochr	ane'18 (verv low a	ality evidence	
An	100units/mL	vial \$6		ADMELOG is a biosimilar for HUMALOG; TRURAPI & KIRSTY are	 Results were <u>inconsistent amor</u> <i>may</i> prevent 1 non-severe hyperbolic 	ng other ny	poglycemia ou	tcomes. cochi matic or BG <3.5m	mol/L) nor vor	r (n=0.05	·)
.⊑	USA: LYUMJEV FDA'20	ADMELOG		biosimilars for NOVORAPID. Biosimilar = similar PK, A1c, AEs to originator.	There is limited real-world & log						·).
sulin	100, 200units/mL	prefilled pen, cartridge <mark>\$6</mark> vial \$4		Not biosimilar: FIASP & NOVORAPID; LYUMJEV & HUMALOG. Contain							
Ë	to a dia a success and		+/	additives. FIASP: nicotinamide, arginine; LYUMJEV: citrate/treprostinil.							sulin
ng	Insulin aspart	vial 📾 🔻 \$6	50	\circ quicker onset but ?clinical benefit, may help \downarrow PPBG	Rapid-acting analogues often offer greater convenience for most patients (vs regular insulin)						
G	NOVORAPID	cartridge X ▼ \$7		o similar A1c & AE (hypoglycemia, Wt) between FIASP & NOVORAPID ONSET 2	Pharmacokinetics Profile: approx			Onset	Peak		ation
∀	100units/mL TRURAPI ^{CDN'20} biosimilar	TRURAPI		 CI: do not mix FIASP with other insulins 	Insulin glulisine APIDRA Insulin as			Unset	reak	Dui	ation
Rapid-Acting		prefilled pen, cartridge \$6	60	 Concentrated insulin lispro 200units/mL (HumaLOG): 	KIRSTY Insulin lispro HUMALOG 100, 2			.0-15mins	60-90min	s 3.5-	-6hrs
Ra	100units/mL KIRSTY CDN'22 biosimilar	KIRSTY		 reserve for those requiring >20 units/day of rapid-acting insulin 	Insulin aspart FIASP Insulin lispro			5-15mins	30-90min	c 2.0	5hrs
		prefilled pen \$5		• advantages: comfort (\downarrow injection volume), convenience &						-	
	100units/mL FIASP 100units/mL	FIASP ^x ⊗ vial \$62; prefilled pe	en	eco-friendlier (600units vs 300units total/prefilled pen)	Regular insulin HUMULIN R, NOVO	LIN ge TORO		0-60mins	2-3hrs		Ohrs
		\$83; cartridge \$80		 O CI: mixing with other insulins, IV, or use with an insulin pump 1st line for IV infusions ^{DC(B,2)} e.g. to treat diabetic ketoacidosis, ↑K⁺ 	Regular insulin ENTUZITY		1	.5-60mins	4-8hrs	<mark>17-</mark> 2	<mark>24hrs</mark>
	Insulin regular	HumuLIN R cartridge \$6		 <u>disadvantages</u>: PK non physiologic (delayed onset makes use prior to 	Formulations: see Pens pg 50	Prefilled P	en (disposable per) Cartrid	ge (reusable pe	n) 💋	Vial
		vial \$5		meals inconvenient but 1 RCT n=100 found no difference if taken at meal Muller'13), &	Insulin glulisine APIDRA	SoloStar; m	ax = 80 units/inj	AllStarP	ro; max = 80 u	nits/inj	✓
	100units/mL NovoLIN ge TORONTO	NovoLIN ge TORONTO		long duration may lead to \sqrt{BG} & need to snack	Insulin lispro HUMALOG 100units/mL	KwikPen; ma	ax = 60 units/inj	HumaPen Sa	ivvio; max = 60	units/inj	1
	100units/mL	cartridge \$6	51	 Admin: subcut daily-TID 30-45 minutes prior to meal(s) 			max=30 units/inj	HumaPen Lux	ura HD; max=	0units/inj	,
ear	(Myxredlin 100mL IV bag)	vial \$5	50	 Rarely used: HYPURIN II R porcine 100 units/mL vial \$173 on SPDP, [®] 	Insulin lispro HUMALOG 200units/mL	KwikPen; m	ax = 60 units/inj	-			
5	Insulin regular PL	ENTUZITY		• T2DM: reserve use, only for people with severe insulin-resistant i.e.	Insulin lispro ADMELOG	ColoStari m	ov – 90 unite/ini		ro; max = 80 u		✓
t-Acting	ENTUZITY	prefilled pen \$60	0	requiring >200 units of insulin per day (basal and/or prandial)	Insulin aspart TRURAPI	Solostar; m	ax = 80 units/inj		ro; max = 80 u <mark>AR</mark> ; max = 30 ι		
AC	500units/mL			\circ advantages: comfort (\downarrow injection volume & \downarrow # of injections/dose),	Insulin aspart KIRSTY	max =	80 units/inj	JUIIIOIST	AR, 111dx - 50 t	nits/inj	
				convenience & <mark>eco-friendly (1500units total/prefilled pen</mark>)	Insulin aspart NOVORAPID	mux -					√ _ଛ ▼
Shor	insulin delivered in 5 unit			 Not biosimilar to insulin regular e.g. HUMULIN R; PK is similar to NPH 	Insulin aspart FIASP X &	FlexTouch: n	nax = 80 units/inj		or 5; max = 60 Echo; max = 30		✓
S	increments	U-500 vial (to be used		basal/prandial as \uparrow concentration delays onset & lengthens duration of action.	Regular insulin	r lexi o delly li			APID X ▼; FIA		
	prime pen with 5 units	with U-500 insulin syringes only)		• CI: pump/IV admin, mixing/using with other insulins (stop all previous	NOVOLIN ge TORONTO				TRURAPI		~
		syringes only		insulin, including basal, when switching to ENTUZITY see page 52) Admin: subcut BID-TID 30mins prior to meal(s), round dose to 5 units 				HumaPen Sa	ivvio; max = 60	units/ini	
	Caution: potential for dose confusion/errors ISMP'19			 o BID: divide total daily dose → 60% ac AM & 40% ac PM 	Regular insulin HUMULIN R				ura HD; max=		•
	confusion/critors			 o TID: divide total daily dose → 40% ac AM, 30% ac noon, 30% ac PM 	Regular insulin ENTUZITY	KwikPen; n	nax = 300 units /inj				USA
Pre	mixed Insulin (cloudy):	contains a mixture of pra r	ndia	al insulin (insulin regular or rapid-acting insulin analogue) and basal insu		4 & T2DM	adults childre	n HUMULIN 30/	70		
	ulin regular / NPH 📊	NovoLIN 40/60, 50/50	1	• T2DM: consider in those who do not require intensive glycemic control &	T2DM Evidence Summary: What is					Wang'15, 4-	r Study
	iounits/mL	cartridge \$6		have a consistent lifestyle (e.g. institutionalized, frail, older adult), & in	 A1c & hypoglycemia are similar 						
	OLIN ge 50/50 (50%/50%)	NovoLIN 30/70		those who prefer to administer no more than 2 injections per day	premixed has greater \downarrow A1c (•			•		
		cartridge \$6	61	• Cl:mixing with other insulins, IV/IM, or use with an insulin pump	Pharmacokinetics Profile: approxi		Onset	Pea		Durati	
NovoLIN ge 40/60 (40%/60%) NovoLIN ge 30/70 (30%/70%)		Vidi Şa	50	 advantages: convenience (only 2 injections per day) 	Insulin regular / NPH		30-60 mins	2-12hr possi		L4-18hr u	
HumuLIN 30/70 (30%/70%)		HumuLIN 30/70 vial \$5	53	 disadvantages: not for insulin naïve people, variability in peak effect, 	Insulin lispro / lispro protamine	χ▼ *	10-15mins	2-4h		14-24	hrs
		cartridge \$6	66	difficult to achieve tight glycemic control (especially post-prandial	Insulin aspart / aspart protamin	e X ⊗ *					
Insulin lispro / lispro 🛛 🛛		HumaLOG Mix 50,		control), limited flexibility in adjusting doses due to product's fixed ratio,	Formulations: see Pens pg 50				idge (reusable	pen) 💋	Vial
pro	tamine 100units/mL	HumaLOG Mix 25		and inconvenient (requires re-suspending prior to injection)	Insulin regular / NPH		(anglosable pe	,		,	
Hun	maLOG Mix 50 (50%/50%)	prefilled pen X ▼ \$8 cartridge X ▼ \$8		 Administration: subcut daily-TID (usually BID; do not give HS ↑hypoglycemia) 	NOVOLIN ge 50/50,40/60			- ✓	see <u>Pens</u> pg	50	
Hun	maLOG Mix 25 (25%/75%)	çartnuge 🛪 🔹 🖓 Q		 prior to injection must re-suspend – roll between palms 10x & invert 	NOVOLIN ge 30/70, HUMULIN 30/70				see Pens pg		✓
Inst	ulin aspart / aspart 📊	NOVOMIX 30		180° 10x; inadequate re-suspension affects insulin absorption	Insulin lispro / lispro protamine	KwikPen may	k = 60 units/injecti		ivvio; max = 60 u		
	tamine 100units/mL	cartridge X ⊗ \$7	75	 Insulin regular/NPH premix: inject ~30 minutes prior to meal Insulin lispro/lispro protamine, Insulin aspart/aspart protamine: 	HUMALOG Mix 50, HUMALOG Mix 25 x ▼*			HumaPen Lux	tura HD; max=30เ		
-	VOMIX 30 (30%/70%)			inject 0-15mins before, or within 20mins of starting meal(s)	Insulin aspart / aspart protamine						
		Nod 670C 8 770C Control IO	Not	in Canada: AEPEZZA inhaled - D/C: Humul IN 20/80: Humul IN 1 & L: Novol IN ge Ultralente		nto Dorki EVIII	BERA (inhaled)				

Hybrid Closed-Loop Insulin Systems: MiniMed 670G & 770G, Control-IQ. Not in Canada: AFREZZA inhaled 😑; D/C: HumuLIN 20/80; HumuLIN L & U; NovoLIN ge Ultralente & Lente; NovoLIN 10/90 & 20/80; Iletin II Lente Pork; EXUBERA (inhaled). Investigational: insulin icodec (basal) once wkly. ABBREVIATIONS: $\rightarrow \downarrow$ dose for renal dysfx $\frac{1500units = 50 units x 30 days}{=}$ Exception Drug Status in SK X =Non-formulary in SK \checkmark =non-formulary in SK \checkmark

Insulin: Drug Comparison Chart, Online Extras

Complete ABBREVIATIONS:) = ↓ dose for renal dysfx \$=total cost in SK (1500units = 50 units x 30 days) = Exception Drug Status in SK X = Non-formulary in SK Ø=prior approval for NIHB ⊗=not covered by NIHB ✓=Health Canada Indication *= refrigerate A1c=glycosylated hemoglobin ABX=antibiotic AE(s)=adverse effect(s) BID=twice daily BG=blood glucose DKA=diabetic ketoacidosis DPP4=dipeptidyl peptidase-4 dysfx=dysfunction eGFR=estimated glomerular filtration rate FBG=fasting blood glucose FQ=fluoroquinolone GLP1=glucagon-like peptide-1 hr(s)=hour(s) HCV=hepatitis C virus HS=bedtime IM=intramuscular IV=intravenous kg=kilogram mo(s)=month(s) NPH=neutral protamine Hagedorn PK=pharmacokinetics PPBG=postprandial (2hr) blood glucose RCT=randomized controlled trial subcut=subcutaneous SGLT2=sodium-glucose cotransporter-2 SSRI=selective serotonin reuptake inhibitor SU=sulfonylurea T1DM=type 1 diabetes mellitus T2DM=type 2 diabetes mellitus TID=three times daily TZD=thiazolidinediones Wt=weight yr(s)=year(s)

ac=before meals am=morning CDN=Canadian CI=confidence interval CI=contraindicated d=day D/C=discontinued DI=drug interaction EtOH=alcohol FDA=approved Food & Drug Admin fx=function HIV=human immunodeficiency virus HR=heart rate or hazard ratio hr(s)=hour(s) inj=injection K⁺=potassium M=monitor min(s)=minute(s) mL=milliters n=number NNT=number needed to treat pg=page pm=evening Rx=prescription SK=Saskatchewan sx=symptoms USA=United States vs=versus

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AFREZZA inhaled insulin: not in Canada rapid-acting insulin for adults with T1 and T2DM; no A1C difference from regular/NPH regimens but patients may prefer this route of administration; \$\$\$

- Cl: COPD, asthma, smoking if within prev 6 months, ketoacidosis; long-term safety ?cancer
- AE: cough, hypoglycemia, throat pain, bronchospasm, ? \downarrow pulmonary fx tests short term, ?anti-insulin antibodies
- Administration: 8, 12 units (dry powder) given 20min ac

Mixing Insulins 🖃: NPH with insulin regular except ENTUZITY <u>Or</u> rapid-acting analogues except HUMALOG 200units/mL, FIASP; insulin vial & syringe preferred (although some use cartridge & syringe); CI: all long-acting analogues

BASAGLAR	53
Detemir	53
Diabetes	53
Glargine	53
HUMULIN L, N, Reg, U	53
HYPURIN	53
Insulin	53
LANTUS	53
LEVEMIR	53
NOVOLIN	53
REZVOGLAR	53
RYZODEG	53
SEMGLEE	53
SOLIQUA	53
TOUJEO	53
TRESIBA	53
Type 1 Diabetes Mellitus	53
Type 2 Diabetes Mellitus	53
XULTOPHY	53
ADMELOG	54
AFREZZA	54
APIDRA	54
Aspart	54
Degludec	54
Diabetes	54
ENTUZITY	54
EXUBERA	54
FIASP	54
Glulisine	54
HUMALOG	54
HUMULIN L, N, Reg, U	54
Insulin	54
KIRSTY	54
Lispro	54
LYUMJEV	54
NOVOLIN	54
NOVOMIX	54
NOVORAPID	54

TRURAPI	54
Type 1 Diabetes Mellitus	54
Type 2 Diabetes Mellitus	54

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FDA Nov/19: Medtronic is recalling the specified insulin pumps due to potential cybersecurity risks. (MiniMed Insulin Pumps)