

Prescription for Cardiorenal Protection for Adults with diabetes

Prescriber's Name: _____

Address: _____

Tel: _____

Fax: _____

Patient's Name: _____

Address: _____

Tel: _____

STEP 1:	STEP 2: Choose Cardiovascular protection agent(s) from the following list			Dosing	
Is the person... <input type="checkbox"/> Age >40? <input type="checkbox"/> Age >30, and diabetes >15 years? YES <input type="checkbox"/> Warranted for statin therapy based on the Canadian Cardiovascular Society Lipid Guidelines? <input type="checkbox"/> MASLD (Metabolic-dysfunction Associated Liver Disease)?	Statin	STATIN			Dosing: see start and maximum doses listed for each statin. Dose adjustments if lipid targets not being met, e.g., LDL-C \leq 2.0 mmol/L (non-HDL-C \leq 2.6 mmol/L, apo B \leq 0.8 g/L); or, with ASCVD, LDL-C \leq 1.8 mmol/L (non-HDL-C \leq 2.4 mmol/L, apo B \leq 0.7 g/L) See CCS Lipid Guidelines for other warranted therapies, i.e., ezetimibe, PCSK9 inhibitor, icosapent ethyl.
		<input type="checkbox"/> Atorvastatin (Lipitor®) <input type="checkbox"/> 10 mg (start 10 mg OD) <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg (max 80 mg OD)	<input type="checkbox"/> Fluvastatin (Lescol®) <input type="checkbox"/> 20 mg (start 20 mg OD) <input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg (max 80 mg OD)	<input type="checkbox"/> Lovastatin (Mecavor®) <input type="checkbox"/> 20 mg (start 20 mg OD) <input type="checkbox"/> 40 mg (max 80 mg OD)	
		<input type="checkbox"/> Pravastatin (Pravachol®) <input type="checkbox"/> 10 mg (start 10 mg OD) <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg (max 80 mg OD)	<input type="checkbox"/> Rosuvastatin (Crestor®) <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg (start 10 mg OD) <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg (max 40 mg OD)	<input type="checkbox"/> Simvastatin (Zocor®) <input type="checkbox"/> 10 mg (start 10 mg OD) <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg (max 80 mg OD)	
Is the person... <input type="checkbox"/> Age >55 with \geq 1 CV risk factor†? Does the person have... YES <input type="checkbox"/> Retinopathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Left Ventricular Hypertrophy	ACEi or ARB Statin	ACE INHIBITORS	ARB	Dosing: see start and maximum doses listed. Increase doses at 2 – 3 week intervals. Educate on sick day prevention and management . Add additional antihypertensive agents, e.g., calcium-channel blockers, thiazide diuretics to treat to blood pressure target (usually < 130/80)	
		<input type="checkbox"/> Perindopril (Aceon®, Coversyl®) <input type="checkbox"/> 2 mg <input type="checkbox"/> 4 mg (start 4 mg OD) <input type="checkbox"/> 8 mg† (max 16 mg OD)	<input type="checkbox"/> Ramipril (Altace®) <input type="checkbox"/> 1.25 mg <input type="checkbox"/> 2.5 mg (start 2.5 mg OD) <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg† (max 20 mg OD)	<input type="checkbox"/> Telmisartan (Micardis®) <input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg (start 40 mg OD) <input type="checkbox"/> 80 mg† (max 80 mg OD)	
Does the person have... <input type="checkbox"/> high cardiovascular risk? YES <input type="checkbox"/> Established ASCVD? <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Peripheral arterial disease <input type="checkbox"/> Cerebrovascular/ carotid disease YES	ACEi or ARB GLP-1 RA SGLT2i Statin + ASA or Clopidogrel (if unable to tolerate ASA)	GLP-1 RECEPTOR AGONIST (not approved by Health Canada for use in type 1 diabetes)			Dosing: GLP-1RA dosing considerations: start at low doses and titrate up slowly to reduce gastrointestinal side effects. GLP-1 RA should be uptitrated to the dose that demonstrated vascular benefit (†) / renal benefit (‡), then uptitrate based on individualized therapeutic goals, i.e., weight/glycemic management support.
		<input type="checkbox"/> Dulaglutide (Trulicity®) <input type="checkbox"/> 0.75 mg s.c. once weekly <input type="checkbox"/> 1.5 mg† s.c. once weekly	<input type="checkbox"/> Liraglutide (Victoza®) <input type="checkbox"/> 0.6 mg s.c. OD <input type="checkbox"/> 1.2 mg† s.c. OD <input type="checkbox"/> 1.8 mg† s.c. OD	<input type="checkbox"/> Semaglutide (Ozempic®) <input type="checkbox"/> 0.25 mg s.c. once weekly <input type="checkbox"/> 0.5 mg† s.c. once weekly <input type="checkbox"/> 1 mg† s.c. once weekly <input type="checkbox"/> 2 mg s.c. once weekly	
Does the person have... <input type="checkbox"/> Heart Failure See HF guidelines for other warranted therapies YES	ACEi or ARB SGLT2i Statin	SGLT2 INHIBITOR (not approved by Health Canada for use in type 1 diabetes)			See Renal Dosing Chart for doses in CKD. Educate on sick day prevention and management . Re: CV benefits in SGLT2i (in HF population) — MACE benefit: canagliflozin, empagliflozin CV death/HHF benefit: dapagliflozin
		<input type="checkbox"/> Canagliflozin (Invokana®) <input type="checkbox"/> 100 mg†† OD <input type="checkbox"/> 300 mg†† OD	<input type="checkbox"/> Dapagliflozin (Forxiga®) <input type="checkbox"/> 5 mg OD <input type="checkbox"/> 10 mg†‡§ OD	<input type="checkbox"/> Empagliflozin (Jardiance®) <input type="checkbox"/> 10 mg†‡§ OD <input type="checkbox"/> 25 mg† OD	
Does the person have... <input type="checkbox"/> Kidney disease YES	ACEi or ARB GLP-1 RA nsMRA SGLT2i Statin	NONSTEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONIST (nsMRA)			Dosing: See product monograph for initiation, continuation and dose adjustments based on serum potassium.
		<input type="checkbox"/> Finerenone (Kerendia®) when CKD with albuminuria <input type="checkbox"/> 10† mg OD starting dose if eGFR \geq 25 to < 60 mL/min/1.73m ² <input type="checkbox"/> 20+ mg OD starting dose if eGFR \geq 60 mL/min/1.73m ²			

Signature: _____

Print Name: _____

Date: _____

License #: _____

† CV Risk Factors indicating ACEi/ARB: TC >5.2 mmol/L; HDL-C <0.9 mmol/L; Albuminuria; smoking

When an ACE-inhibitor / ARB, GLP-1 RA, and/or SGLT2i is indicated, choose the agent with evidence that matches the individual's clinical priorities:

† Dose that demonstrated cardiovascular benefit

‡ Dose that demonstrated renal benefit

§ Dose that demonstrated benefit in heart failure

Diabetes Canada will keep this tool updated and available at guidelines.diabetes.ca. Updated October 2025