BlueCross BlueShield of Kansas
An Independent Licensee of the Blue Cross and Blue Shield Association.

Insulin Combination Agents (Soliqua, Xultophy) Step Therapy and Quantity Limit Program Summary

FDA APPROVED INDICATIONS AND DOSAGE[1,2]

Agent(s)	Indication(s)	Dosage
Soliqua® 100/33 (insulin glargine/ lixisenatide) Injection	Adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Limitations of use: • Has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis. • Not recommended for use in combination with any other product containing lixisenatide or another GLP-1 receptor agonist • Not indicated for use in patients with type 1 diabetes mellitus or diabetic ketoacidosis. • Not recommended in patients with gastroparesis. • Has not been studied in combination with prandial insulin.	• In patients naïve to basal insulin, a GLP-1 receptor agonist, currently on less than 30 units of basal insulin, or on a GLP-1 receptor agonist the recommended starting dosage is 15 units subcutaneously once daily. • In patients inadequately controlled on 30 to 60 units of basal insulin, the starting dosage is 30 units subcutaneously once daily. • Maximum daily dosage is 60 units. • Discontinue therapy with basal insulin or GLP-1 receptor agonist prior to initiation of Soliqua
Xultophy® 100/3.6 (insulin degludec/ liraglutide) Injection	Adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus Limitations of use: • Not recommended as first-line therapy for patients inadequately controlled on diet and exercise. • Not recommended for use in combination with any other product containing liraglutide or another GLP-1 receptor agonist. • Not for treatment of type 1 diabetes mellitus or diabetic ketoacidosis. • Has not been studied in combination with prandial insulin	• Recommended starting dosage in patients naïve to basal insulin or GLP-1 receptor agonist is 10 units given subcutaneously once daily • Recommended starting dose in patients currently on basal insulin or GLP-1 receptor agonist is 16 units given subcutaneously once daily • Maximum daily dosage is 50 units • Discontinue therapy with liraglutide or basal insulin prior to initiation of Xultophy

CLINICAL RATIONALE

Guidelines

The American Diabetes Association (ADA) and American Association of Clinical

Endocrinologists (AACE) recommend metformin as the preferred first-line drug in type 2 diabetes mellitus.[3,4] Metformin has a low risk of hypoglycemia, can promote modest weight loss, and has good antihyperglycemic efficacy at doses of 1000-2000 mg/day.[4] Two-drug combinations should be considered if A1c is greater than or equal to 1.5-2.0% above the glycemic target, or when metformin monotherapy fails to achieve A1c target after approximately 3 months. The choice of the second agent (sulfonylurea, thiazolidinedione, dipeptidyl peptidase-4 inhibitors, sodium-glucose cotransporter 2 inhibitor, basal insulin, glucagon-like peptide 1 agonist) is based on drug-specific effects and patient factors.[3]

Safety

Xultophy carries a black box warning. Liraglutide, one of the components of Xultophy, causes dose-dependent and treatment-dependent thyroid C-cell tumors at clinically relevant expression in both genders of rats and mice. It is unknown whether Xultophy causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC) in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined. Xultophy is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk of MTC and the symptoms of thyroid tumors.[2]

REFERENCES

1. Soliqua prescribing information. Sanofi-Aventis US LLC. July 2021.
2. Xultophy prescribing information. Novo Nordisk Inc. November 2019.
3. American Diabetes Association. Standards of medical care in diabetes-2021. Accessed 9/13/2021. Available at: https://care.diabetesjournals.org/content/suppl/2020/12/09/44.Supplement_1.DC1
4. Garber AJ, Handelsman Y, Grunberger G et, al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management Algorithm-2020 Executive Summary. Endocrine Practice, 26 (1) January 2020. 107-139.

Insulin Combination Agents (Soliqua, Xultophy) Step Therapy

TARGET AGENT(S)
Soliqua® (insulin glargine/lixisenatide)
Xultophy® (insulin degludec/liraglutide)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Target Agent(s) will be approved when ONE of the following is met:

1. Information has been provided that indicates the patient is currently being treated with the requested agent within the past 90 days
   OR
2. The prescriber states the patient is currently being treated with the requested agent within the past 90 days AND is at risk if therapy is changed
   OR
3. The patient's medication history includes use of an agent containing insulin or an agent containing metformin within the past 90 days
   OR
4. The patient has an intolerance or hypersensitivity to metformin or insulin that is not expected to occur with the requested agent
   OR
5. The patient has an FDA labeled contraindication to BOTH metformin AND insulin that is not expected to occur with the requested agent

Length of Approval: 12 months

NOTE: Quantity Limit program also applies, please refer to Quantity Limit documents.