



INSULIN GLP-1 COMBINATIONS
Soliqua* (insulin glargine and lixisenatide),
Xultophy (insulin degludec and liraglutide)

*Non-covered medications must go through prior authorization and the formulary exception process

Pre - PA Allowance

None

Prior-Approval Requirements

*Patients who have filled at least one ≥90-day supply of long-acting insulin **AND** GLP-1 agonist in the past 180 days are exempt from these PA requirements.*

Age 18 years of age or older

Diagnosis

Patient must have the following:

Type 2 diabetes mellitus (DM)

AND ALL of the following:

1. Inadequate treatment response, intolerance, or contraindication to metformin monotherapy
2. Inadequate treatment response to the use of a GLP-1 receptor agonist and long acting insulin separately
3. Patient must have a HbA1c > 7.0%
4. **NOT** used for the treatment of diabetic ketoacidosis (DKA)
5. **NO** dual therapy with other long-acting insulins
6. **NO** dual therapy with other glucagon-like peptide-1 (GLP-1) receptor agonists (e.g., Mounjaro, Rybelsus, Saxenda, Wegovy)

AND the following for **Xultophy** only:

1. Prescriber agrees to monitor for signs and symptoms of thyroid tumors

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older



**BlueCross
BlueShield**

Federal Employee Program.

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Diagnosis

Patient must have the following:

Type 2 diabetes mellitus (DM)

AND ALL of the following:

1. Patient's HbA1c has improved to $\leq 7.0\%$ **OR** HbA1c has decreased by at least 1.5% from baseline
2. **NOT** used for the treatment of diabetic ketoacidosis (DKA)
3. **NO** dual therapy with other long-acting insulins
4. **NO** dual therapy with other glucagon-like peptide-1 (GLP-1) receptor agonists (e.g., Mounjaro, Rybelsus, Saxenda, Wegovy)

AND the following for **Xultophy** only:

1. Prescriber agrees to monitor for signs and symptoms of thyroid tumors

Prior - Approval *Renewal* Limits

Same as above