NHS

Oxfordshire
Clinical Commissioning Group

Glycaemic Control in Type 2 Diabetes: Use of Xultophy (degludec 100 units/mL plus liraglutide 3.6mg/mL fixed combination)

What is Xultophy?

- It's a combination product that contains liraglutide 3.6 mg/mL (a GLP-1 analogue) and degludec 100 units/mL (an ultra long acting insulin).
- It is licensed for the treatment of adults with type 2 diabetes mellitus to improve glycaemic control in combination with oral glucose-lowering medicinal products when these alone or combined with a GLP-1 receptor agonist or basal insulin do not provide adequate glycaemic control.

What benefits does it have?

- Xultophy is given by once-daily subcutaneous injection, which for some people may be preferable to giving basal insulin and GLP-1 receptor agonist injections separately.
- In DUAL I, Xultophy was non-inferior to insulin degludec alone and superior to liraglutide alone for change in HbA1c from baseline.
- In DUAL I, there was more weight loss from baseline with Xultophy compared with insulin degludec alone (−0.5 kg compared with +1.6 kg). However there was less weight loss from baseline with Xultophy compared with liraglutide alone (−0.5 kg compared with −3.0 kg).

When Should I use it?

Initiation by diabetes consultant only for patients who:

- are already using a basal analogue insulin or a GLP1 agonist **AND**
- have a BMI of 35 kg/m^2 or greater. Consider using in patients with a BMI less than 35kg/m^2 if therapy with insulin would have significant occupational implications or weight loss would benefit other significantly obesity-related comorbidities (BMI may need to be adjusted in non-Caucasian patients).

AND in addition one of the following applies

- are already using a basal analogue insulin less than 40 units, have a high hypoglycaemia risk and addition of GLP1 agonist is being considered
- are already on a basal analogue insulin less than 40 units and have not tolerated separate lixisenatide of liraglutide due to gastrointestinal side effects
- are already using a GLP1 agonist, and there is significant concern around further weight gain.
- require a reduced number of injections e.g. 3rd party administration, and flexible timing.

Xultophy should be stopped if:

- The patient is on maximum dose and individual HbA1c target is not reached, or a minimum reduction of 11 mmol/mol (1% point in DCCT units) is not achieved within 6 months
- Problematic hypoglycaemia continues
- Weight gain continues
- Gastrointestinal side-effects continue

When Xultophy is stopped patients should continue on the insulin specified by the initiating consultant.

What are its side effects?

Hypoglycaemia may occur if the Xultophy dose is higher than required. Nausea was reported in 7.8% of patients and was transient in nature for most patients. Diarrhoea and vomiting were reported in 7.5% and 3.9% of patients, respectively.

Remember the following:

- Be alert to the signs and symptoms of acute pancreatitis.
- Instruct patients taking liraglutide to seek prompt medical care if they experience persistent severe abdominal pain.
- Discontinue liraglutide if pancreatitis is suspected.
- If pancreatitis in a patient using liraglutide is confirmed, appropriate supportive treatment should be initiated and the patient carefully monitored until recovery. Liraglutide should not be restarted.