SOLIQUA™
insulin glargine (100 U/mL) & lixisenatide

For adult with T2D uncontrolled on basal insulin + OADs

COMPLEMENTARY ACTIONS ON FPG AND PPG

PROVEN EFFICACY IN REDUCING PATIENTS' 2-h PPG & FPG

2-h PPG

For patients with uncontrolled T2D by BI

VS -1.98 mmol/L when switching to basal bolus*,4

FPG

For patients with uncontrolled T2D by BI + OADs

VS -0.16 mmol/L with premix insulin†,‡,5

HbA1c

For patients with uncontrolled T2D by BI + OADs

VS -1.1% with premix insulin†,‡,5

*Estimated treatment differences for the primary endpoints: reduction in HbA1c and weight change (BB vs SOLIQUA™) were −0.28% (P = 0.0002) and −1.32 kg (P < 0.0001) respectively, all favouring SOLIQUA™ over BB regardless of the BB regimen (once daily and thrice daily).
†BIAsp 30 (30% insulin aspart + 70% insulin aspart protamine).
‡Both primary efficacy endpoints were met after 26 weeks: non-inferiority in HbA1c reduction (LS mean difference [97.5% CI]: -0.2 [-0.4, -0.1] %; p<0.001) and superiority in bodyweight change (LS mean difference [95% CI] -1.9 [-2.3, -1.4] kg).

DUAL ACTION IN ONE SHOT

SOLIQUA™ 100/50

2 : 1

insulin glargine

lixisenatide

EACH PEN COMPRISES[1]

- A total 300 units of insulin glargine with corresponding 150 units of lixisenatide
- 10 to 40 dose steps per injection

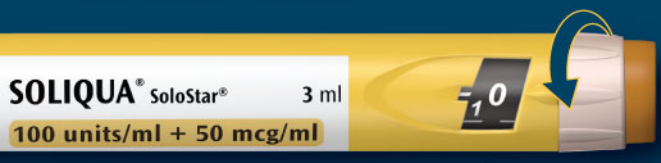
SIMPLE & FAMILIAR SOLIQUA™ PEN TECHNOLOGY

Select dose for insulin glargine

Insulin glargine (Unit)	Lixisenatide (mcg)
10	5
15	7.5
20	10

SOLIQUA™
insulin glargine (100 U/mL) & lixisenatide

UPGRADING YOUR PATIENT TO SOLIQUA™ 100/50



WINDOW OF PEN[1]

- Shows the unit of insulin glargine
- The corresponding dose of lixisenatide (though not shown on the window) is HALF the ratio of insulin glargine

Insulin-naïve

Starting:
10
dose steps

Insulin-experienced

(iGlar ≥20-<30)*

Starting:
20
dose steps

Simple titration (per week)[1,2]

-4 | -2 | dose steps | +2 | +4

Target FPG
(4.4–5.6 mmol/L)

Once daily dosing:
Administer subcutaneously once daily within 1 hour prior to any meal

*If a different basal insulin was used: For twice daily basal insulin or insulin glargine (300 units/mL), the total daily dose previously used should be reduced by 20% to choose the SOLIQUA™ starting dose. For any other basal insulin, the same rule as for insulin glargine (100 units/mL) should be applied.

SIMPLY TITRATE THE SOLIQUA™ DOSE ACCORDING TO THE PATIENT'S INSULIN NEEDS[1]

3x More BI + OAD uncontrolled patients achieved HbA1c <7% without hypoglycaemia and weight gain vs premix insulin*,5

74% OAD uncontrolled patients at goal[2]

50% Shorten time to achieve target vs insulin glargine[6]

2x Greater HbA1c vs insulin glargine in BI uncontrolled patients[3]

NO Additional risk of hypoglycaemia vs insulin glargine and premix insulin*,2,3,5

*BIAsp 30 (30% insulin aspart + 70% insulin aspart protamine).
BB, basal bolus; BI, basal insulin; CI, confidence interval; FPG, fasting plasma glucose; iGlar, insulin glargine; iGlarLixi, insulin glargine/lixisenatide; Lixi, lixisenatide; LS, least squares; OADs, oral antidiabetic drugs; PPG, postprandial plasma glucose; T2D, type 2 diabetes.

References: 1. SOLIQUA™ SmPC as of July 2020. 2. Rosenstock J, et al. Diabetes Care. 2016;39:2026-2035. 3. Aroda VR, et al. Diabetes Care. 2016;39:1972-1980. 4. Tabák ÁG, et al. Diabetes Ther. 2020;11:305-318. 5. Rosenstock J, et al. Diabetes Care. 2021:dc210393. 6. Frias J, et al. Diabetes Obes Metab. 2018;20:2314-2318.

Presentation: 100 units of insulin glargine and 33 micrograms lixisenatide in prefilled pen AND 100 units of insulin glargine and 50 micrograms lixisenatide in prefilled pen. Indications: For the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise in addition to metformin with or without SGLT-2 inhibitors. Dosage: The dose must be individualised based on clinical response and is titrated based on the patient's need for insulin. The lixisenatide dose is increased or decreased along with insulin glargine dose and also depends on which pen is used. Please refer to the full prescribing information for guidelines. Administration: Subcutaneous injection in the abdomen, deltoid, or thigh. Injection sites should be rotated within the same region from one injection to the next. Soliqua must not be drawn from the cartridge of the pre-filled pen into a syringe. Contraindications: Hypersensitivity to the active substances or to any of the excipients. Patients with type 1 diabetes mellitus. Treatment of diabetic ketoacidosis. Precautions: Elderly: Soliqua can be used in elderly patients. Progressive deterioration of renal function may lead to a steady decrease in insulin requirements. Renal impairment: Not recommended in severe renal impairment and end-stage renal disease. Frequent glucose monitoring and dose adjustment may be necessary in patients with mild to moderate renal impairment. Hepatic impairment: Frequent glucose monitoring and dose adjustment may be necessary. Hypoglycaemia may occur if dose is higher than required. Advise patients to take precautions to avoid hypoglycaemia while driving and using machines. Discontinue Soliqua if pancreatitis is suspected. Restart lixisenatide if acute pancreatitis is confirmed. Exercise caution in patients with pancreatitis history. Not recommended in patients with severe gastrointestinal disease. Use with caution in patients receiving oral medicinal products that require rapid gastrointestinal absorption. Potential risk of dehydration. Use may cause formation of antibodies against insulin glargine and/or lixisenatide. Always check pen label before each injection to avoid accidental mix-ups. Soliqua was not studied in combination with DPP-4 inhibitors, sulfonylurea, glinides, and pioglitazone. Interactions: Effects enhanced by anti-hyperglycaemics, ACEI, disopyramide, fibrates, fluoxetine, MAOIs, pentoxifylline, propoxyphene, salicylates, sulphonamide antibiotics. Effects reduced by corticosteroids, danazol, diazoxide, diuretics, glucagon, isoniazid, oestrogens and progestogens, phenothiazine derivatives, somatropin, sympathomimetics, thyroid hormones, atypical antipsychotics and protease inhibitors. Beta-blockers, clonidine, lithium or alcohol may either potentiate or weaken the effects of insulin. Pentamidine may cause hypoglycaemia, followed by hyperglycaemia. The signs of adrenergic counter-regulation may be reduced or absent under the influence of sympatholytic medicinal products such as beta-blockers, clonidine, guanethidine and reserpine. Fertility, pregnancy and lactation: Soliqua should not be used during pregnancy and breast-feeding. It is unknown whether insulin glargine or lixisenatide is excreted in human milk. Overdose: Overdose may lead to hypoglycaemia and gastrointestinal adverse reactions. Mild episodes of hypoglycaemia can usually be treated with oral carbohydrates. More severe episodes with coma, seizure or neurologic impairment may be treated with glucagon (intramuscular or subcutaneous) or concentrated glucose solution (intravenous). Undesirable effects: Hypoglycaemia is very common. For common, uncommon and not known undesirable effects, please refer to the full prescribing information. Storage: Before first use: Store in a refrigerator (2°C - 8°C). Do not freeze. Protect from light. After first use: Store below 25°C. Use within 28 days. Do not refrigerate or freeze. Preparation: Soliqua 3 x 3ml prefilled pen, 5 x 3ml prefilled pen. Legal Classification: Part 1, First & Third Schedules Poison Full prescribing information is available upon request. API-HK-SOL-21.06

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sanofi

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