South East London (SEL) Glucagon like peptide-1 (GLP-1) analogues for glycaemic control in Type 2 Diabetes Mellitus (T2DM) – Information sheet

This information sheet replaces the need for initiating specialist to complete a GLP-1 analogue transfer of prescribing form. It should be read in conjunction with the specialist diabetes team clinic letter to support taking over prescribing responsibility for GLP-1 analogues, following initiation from a diabetes specialist and ensure patient care is not compromised. If a GLP-1 analogue is prescribed for patients/indications that do not meet the agreed criteria, prescribing responsibility will remain with the initiating team.

South East London GLP-1 analogue eligibility criteria

In line with SEL GLP-1 analogue pathway, GLP-1 analogue therapy will be initiated by a diabetes specialist (Consultant or GPwSI or appropriately trained diabetes specialist practitioner (GP, nurse or non-medical prescriber) and prescribed for adults aged 18 years and over with type 2 diabetes when:

- BMI ≥ 35kg/m^2 (adjust accordingly for ethnicity) and specific psychological or other medical problems associated with obesity **OR** BMI < 35kg/m^2 and where insulin would have significant occupational implications or weight loss would benefit other significant obesity related co-morbidities

  AND

- HbA1c > 58mmol/mol (7.5%) or greater than individually agreed threshold for intensification

  AND

- Triple therapy with metformin and two other oral anti-hyperglycaemic drugs is not effective, not tolerated or contraindicated

  AND is prescribed as outlined in one of the following three scenarios below:

  1. GLP-1 analogue is prescribed in combination with two oral anti-hyperglycaemic drugs (i.e.one oral anti-hyperglycaemic drug has been switched for a GLP-1 analogue)
     (*NB: sulfonylureas may be withdrawn where clinically necessary e.g. due to hypoglycaemia risk)* **OR**

  2. GLP-1 analogue is prescribed in combination with insulin **OR**

  3. GLP-1 analogue is prescribed in a licensed combination however outside of recommendations made by NICE guidelines due to the clinical reason(s) that will be documented in the clinic letter

Diabetes specialists will initiate GLP-1 analogues and provide the 1st prescription (minimal 1 month supply. Dose titrated by specialist teams to maintenance dose. Prescribing responsibility may then be transferred to the GP practice (subject to practice agreement), with the diabetes specialist sharing this information sheet and clinic letter.

SEL formulary GLP-1 analogues

In line with our SEL pathway and formulary, patients will have been initiated on either:

- Victoza® (liraglutide) sub-cutaneous injection 0.6mg daily titrated to 1.2mg daily or 1.8mg daily
- Trulicity® (dulaglutide) sub-cutaneous injection 1.5mg weekly **titrated to** 3mg weekly **or** 4.5mg weekly
- Ozempic®▼ (semaglutide) sub-cutaneous injection 0.25mg weekly **titrated to** 0.5mg weekly **or** 1.0mg weekly
- Rybelsus®▼ (semaglutide) oral tablet 3mg daily **titrated to** 7mg daily **or** 14mg daily
- Mounjaro®▼ (tirzepatide) sub-cutaneous injection 2.5mg weekly **titrated to** 5mg weekly (as maintenance dose). If needed dose increases can be made in 2.5mg increments after 4 weeks on the current dose. Recommended maintenance doses are **5mg, 10mg or 15mg**.

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South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

The specific GLP-1 analogue and dose will be documented in the clinic letter, along with any additional information.

GLP-1 analogues will NOT be prescribed for:

- People with:
  - Hypersensitivity to the active substance or to any of the excipients of GLP-1 analogues
  - Acute pancreatitis
  - Severe gastrointestinal disease
- Treatment of diabetic ketoacidosis
- Use in pregnancy/those planning pregnancy or breast feeding
- Use in Type 1 Diabetes Mellitus

People started on GLP – 1 analogues will have been given the following advice by the diabetes specialist initiating therapy:

- The benefits and risks of GLP-1 analogue therapy and the patient will have consented to use
- The side effects of therapy and actions to be taken if these occur e.g. for hypoglycaemia, subsequent changes to other anti-diabetes agents and how to reduce the risk of hypos
- Specific education and training in administration, storage and disposal of GLP-1 analogue therapy and associated sharps
- The dose they need to administer
- Blood glucose monitoring requirements
- Contact details for specialist team
- For those with existing diabetic retinopathy, the patient is aware/has been informed of the risks of diabetic retinopathy complications, the symptoms of worsening retinopathy and action to be taken if occur
- For female patients of child-bearing age, the risks of falling pregnant whilst on this treatment and recommended appropriate contraceptive measures are taken

Monitoring requirements – bloods

Monitoring for the first 3 months will have been undertaken as outlined in the SEL GLP-1 analogue pathway by the initiating diabetes specialist wherever possible. Where this has not been possible, the patient will have been assessed and a clinical decision made to continue therapy. After this time, the following are recommended:

- eGFR and creatinine at least annually
- HbA1c six monthly
- LFTs annually
- Thyroid function for patients who are concurrently also taking thyroid medication with oral semalglutide only

Please note these are general recommendations. Some patients may need more frequent monitoring based on patient factors e.g. baseline eGFR/creatinine, eGFR/creatinine trend, co-morbidities and prescribing of other medication that may impact on renal or hepatic function.

Monitoring requirements – reviewing effectiveness

A six monthly review in line with NICE guidance will be undertaken by the initiating diabetes specialist. Our local pathway recommends continuation of therapy if HbA1c reduction >11mmol/mol (1%) or individual target HbA1c achieved AND weight loss ≥3% of initial body weight is achieved. If these are not achieved, therapy may be withdrawn on an individual patient basis and alternative therapies considered.

All patients receiving GLP-1 analogue therapy for glycaemic control in T2DM should be reviewed at least annually throughout their treatment. See GLP-1 analogues pathway for suggested patient education.

Where HbA1c or weight increases back to pre-treatment levels or HbA1c is above individualised target despite maximised lifestyle interventions and medication compliance, or additional therapy is required in line with the T2DM glycaemic control pathway , please contact or refer back to diabetes specialist for review.

Accessing more information

More information including information on drug interactions can be found on the relevant summary of product characteristics at www.medicines.org.uk For further information, please seek advice from the diabetes specialist- team.

In the event that there are any concerns regarding the acceptance of the prescribing responsibility for this medication please contact the initiating team.

References

References: **1**. Summary of product characteristics for Victoza at www.medicines.org.uk May 2023. **2**. Summary of product characteristics for Ozempic at www.medicines.org.uk May 2023 **3.** NICE guideline NG28 Type 2 diabetes in adults: management. December 2015, updated June 2022. **4.** Summary of product characteristics for Trulicity at www.medicines.org.uk May 2023 **5**. Summary of product characteristics for Rybelsus at www.medicines.org.uk **6.** Summary of product characteristics for Mounjaro at www.medicines.org.uk

This guidance does NOT override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

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