

South East London GLP-1 receptor agonist shortage support pack

This pack has been developed by the South East London (SEL) Diabetes Medicines Working Group on behalf of the SEL Integrated Medicines Optimisation Committee (IMOC). This pack is designed to support healthcare professionals across South East London who are managing people living with diabetes who are prescribed GLP-1 receptor agonist (GLP-1 RA) medications.

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.

Approval date: October 2023, updated March 2024 **Review date:** September 2024 (or sooner if evidence or practice changes)

Not to be used for commercial or marketing purposes. Strictly for use within the NHS

Contents

Section	Pages
Background	3
Priority 1a: Deprescribing – unlicensed indications	3
- EMIS searches	4
- Action flowchart 1: Deprescribing GLP-1 RA for patients with no diagnosis of type 1 or type 2 diabetes	5
Priority 1b: Deprescribing – limited clinical effect	4
- Action flowchart 2: Deprescribing for patients who are not meeting NICE clinical targets	6
Priority 2: Managing patients who are unable to obtain their usual GLP-1 RA medication.	7
- EMIS searches	8
- SEL GLP-1 RA alternative glucose lowering therapies algorithm	
Priority 3: Proactive searches to identify patients prescribed GLP-1 RA in priority groups	9
- EMIS searches	9
- Action flowchart 3: Treatment optimisation for patients already on insulin and unable to access supply of GLP-1 RA	10
- Action flowchart 4: Treatment optimisation for patients with ACR >30mg/mmol	11
New initiation of GLP-1 RA	12
When to offer blood glucose meters and test strips	12
Patient friendly resources available	12
Weight management support	13
References	18

Background

In January 2024, The National Patient Safety Agency published an update to the 'Shortage of GLP-1 receptor agonists (GLP-1 RA)' safety alert ([NatPSA/2024/001/ DHSC](#)), highlighting the ongoing national shortage of some GLP-1 RAs and that supplies continue to be limited and intermittently available.

The shortage is affecting the following GLP-1 RAs: Dulaglutide (Trulicity[®]), Exenatide (Bydureon[®]), Semaglutide (Ozempic[®]) and Liraglutide (Victoza[®] or Saxenda[®]).

Supply issues are likely to be ongoing and are not expected to begin to resolve until at least the end of 2024.

In addition, the following GLP-1 RAs have been discontinued: Exenatide (Byetta[®]) in March 2024 and Lixisenatide (Lyxumia[®]) in December 2023.

The National Patient Safety Agency alert recommends:

- GLP-1 RAs should only be prescribed for licensed indications.
- For new initiations of GLP-1 RAs for Type 2 diabetes, Semaglutide (Rybelsus[®]) tablets are the only available option.
- Identify patients prescribed Exenatide (Byetta[®]) and Liraglutide (Victoza[®]) injections and switch to Semaglutide (Rybelsus[®]) tablets if clinically appropriate or an alternative treatment as Exenatide (Byetta[®]) is being discontinued and further stocks of Liraglutide (Victoza[®]) are not expected until December 2024.
- Patients in priority cohorts should be proactively identified for review.
- GLP-1 RA should be stopped if patients have not achieved treatment targets as outlined by NICE guidance ([NICE NG28](#) or [NICE CG189](#)) of:
 - reduction of at least 11 mmol/mol [1.0%] in HbA1c **and**
 - weight loss of at least 3% of initial body weight in 6 months of treatment
 - or any additional clinical benefits such as reduction or cessation of insulin or sulphonylurea
- If patients are unable to obtain supplies of GLP-1 RA:
 - Do not substitute higher doses by doubling up lower dose preparations.
 - Do not switch between strengths of GLP-1 RA based solely on availability.
 - Alternative glucose lowering therapy may be needed, use shared decision making to inform choice.
 - Support patients to access structured education and weight management advice if appropriate.
- Counsel patients on any changes in drug, formulation, and dose regimen where appropriate
- Ensure quantities prescribed are appropriate and there is no excessive prescribing to minimise the risk to the supply chain whilst acknowledging the needs of the patient.

Priority 1a: Deprescribing – unlicensed indications

In line with the NPSA guidance, GLP-1 RA should only be prescribed for licensed indications. The licensed indications for GLP1-RA are detailed below. For those prescribed therapy for unlicensed indications, GLP-1 RA therapy will need to be deprescribed and alternative options considered.

When agreeing on alternative options, the principles of shared decision making should be used, including jointly agreeing a management plan based on evidence and on the person’s individual preferences, beliefs and values.

GLP-1 RAs licensed for type 2 diabetes:

- Dulaglutide (Trulicity®)
- Exenatide (Bydureon®)
- Liraglutide (Victoza®)
- Semaglutide (Ozempic®, Rybelsus®)

GLP-1 RA licensed for obesity:

- Liraglutide (Saxenda®)
- Semaglutide (Wegovy®)

To support GP practices in identifying patients who are prescribed GLP1-RA therapy for unlicensed indications, searches have been developed to be imported into EMIS web. The searches will be shared by local borough medicines optimisation teams. The searches have been designed to identify patients with no diagnosis of diabetes as well as those with a diagnosis of type 1 diabetes. Please see table 1 and [action flow chart 1](#) below for advice on how to manage patients identified using the searches.

Table 1: GP practice searches and actions for GLP-1 RAs unlicensed indications

Searches for GP Practices in response to national shortage of GLP-1 RAs		
<i>Searches available from local medicines optimisation teams</i>		
Search name	Search details	Action for GP in relation to search
GLP-1 RA Search 1	Number of patients on GLP-1 RA + no diagnosis of T2DM or T1DM	Follow action flowchart 1 (page 5): Deprescribing GLP1-RA in patients with no diagnosis of type 1 or type 2 diabetes Offer patient additional weight management support if appropriate
GLP-1 RA Search 2	Number of patients on GLP-1 RA + no diagnosis of T2DM + diagnosis T1DM	Contact patient’s usual diabetes team for review and deprescribing. Do not stop independently. Offer patient additional weight management support if appropriate

Priority 1b: Deprescribing – limited clinical effect

In line with the NPSA guidance, GLP-1 RA should only be continued in patients who have achieved treatment targets as per [NICE NG28](#). A beneficial metabolic response is defined as:

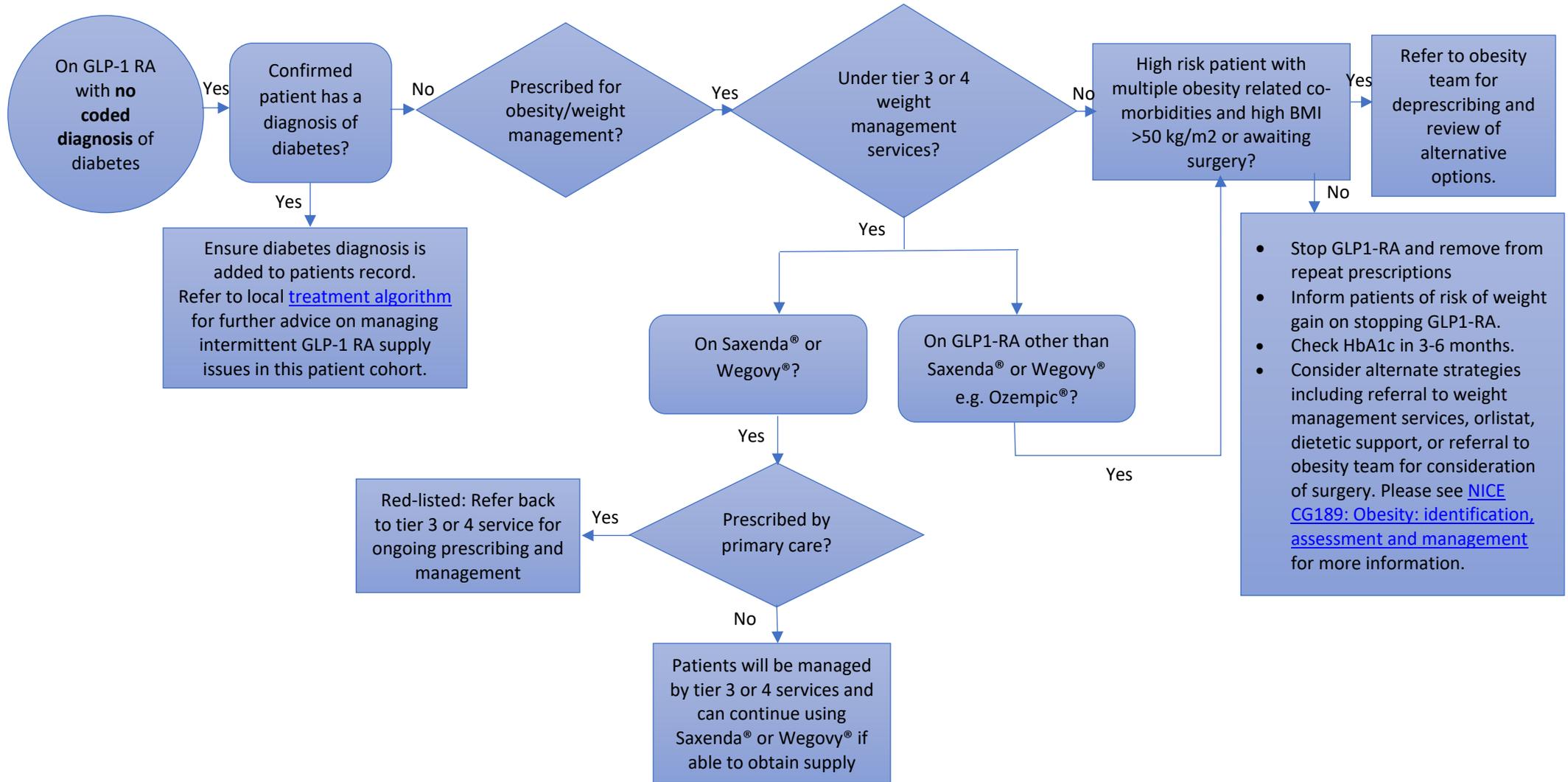
- HbA1c reduction of at least 11 mmol/mol [1.0%] **and**
- Weight loss of at least 3% of initial body weight in 6 months.

In addition to the above clinical response there may be additional benefits such as dose reduction or cessation of insulin or sulphonylurea medications.

Clinical effect of GLP-1 RAs cannot be searched via EMIS search and therefore this should be reviewed at the appointment with the patient.

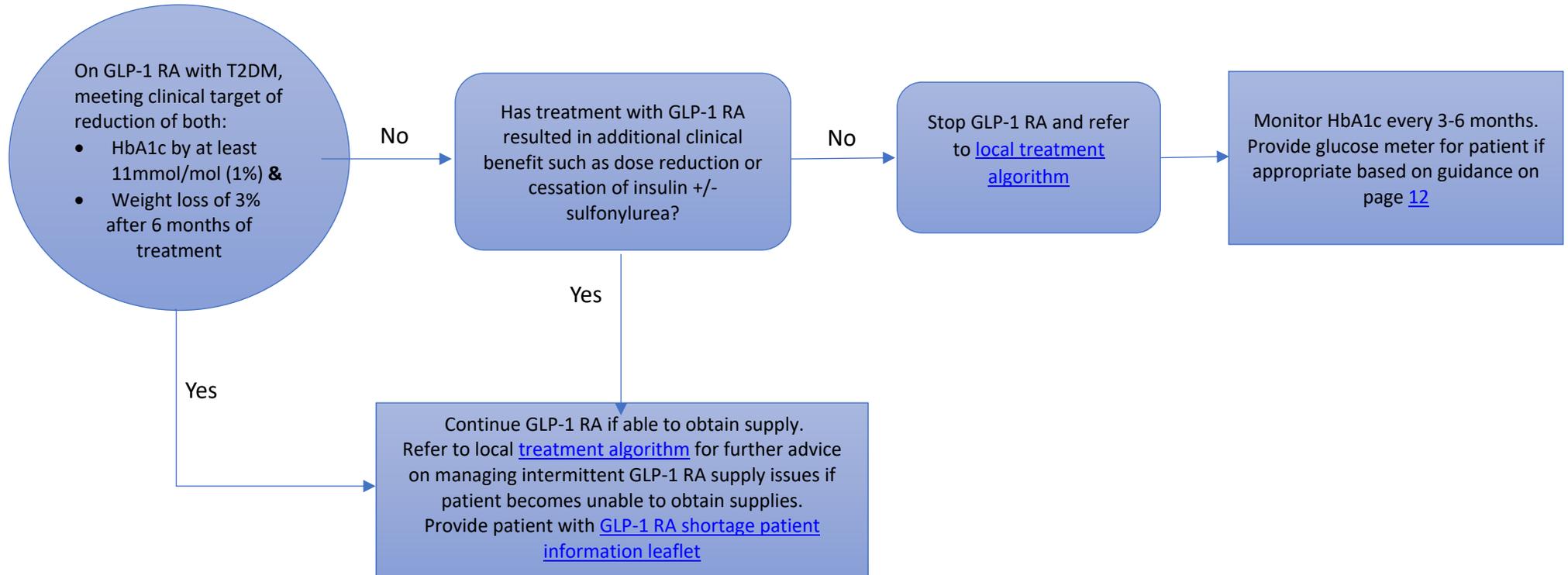
Where there has been no beneficial response or additional benefit to GLP-1 RA therapy, it is clinically appropriate to deprescribe the GLP-1 RA and consider alternative options. (Please follow [action flowchart 2](#)).

Action flowchart 1: Deprescribing GLP-1 RA for patients with no diagnosis of type 1 or type 2 diabetes



Offer [weight management](#) support if appropriate

Action flowchart 2: Deprescribing for patients who are not meeting NICE clinical targets



Approval date: October 2023, updated March 2024 Review date: September 2024 (or sooner if evidence or practice changes)

Not to be used for commercial or marketing purposes. Strictly for use within the NHS

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

Priority 2: Managing patients who are unable to obtain their usual GLP-1 RA medication

Patients across SEL have been experiencing problems with obtaining supplies of their usual GLP1-RA medication. The updated NPSA alert highlights that Exenatide (Byetta®) will be discontinued in March 2024 and that Liraglutide (Victoza®) will continue to be out of stock with further supplies not expected until December 2024. Patients prescribed both Exenatide (Byetta®) and Liraglutide (Victoza) should be identified and switched to Semaglutide (Rybelsus®) tablets if clinically suitable or an alternative treatment. Semaglutide (Rybelsus®) tablets are Amber 2 on RAGG list, however for the duration of the shortage primary care colleagues can switch from injectable GLP-1 therapy to Semaglutide (Rybelsus®) tablets if clinically indicated and healthcare professional appropriate trained. If support is needed use local referral pathways or refer to specialist team.

Searches for GP Practices in response to national shortage of GLP-1 RAs		
<i>Searches available from local medicines optimisation teams</i>		
Search name	Search details	Action for GP in relation to search
GLP-1 RA Search 7	Number of patients on Exenatide (Byetta®)	Follow local treatment algorithm for alternative glucose control Follow hyperglycaemia pathway if appropriate Offer patient additional weight management support if appropriate
GLP-1 RA Search 8	Number of patients on Liraglutide (Victoza®)	Patients prescribed Saxenda to be excluded manually from search. Follow local treatment algorithm for alternative glucose control Follow hyperglycaemia pathway if appropriate Offer patient additional weight management support if appropriate

There may be patients on other GLP-1 RAs who are also unable to obtain regular supplies and may be also switched to Semaglutide (Rybelsus®) tablets if suitable.

The following treatment algorithm has been developed based on the [Primary Care Diabetes Society Guidance](#) and adapted locally. The algorithm identifies 4 priority groups:

1. Those prescribed insulin
2. Those not prescribed insulin and HbA1c >86mmol/mol
3. Those not prescribed insulin and HbA1c 58-86mmol/mol
4. Those not prescribed insulin and HbA1c <58mmol/mol

Each of these groups may require different support and different levels of diabetes input ranging from 'watch and wait' to insulin initiation. Some patients may decide to stay on therapy and use intermittently when available. Intermittent use is not recommended as this may increase the risk of side-effects, may lead to erratic blood glucose control and the potential to increase diabetes related complications. Intermittent use is a particular concern for those co-prescribed insulin therapy where hypoglycaemia may also be a concern. Please follow [GLP-1 RA alternative glucose lowering therapies treatment algorithm](#) for advice.

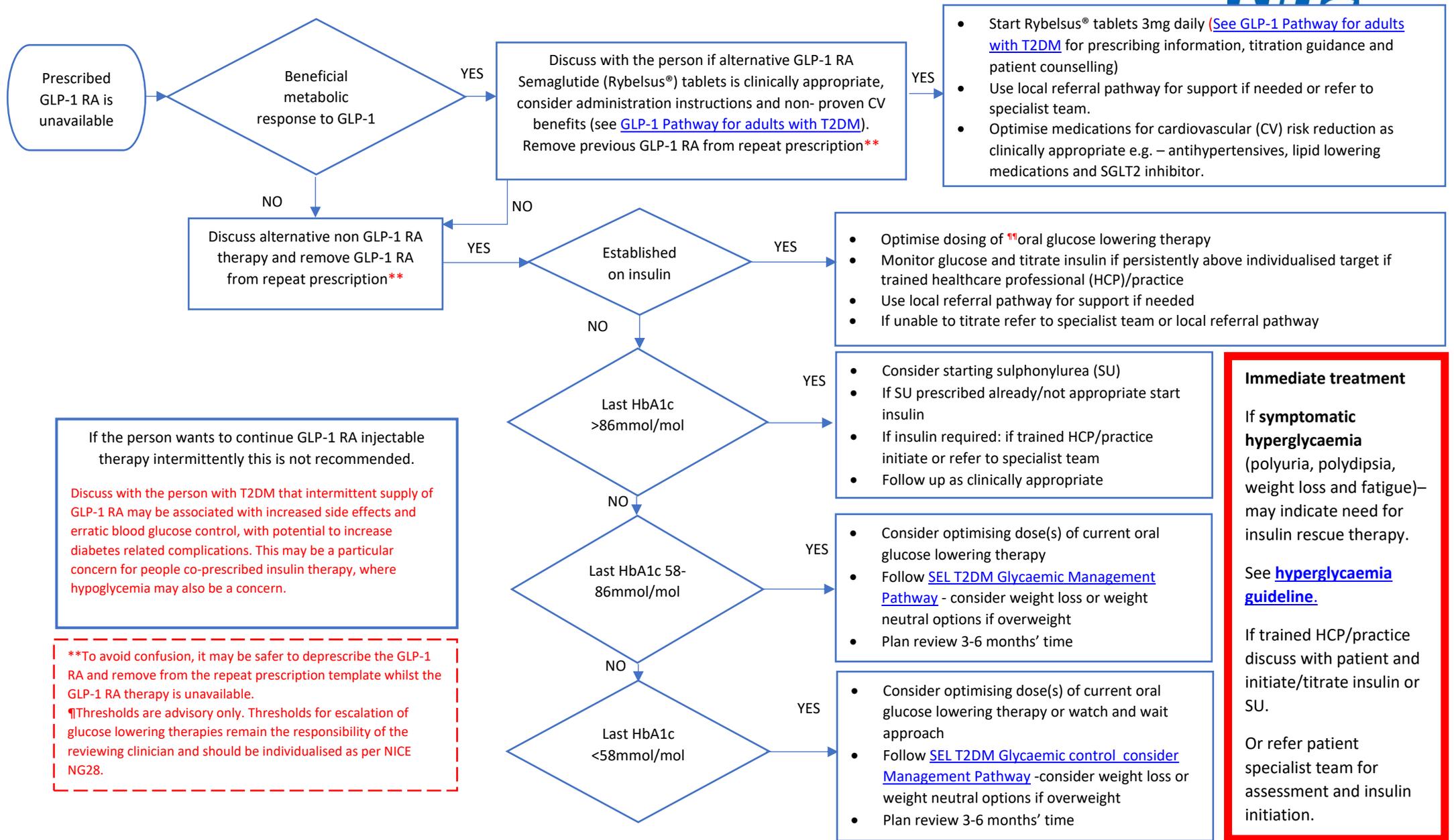
When deprescribing and agreeing on alternative options, the principles of shared decision making should be used, including jointly agreeing a management plan based on evidence and on the person's individual preferences, beliefs and values.

8

Approval date: October 2023, updated March 2024 **Review date:** September 2024 (or sooner if evidence or practice changes)

Not to be used for commercial or marketing purposes. Strictly for use within the NHS

SEL GLP-1 RA alternative glucose lowering therapies algorithm



Review **adherence to medication and blood glucose testing** and revisit **lifestyle advice**.

Use **shared decision making** where alternative glucose lowering therapy needed.

Support patients to access **structured education** (via [Diabetes Book & Learn \(diabetesbooking.co.uk\)](#))

Support patients to access **weight management services** ([NHS Digital Weight Management Programme](#) or if digital programme not preferred local Tier 2 or 3 weight management services)

Counsel on **sick day rules**

Priority 3: Proactive searches to identify patients prescribed GLP1-RA in priority groups

Consider proactively identifying patients for review based on the clinical criteria below:

1. HbA1c greater than 86mmol/mol in the previous 3 to 6 months.
2. HbA1c greater than 86mmol/mol prior to starting the GLP-1 RA.
3. HbA1c not recorded in the previous 6 months.
4. Urine albumin:creatinine ratio (uACR) greater than 30mg/mmol.
5. Self-monitoring of blood glucose readings (or Continuous Glucose Monitoring, where available) persistently above individualised target range.

To support GP practices in identifying patients who are prescribed GLP1-RA therapy in these groups above, searches have been developed to be imported into EMIS web. The searches will be shared by your local borough medicines optimisation teams. Please see table 2 and [action flow charts 3](#) and [4](#) below for advice on how to manage patients identified using the searches.

Table 2: GP practice searches and actions for priority patient groups for review

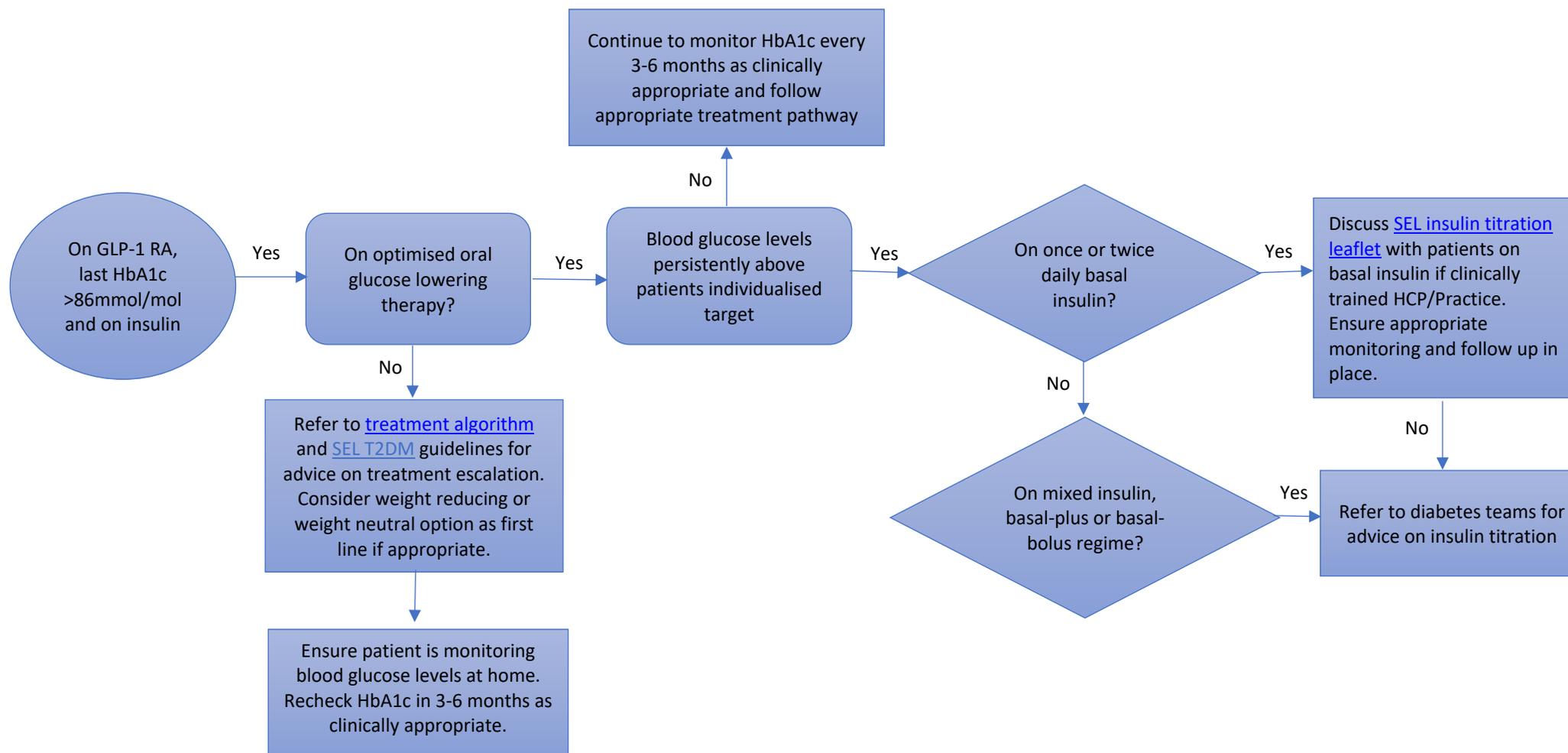
Searches for GP Practices in response to national shortage of GLP1-RA agonists		
<i>Searches available from local medicines optimisation teams</i>		
Search name	Search details	Action for GP practice
GLP-1 RA search 3	Number of patients on GLP-1 RA + HbA1c >86 mmol/mol + not on insulin in previous 6 months	Follow local treatment algorithm for optimising glucose control Follow hyperglycaemia pathway if appropriate Offer patient additional weight management support if appropriate
GLP-1 RA search 4	Number of patients on GLP1-RA + HbA1c >86 mmol/mol + on insulin in previous 6 months	Follow action flowchart 3 (page 10): Treatment optimisation for patients already on insulin and unable to access GLP-1 RA supply Offer patient additional weight management support if appropriate
GLP-1 RA search 5	Number of patients on GLP-1 RA + HbA1c not recorded in the previous 6 months	In line with NICE guidance , check HbA1c and follow treatment algorithm and hyperglycaemia pathway as appropriate Offer patient additional weight management support if appropriate
GLP-1 RA search 6	Number of patients on GLP-1 RA +uACR > 30 mg/mmol in previous 6 months	Follow action flowchart 4 (page 11): Treatment optimisation for patients with uACR >30mg/mmol Offer patient additional weight management support if appropriate

Additional priority groups suggested for review which are not included in table 2 cannot be searched via EMIS search (see below), however should be considered when reviewing the patient:

- Those with HbA1c >86 mmol/mol prior to starting GLP1-RA
- Those with self-monitoring glucose readings (or continuous glucose monitor readings if available) persistently above individualised target range.

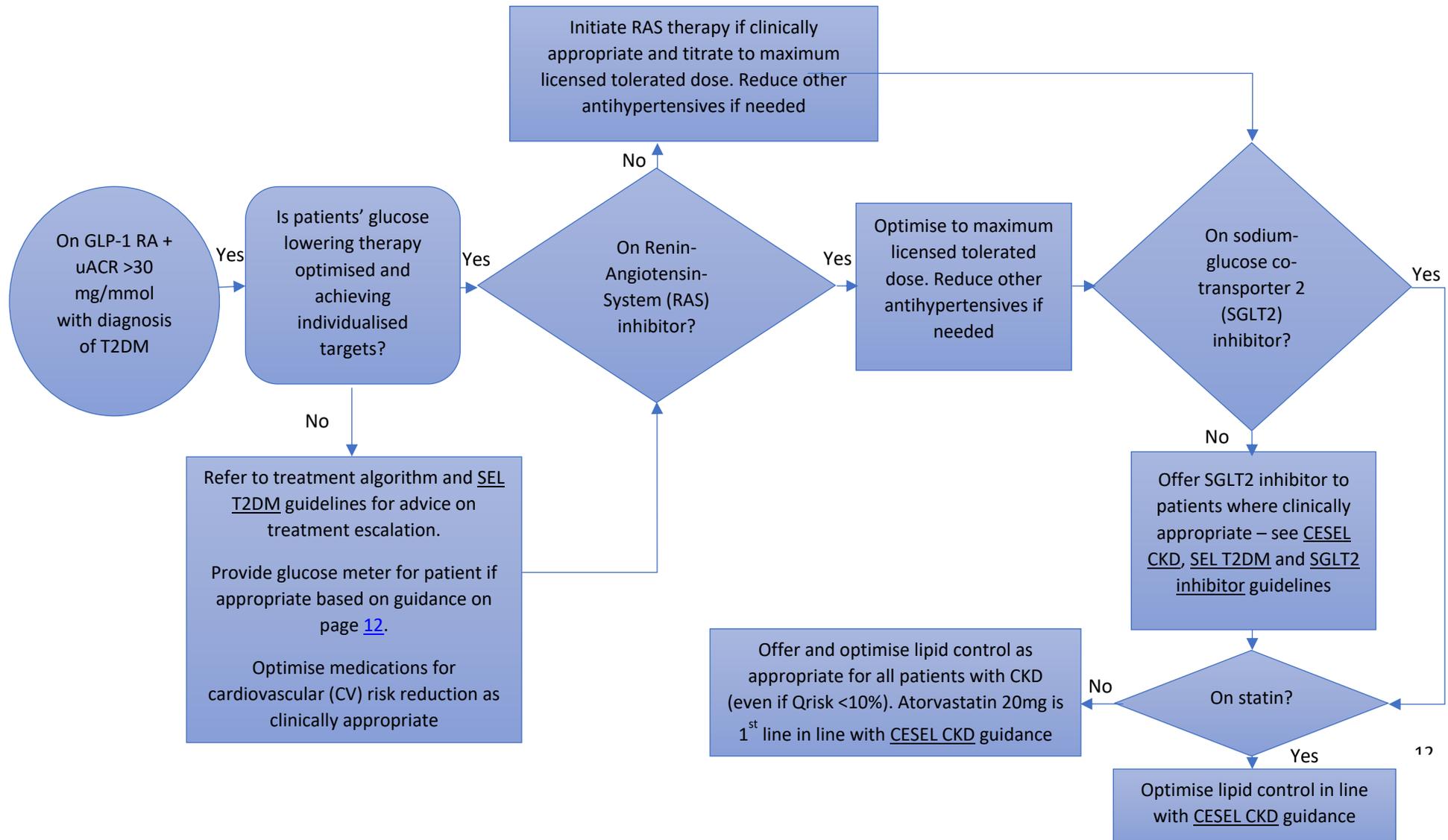
When agreeing on alternative options, the principles of shared decision making should be used, including jointly agreeing a management plan based on evidence and on the person's individual preferences, beliefs and values.

Action flowchart 3: Treatment optimisation for patients already on insulin and unable to obtain supply of GLP-1 RA



Offer [weight management](#) support if appropriate.

Action flowchart 4: Treatment optimisation for patients with ACR >30mg/mmol



Offer [weight management](#) support if appropriate.

New initiation of GLP-1 RA

For new initiations of GLP-1 RAs for Type 2 diabetes (in line with NICE [NG28](#)), Semaglutide (Rybelsus®) tablets are the only available option. See [GLP-1 Pathway for adults with T2DM](#) for prescribing guidance, titration guidance and patient counselling. [Semaglutide \(Rybelsus®\) tablets](#) remains Amber 2 (Specialist initiation followed by maintenance prescribing in primary care) on RAGG list for new initiations of GLP-1 RAs.

When to offer blood glucose meters and test strips

[South East London Self-monitoring of Blood Glucose \(SMBG\) in Adults and Young People - Frequency of Monitoring Guidance](#) outlines eligibility for blood glucose monitoring in South East London for those with type 2 diabetes, in line with NICE guidance.

Linked to the cohorts suggested by the SEL GLP1-RA [treatment algorithm](#), recommendations for when to consider glucose monitoring are below.

When choosing a blood glucose test strip and meter, please ensure choice is in line with the recent [NHSE recommended choices](#).

HbA1c < 58 mmol/mol	HbA1c 58 - 86 mmol/mol	HbA1c > 86 mmol/mol
<ul style="list-style-type: none"> • Check HbA1c every 3-6 months and follow local treatment algorithm • Do not provide glucose meter unless eligible for glucose testing in line with SEL blood glucose monitoring guidance 	<ul style="list-style-type: none"> • Check HbA1c every 3-6 months and follow local treatment algorithm • Do not provide glucose meter unless eligible for glucose testing in line with SEL blood glucose monitoring guidance 	<ul style="list-style-type: none"> • If not already checking blood glucose levels, provide glucose meter in line with SEL blood glucose monitoring guidance • Recommend frequency in accordance to the guidance

Patient friendly resources available

Patient friendly information regarding the GLP- RA shortage can be found:

- On the Diabetes UK website at: [FAQs – GLP-1 RA shortages | Diabetes UK](#)
- There is a [SEL patient information leaflet](#) which can also be given to patients.

Weight management and diabetes interventions

Key:	Hypertension and/or diabetes? First line option	Prediabetes? First line option	Diabetes? Second line options	Open to all, irrespective of diabetes status
------	--	-----------------------------------	----------------------------------	--

Title	Area Covered	Overview	Eligibility	Notes	Link
NHS England Digital Weight Management Programme	UK wide	12-week online lifestyle programme that people can access via a smartphone or computer with internet access	<ul style="list-style-type: none"> Age: 18 years or over BMI 30kg/m²+ (or adjusted to ≥27.5+ for people from black, Asian and other ethnic groups) Must have diabetes (type 1 or 2), high blood pressure, or both. Need smartphone, tablet or internet 	Only GPs and local pharmacists are able to refer	NHS England » The NHS Digital Weight Management Programme
“Healthier You” Diabetes Prevention Programme	South East London	Provided by Xyla health – online or Face to face sessions.	<ul style="list-style-type: none"> Age: 18 years or over HbA1c 42–47.9 mmol/mol (6.0–6.4%) OR fasting plasma glucose 5.5-6.9mmol/L within last 12 months History of gestational diabetes: if has HbA1c < 42mmol/mol 	Prioritise this programme for anyone with prediabetes or history of gestational diabetes	Complete referral form on DXS and email to scwcsu.southlondon-ndpp@nhs.net
Local Diabetes Services	Each diabetes service has their own local catchment area	Patients seen for diabetes care can also be referred for local 1-2-1 weight management	Attend the local service for their diabetes care	Will be seen by diabetes specialist nurses and specialist dietitians	

Approval date: October 2023, updated March 2024 **Review date:** September 2024 (or sooner if evidence or practice changes)

Not to be used for commercial or marketing purposes. Strictly for use within the NHS

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

Title	Area Covered	Overview	Eligibility	Notes	Link
Diabetes Structured Education	South London wide	A range of courses, digital, face to face and video	<ul style="list-style-type: none"> Age: 18 years or over Type 2 diabetes 		Diabetes Book & Learn (diabetesbooking.co.uk)
Type 2 Diabetes Path to Remission	South East London-wide	12-month programme for people living with Type 2 diabetes to achieve weight loss and potentially remission of diabetes. All participants will receive one-to-one support, either digital or in-person.	<ul style="list-style-type: none"> Age 18 to 65 years BMI 27kg/m2+ (or over 25kg/m2 for people from Black, Asian and other ethnic groups) Diagnosed type 2 diabetes within last 6 years HbA1c (last 12 months): <ul style="list-style-type: none"> On medication with HbA1c 43-87mmol/mol Not on medication with HbA1c 48-87mmol/mol EXCLUSIONS: Uses insulin, is pregnant or has an eating disorder 	Info for HCPs: NHS Type 2 Diabetes Pathway to Remission Programme for primary care Oviva UK	Referrals for the programme can be found on DXS by searching 'Type 2 Path to Diabetes Remission'. The referral form will auto-populate
Heal-D: Healthy Eating and Active Lifestyles for Diabetes (African and Caribbean communities)	South London wide	Structured education specifically designed for people of Black African and Black Caribbean heritage	<ul style="list-style-type: none"> Age: 18 years or over Type 2 diabetes Black African or Black Caribbean heritage 	HCP info: https://heal-d.org/what-we-do/health-care-professional/	HCP and self-referral link: https://heal-d.org/what-we-do/living-with-diabetes/ or Diabetes Book & Learn (diabetesbooking.co.uk)

Title	Area Covered	Overview	Eligibility	Notes	Link
Tier 2 weight management Southwark	Southwark only	12-week online and F2F behavioural and lifestyle group programme with 3-month waiting list. Referral to Weight Watchers also possible	<ul style="list-style-type: none"> Age: 18 years or over BMI 30kg/m²+ (or adjusted to ≥27.5+ for people from black, Asian and other ethnic groups) 	General Info: Weight Loss Support for Adults in Southwark - Everyone Health Southwark	Referrals for the programme can be found on DXS by searching 'Tier 2 weight management'
Tier 2 weight management Lambeth	Lambeth only	12-week online and F2F behavioural and lifestyle group programme. Groups in health and community centres	<ul style="list-style-type: none"> Age: 18 years or over BMI 30kg/m²+ (or adjusted to ≥27.5+ for people from black, Asian and other ethnic groups) 	Waiting time to start groups is 3 months	Referrals for the programme can be found on DXS by searching 'Tier 2 weight management'
Up!Up! Living Lighter for the Black African and Black Caribbean Communities. Tier 2 weight management Lewisham	Lewisham only	12-week behavioural and lifestyle programme designed specifically for people of Black African or Caribbean heritage – online and F2F groups in community centres	<ul style="list-style-type: none"> Age: 18 years or over BMI 27.5+kg/m² Of Black heritage by birth, relationship or adoption 	Waiting time to start groups is 3 months	https://www.smartsurvey.co.uk/s/UpUp-self-referral/ or Referrals can be found on DXS by searching 'Tier 2 weight management'

Title	Area Covered	Overview	Eligibility	Notes	Link														
Weight Loss with Better Tier 2 weight management Greenwich	Greenwich only		<ul style="list-style-type: none"> BMI 30kg/m²+ 		Referrals for the programme can be found on DXS by searching 'Healthwise Tier 2 referral form'														
Tier 3 weight management service	Greenwich only	People living with complex obesity who are best treated by a multidisciplinary team	<table border="1"> <thead> <tr> <th colspan="2">BMI (kg/m²)</th> <th rowspan="2">Comorbidities</th> </tr> <tr> <th>White</th> <th>All others</th> </tr> </thead> <tbody> <tr> <td>≥ 30</td> <td>≥ 27.5</td> <td>T2DM diagnosed within last 2 years</td> </tr> <tr> <td>≥ 35</td> <td>≥ 32.5</td> <td>T2DM or 2+ comorbidities</td> </tr> <tr> <td>≥ 40</td> <td>≥ 37.5</td> <td>No obesity comorbidities</td> </tr> </tbody> </table> <p>Obesity comorbidities are:</p> <ul style="list-style-type: none"> Hypertension Idiopathic Intracranial Hypertension NAFLD/NASH/other hepatic steatosis OSA or Obesity Hypoventilation Syndrome Prediabetes Previous stroke or MI 	BMI (kg/m ²)		Comorbidities	White	All others	≥ 30	≥ 27.5	T2DM diagnosed within last 2 years	≥ 35	≥ 32.5	T2DM or 2+ comorbidities	≥ 40	≥ 37.5	No obesity comorbidities	Psychology-led MDT service	TBC Website Referrals (tbchealthcare.co.uk)
BMI (kg/m ²)		Comorbidities																	
White	All others																		
≥ 30	≥ 27.5	T2DM diagnosed within last 2 years																	
≥ 35	≥ 32.5	T2DM or 2+ comorbidities																	
≥ 40	≥ 37.5	No obesity comorbidities																	

Approval date: October 2023, updated March 2024 **Review date:** September 2024 (or sooner if evidence or practice changes)

Not to be used for commercial or marketing purposes. Strictly for use within the NHS

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

Title	Area Covered	Overview	Eligibility			Notes	Link									
Tier 3 weight management service	Bexley	People living with complex obesity who are best treated by a MDT	BMI (kg/m ²)		Comorbidities	Waiting list for group or 1-2-1 intervention is currently >6 months	All referrals must be sent via e-RS: select one of the following: <table border="1" data-bbox="1585 344 2018 699"> <thead> <tr> <th>Specialty</th> <th>Clinic type</th> <th>Service name</th> </tr> </thead> <tbody> <tr> <td>Dietetics</td> <td>Weight Management</td> <td>SEL Tier 3 Healthy Weight Programme</td> </tr> <tr> <td>Health Promotion</td> <td>Weight Management</td> <td>SEL Tier 3 Healthy Weight Programme</td> </tr> </tbody> </table>	Specialty	Clinic type	Service name	Dietetics	Weight Management	SEL Tier 3 Healthy Weight Programme	Health Promotion	Weight Management	SEL Tier 3 Healthy Weight Programme
	Specialty		Clinic type	Service name												
	Dietetics		Weight Management	SEL Tier 3 Healthy Weight Programme												
	Health Promotion		Weight Management	SEL Tier 3 Healthy Weight Programme												
	Bromley		White	All others												
	Lambeth		≥ 30	≥ 27.5	T2DM diagnosed within last 2 years											
Lewisham	≥ 35	≥ 32.5	T2DM or 2+ comorbidities													
Southwark	≥ 40	≥ 37.5	No obesity comorbidities													
Obesity comorbidities are: <ul style="list-style-type: none"> Hypertension Idiopathic Intracranial Hypertension NAFLD/NASH/other hepatic steatosis OSA or Obesity Hypoventilation Syndrome Prediabetes Previous stroke or MI 																

References

1. National Patient Safety Alert DHSC NatPSA/2024/001/DHSC 'Shortage of GLP-1 receptor agonists update' 03/01/2024
2. [National Patient Safety Alert DHSC NatPSA/2023/008/DHSC 'Shortage of GLP-1 receptor agonists' 20/09/2023](#)
3. [Joint PCDS and ABCD guidance: GLP-1 receptor agonist national shortage](#)
<https://www.pcdsociety.org/pcds-abcd-guidance-glp1-shortage>
4. Department of Health and Social Care Medicines Supply Notification MSN/2023/061 'GLP-1 receptor agonists* used in the management of type 2 diabetes' 27/06/2023
5. NICE Type 2 diabetes in adults: management (NG28)
<https://www.nice.org.uk/guidance/ng28>
6. NICE Shared decision making (NG197) <https://www.nice.org.uk/guidance/ng197>
7. Specialist Pharmacy Service Prescribing available insulins
<https://www.sps.nhs.uk/articles/prescribing-available-insulins/>
8. NICE Type 2 diabetes in adults: choosing medicines
<https://www.nice.org.uk/guidance/ng28/resources/visual-summary-full-version-choosing-medicinesfor-firstline-and-further-treatment-pdf-10956472093>
9. Expert local opinion