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

This interim information sheet is for use during the current COVID-19 pandemic and temporarily replaces the need for specialist teams to complete a GLP-1 analogue transfer of prescribing form

This information sheet should be read in conjunction with the specialist diabetes team clinic letter to support GP practices in taking over prescribing responsibility for GLP-1 analogues, 3 months after initiation 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 guidance, GLP-1 analogue therapy will be initiated by a diabetes specialist (Consultant or GPwSI or specialist practitioner) 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-diabetic 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 GLP-1 analogue is prescribed in combination with metformin and a sulfonylurea (*NB: sulfonylureas may be withdrawn where clinically necessary e.g. due to hypoglycaemia risk)* **OR**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

Following a 3 month period, prescribing responsibility may be transferred to the GP (subject to GP agreement).

SEL formulary GLP-1 analogues

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

- Liraglutide (Victoza®) 0.6mg daily **or** 1.2mg daily
- Dulaglutide (Trulicity®) 0.75mg weekly **or** 1.5mg weekly
- Semaglutide▼ (Ozempic®) 0.25mg weekly **or** 0.5mg weekly **or** 1.0mg weekly

The specific GLP-1 analogue and dose will be documented in the clinic letter

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

South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: South East London Clinical Commissioning Group (covering the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) and GSTFT/KCH /SLAM/ & Oxleas NHS Foundation Trusts/Lewisham & Greenwich NHS Trust

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

- 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 initiating 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 specialist team 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

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 specialist teams. 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. **At this current time, the six month review may be delayed and undertaken at a later date by the specialist team.**

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 initiating team 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 initiating 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 27.6.19. **2**. Summary of product characteristics for Ozempic at www.medicines.org.uk**3.** NICE guideline NG28 Type 2 diabetes in adults: management. December 2015. **4.** Summary of product characteristics for Trulicity at www.medicines.org.uk 27.6.19.

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.

Date produced: April 2020 **Date for review: September 2020 or sooner if evidence/practice changes**

South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: South East London Clinical Commissioning Group (covering the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) and GSTFT/KCH /SLAM/ & Oxleas NHS Foundation Trusts/Lewisham & Greenwich NHS Trust