



GLP-1 receptor agonists (GLP-1RA) for type 2 diabetes

Local guidance for management of type 2 diabetes has been updated, based on the ADA/EASD guidance.^{1,2} ([here](#))

Indications for treatment with a GLP-1RA as second or third line therapy (after metformin and/or SGLT-2 inhibitor) are as follows:

1. People with a history of cardiovascular disease (CVD), at high risk of CVD* or with renal disease,** who are already taking (or intolerant of) metformin and for whom an SGLT-2 inhibitor is unsuitable or not tolerated.

NB - when the GLP-1RA is initiated for a CVD or renal indication the NICE criteria for continuing treatment (weight loss and fall in HbA1c) do not apply.

*defined as age >55 years with LVH or >50% stenosis of coronary, carotid or lower extremity artery

**defined as eGFR 30-60 or urinary albumin:creatinine ratio >30mg/mmol

2. People in the above group who are already taking an SGLT-2 inhibitor but whose HbA1c remains above their individualised target. For most people the target is 53mmol/mol but this may be modified depending on personal circumstances ([here](#)).
3. People without CVD or renal risk factors with HbA1c above their individualised target for whom **weight gain is a concern**. Choose from an SGLT-2 inhibitor or GLP-1RA depending on tolerance, BMI and HbA1c. (There is greater benefit potential from a GLP-1RA if BMI >35 or HbA1c > 22mmol/mol above target.) A GLP-1RA should be preferred to insulin or SU in this group of people.
4. The GLP-1RA selected should have **proven cardiovascular benefit**. This is currently Ozempic (semaglutide s/c), Trulicity (dulaglutide) and Victoza (liraglutide). Oral semaglutide (Rybelsus) does not have evidence for CV benefit but has proven non-inferiority. For choice of GLP-1RA and guidance on procedure for people with diabetic retinopathy follow link to T2 treatment guidance.
5. Byetta, Bydureon (both exenatide) and Lyxumia (lixisenatide) do not have evidence for CV benefit and should not be initiated. For people already taking one of these preparations, consideration should be given to changing to a preparation with CV benefit.

Note - As there are two preparations of liraglutide (Victoza for diabetes and Saxenda for weight management), liraglutide should be prescribed by brand (Victoza). Saxenda (high dose liraglutide) is only licensed for weight management and is classified as RED (secondary care only).

Cautions to use of GLP-1RA

1. Possible risk of pancreatitis (advise re action to take if abdominal pain develops)
2. Increased risk of cholelithiasis
3. Possible deterioration of existing diabetic retinopathy - see guidance
4. Risk of hypoglycaemia IF combined with hypoglycaemia inducing agents (insulin and sulfonylureas [SU]). Reduce dose of insulin or SU if adding in GLP-1RA
5. Stop DPP4-inhibitor if commencing GLP-1RA (GLP-1RA renders DPP4-I ineffective)

References

1. <https://care.diabetesjournals.org/content/41/12/2669>
2. <https://care.diabetesjournals.org/content/early/2019/12/18/dci19-0066>



Support for primary care staff on the initiation of GLP-1RA within primary care

Since there is now considerable experience in prescribing GLP-1RAs within primary care and they are relatively uncomplicated they have been re-classified from Amber 1 (Shared care) to Green by Northamptonshire's Prescribing Advisory Group (NPAG). This means that GLP-1RAs can now be initiated in primary care, without referring the patient to the community diabetes MDT.

- Practical guidance and resources are available for health care professionals and contain key information to support and share with patients. For supporting information/videos for GLP-1 initiation, please follow the links:

<https://www.novonordisk.co.uk/ozempic-pen-demo-video.html>

<https://www.lillydiabetes.co.uk/hcp/trulicity>

- Specific training to initiate GLP-1 is not a mandatory requirement, but the community diabetes team will support primary care clinicians to develop skills to initiate treatment if this is required.
- The MDT can also provide optional accredited training to practice nurses, GPs and pharmacists who have a specialist interest in diabetes through the MERIT programme (see below).

Accredited training (MERIT™) information

MERIT™ (Meeting Educational Requirements Improving Treatment) is a competency-based two-part flexible education programme developed by Novo Nordisk and is for all healthcare professionals involved in diabetes care. The programme combines the theory required to support diabetes management followed by clinical support from the specialist diabetes MDT.

The MERIT stand-alone 2-hour online GLP-1RA module covers all aspects of GLP-1RA therapy, enabling healthcare professionals to confidently consider and identify when GLP-1RA therapy is indicated,

The MERIT accredited programme consists of:

- Virtual training provided by NHFT DSN team and Novo Nordisk educator
- Certificate of attendance sent to delegates on completion of MERIT.
- HCP mentorship by members of the community diabetes MDT team at monthly joint meetings

To receive more information about MERIT and book a place, please email the Diabetes MDT

diabetes.northants@nhs.net