

Shropshire, Telford and Wrekin Clinical Commissioning

GLP-1 Analogue Prescribing guidance A guide to optimisation and discontinuation

Developed in partnership with the specialist teams at:

The Shrewsbury and Telford Hospital NHS Trust

Shropshire Community Health

Shrewsbury and Telford Hospital Trust

Shropshire Community Trust

GLP-1 Analogue Naïve patients

[1] If triple therapy with metformin + 2 other oral drugs is not effective, not tolerated or contraindicated, consider combination therapy with metformin, a sulfonylurea and a GLP-1 analogue for adults with type 2 diabetes who:

have a BMI of 35 kg/m² or higher (adjust accordingly for people from black, Asian and other minority ethnic groups) AND specific psychological or other medical problems associated with obesity

OR

have a BMI lower than 35 kg/m² AND for whom insulin therapy would have significant occupational implications OR weight loss would benefit other significant obesity related comorbidities.

Ensure all patients using Insulin and commencing GLP-1 Analogue are initiated under specialist service.

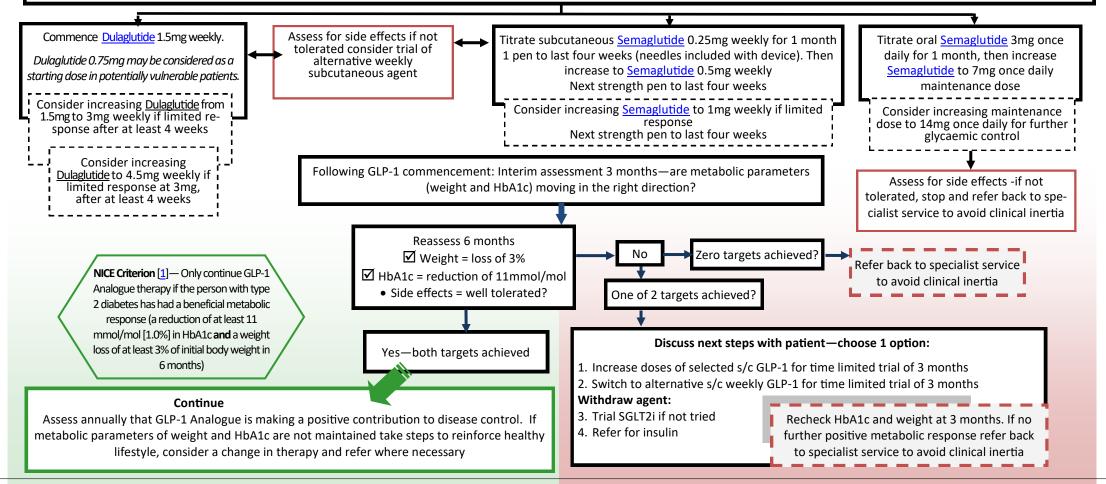
Prior to any prescription please complete GLP-1 template to record baseline HbA1c and weight

Commence weekly subcutaneous GPL-1 analogue [2]

Both Dulaglutide and Semaglutide are suitable for patients with established cardiovascular disease (secondary prevention)

Consider Dulaglutide for patients with risks for cardiovascular disease (primary prevention) - REWIND trial

Due to the lack of available cardiovascular outcome trial data for oral Semaglutide this should only be considered as a second line option for patients suitable for a GLP-1 where the subcutaneous route of administration is not tolerated or advisable.

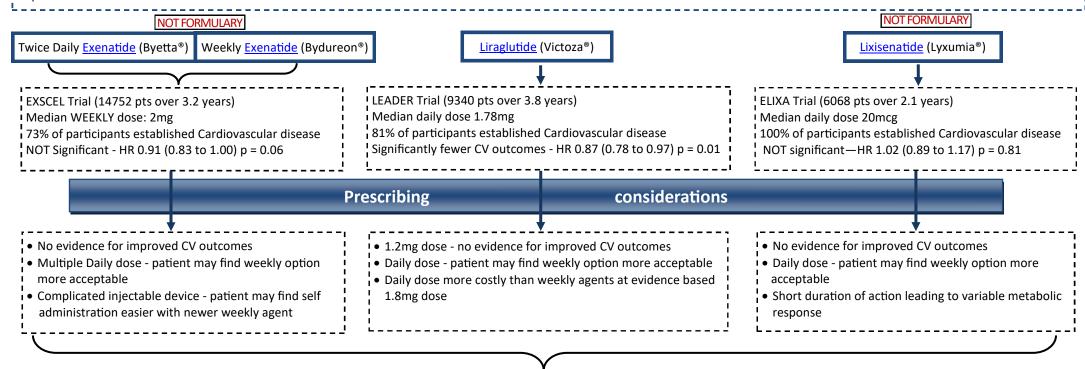


[1] NICE Type 2 Diabetes in Adults: Management NG28. Available at: https://www.nice.org.uk/guidance/ng28 [2] Buse J et al. 2019 Update to: Management of Hyperglycemia in Type 2 Diabetes, 2018. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetes Care Dec 2019, dci190066; **DOI:** 10.2337/dci19-0066

Existing GLP-1 Analogue users achieving NICE targets and not prescribed newer weekly agent

NICE Criterion— Only continue GLP-1 Analogue if the person with type 2 diabetes has had a beneficial metabolic response (a reduction of at least 11 mmol/mol [1.0%] in HbA1c **and** a weight loss of at least 3% of initial body weight in 6 months). [1]

Since the initial NICE guidance for GLP-1 initiation was released many new GLP-1 therapies have entered the market including an oral preparation. In addition, the results from the cardiovascular outcome trials are now available for existing GLP-1 treatments (Gold standard three component MACE; composite of CV death, nonfatal MI (including silent MI), or nonfatal stroke) [2,3]. To ensure that our patients receive the most beneficial outcomes from GLP-1 treatment, existing GLP-1 therapy should be reviewed. Treatments should be evidence based, improve health and be acceptable to patients.



Recommend that all patients who have achieved NICE criterion for continuation of GLP-1 and where the therapy continues to offer a beneficial metabolic response should be offered a newer weekly subcutaneous agent that has shown superiority for CV outcomes. Due to the current lack of CV outcome superiority data and the high pharmacokinetic variability of the oral preparation, switching existing GLP-1 analogue users to oral semaglutide is not recommended.

PATIENT HAS ESTABLISHED CARDIOVASCULAR DISEASE

SEMAGLUTIDE

SUSTAIN-6 Trial (3297 pts over 2.1 years)
Median WEEKLY dose 0.5mg or 1mg.
83% of participants established cardiovascular disease
Baseline HbA1c = 72mmol/mol
Significantly fewer CV outcomes - HR 0.74 (0.58 to 0.95) p = 0.02

Based on clinical judgement and patient preference, consider switch to either Semaglutide 0.25mg and titrate or Dulaglutide 1.5mg weekly

Where patients are using insulin, further advice/input may be sought from specialist as required.

Assess at 6 months to ensure metabolic improvements maintained

PATIENT HAS RISK FACTORS FOR <u>OR</u> ESTABLISHED CARDIOVASCULAR DISEASE

DULAGLUTIDE

REWIND Trial (9901 pts over 5.4 years)
Median WEEKLY dose 1.5mg.
68.5% of participants risk factors for cardiovascular disease
Baseline HbA1c = 55mmol/mol
Significantly fewer CV outcomes - HR 0.88 (0.79 to 0.99) p = 0.026

Existing GLP-1 Analogue users <u>not</u> achieving NICE targets and <u>not</u> prescribed newer weekly agent

Confirm patient motivated to manage condition and persevere with treatment

Discuss options with patients

1. Start newer weekly subcutaneous GLP-1 Analogue where GLP-1 Analogue therapy remains an appropriate option (see NICE criterion below).

Switching to longer acting agents has been shown to improve metabolic responses further due to increased exposure times and compliance [3]

- 2. Consider SGLT2 inhibitor (if not already taking)
- 3. Refer for insulin

If swapping to newer weekly GLP-1 Analogue:

☐ Follow initiation process on page 2
☐ Input baseline measurements
☐ Recheck HbA1c and weight at 3 months

If no further positive metabolic response refer back to specialist service to avoid clinical inertia

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Version	Date	Changes	Editor
1.0	12/08/2020	Approved by APC	CJ
2.0	14/04/2021	Updated to include oral semaglutide to match Net formulary wording and incorporated specialist comments around SGLT-2 positioning, specialist input requirement for patients on insulin and strengthening of wording around clinical judgement and patient preference on those already stable on GLP-1 with superior CV outcomes (daily agents)	CMH
3.0	17/06/2021	Document updated to reflect new commissioning organisation	СМН
4.0	08/10/2021	Document updated to reflect new higher doses and clinical data available for dulaglutide impact on weight reduction. Circulated to APC members Dec 21 for information.	СН