Affix patient addressograph here

Cambridgeshire and Peterborough Clinical Commissioning Group

EXENATIDE / LIRAGLUTIDE CLINICIANS INITIATING CHECKLIST
Prescribing classified as GREEN in line with NICE Guidelines
(Please note that GLP-1 with insulin is still remaining in secondary care)

Both primary and secondary care prescribers now have the option of initiating exenatide/liraglutide treatment. Please follow the following checklist for initiating and monitoring patients. If initiated in secondary care please copy this form and send to the patients GP. Refer to latest edition of the BNF for further information and guidance.

GLP-1 Prescribed (please circle): Exenatide Immediate-release, Exenatide modified release, Liraglutide
Date started:

1. **Indications for commencing therapy (√)**

Dual therapy (Exenatide modified release or liraglutide) in combination with metformin or a sulfonylurea:

- **Treatment with metformin or a sulfonylurea is contra-indicated or not tolerated AND treatment with thiazolidinediones and dipeptidylpeptidase-4 inhibitors is contra-indicated or not tolerated** ☐

Triple therapy (Exenatide immediate-release, Exenatide modified release or Liraglutide):

Body Mass Index >35kg/m^2 AND :

- **HbA1c ≥ 7.5% (59 mmol/mol) with metformin and a sulphonylurea (for standard-release exenatide)** ☐
- **HbA1c ≥ 7.5% (59 mmol/mol) with metformin and a sulphonylurea or metformin and a thiazolidinedione (for modified release exenatide or liraglutide)** ☐

OR inadequate glycaemic control (HbA1c ≥ 7.5% (59 mmol/mol)) AND:

- **Body Mass Index < 35kg/m^2 and insulin would be unacceptable for occupational reasons or weight loss would benefit other significant obesity related comorbidities** ☐

If ticked body Mass Index < 35kg/m^2 please indicate reason:

This leaflet was prepared by Cambridgeshire and Peterborough Clinical Commissioning Group with local GPs & Diabetes Specialists
Version 1.0
Document produced by Sonia Shergill
Document produced July 2013
Date document to be reviewed July 2015

……

2. Monitoring therapy

Prior to commencing therapy:		**AT 6 MONTHS:**		
Date:		**Date:**		
HbA_1c (mmol/mol): ($IHbA1_c$))		HbA_1c (mmol/mol): ($NHbA1_c$))		
Weight (kg): (IW)		Weight (kg): (NW)		
BMI (kg/m^2):		BMI (kg/m^2):		
eGFR (ml/min/1.73m^2):		eGFR (ml/min/1.73m^2):		
Creatinine (µmol/L):		Creatinine (µmol/L):		
% Weight loss at 6 months : (IW-NW) x 100 / IW		Target weight loss of at least 3% achieved?	YES	NO Discontinue treatment
$HbA1_c$ reduction at 6 months: (IH-NH)		Target $HbA1_c$ reduction of at least 11mmol/mol (1%) achieved?	YES (if **both** weight and $Hba1_c$ target achieved continue treatment)	NO Discontinue treatment

3. Ceasing treatment

NICE specifies that treatment with these medications SHOULD BE STOPPED unless the HbA1c falls by at least 11mmol/mol (1%) within 6 months and remains at the lower level AND a weight loss of 3% is achieved.

4. Provide the patient with an information leaflet ☐

- http://www.cambsphn.nhs.uk/Libraries/Newer_drugs_for_diabetes/EXENATIDE_Info_for_Patients_Cambridgeshire_and_Peterborough_CCG_June_2013.sflb.ashx
- http://www.cambsphn.nhs.uk/Libraries/Newer_drugs_for_diabetes/LIRAGLUTIDE_Info_for_Patients_Cambridgeshire_and_Peterborough_CCG_June_2012.sflb.ashx

(Only Consultant Diabetologist to initiate and prescribe exenatide/liraglutide for patients on concurrent insulin)

- Severe pancreatitis (sometimes fatal), including haemorrhagic or necrotising pancreatitis, has been reported rarely. Patients or their carers should be told how to recognise signs and symptoms of pancreatitis and advised to seek prompt medical attention if symptoms such as abdominal pain, nausea, and vomiting develop; discontinue permanently if pancreatitis is diagnosed.

- Caution when used in the elderly. Do not use in pregnancy and breastfeeding.

-See BNF and SPC for full warnings and cautions.

- Exenatide is not recommended for use in patients with end stage renal disease or severe renal impairment (use with caution if eGFR 30 – 50 ml/min/1.73m^2, avoid if eGFR <30 ml/min/1.73m^2).

This leaflet was prepared by Cambridgeshire and Peterborough Clinical Commissioning Group with local GPs & Diabetes Specialists
Version 1.0
Document produced by Sonia Shergill
Document produced July 2013
Date document to be reviewed July 2015

- Liraglutide can currently not be recommended for use in patients with moderate renal impairment or severe renal impairment (avoid if eGFR < 60 ml/min/1.73m^2).

REFER TO CURRENT BNF/NICE GUIDELINES FOR FURTHER INFORMATION

FILE THIS FORM IN THE PATIENT MANAGEMENT SYSTEM

This leaflet was prepared by Cambridgeshire and Peterborough Clinical Commissioning Group with local GPs & Diabetes Specialists
Version 1.0
Document produced by Sonia Shergill
Document produced July 2013
Date document to be reviewed July 2015