

**GLP-1 Receptor Agonist Treatment Agreement Form and Checklist**  
To be used alongside [GLP-1 Receptor Agonist Guidelines](#)

<b>Date seen:</b>		<b>DSN name:</b>	
<b>Name:</b>		<b>GP name:</b>	
<b>NHS number:</b>		<b>GP Practice:</b>	
<b>DOB:</b>			
<b>Tel number:</b>			
<b>Exclusion criteria:</b>		<b>Warnings:</b>	
	<b>Yes</b> <b>No</b>		<b>Yes</b> <b>No</b>
eGFR (within last 2 mths) _____		Person willing to inject?	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>▪ Dulaglutide &lt; 15 AVOID</li> <li>▪ Liraglutide &lt; 15 AVOID</li> <li>▪ Semaglutide &lt;15 AVOID</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	Person warned of possible side effects?	<input type="checkbox"/> <input type="checkbox"/>
Triglycerides in last 2 mths _____ mmol/l <b>(CONSIDER RISK IF ABOVE 5MMOL/L)</b>	<input type="checkbox"/> <input type="checkbox"/>	Person warned of risk of renal impairment?	<input type="checkbox"/> <input type="checkbox"/>
Alcohol intake _____ units/wk <b>(If above national recommendations discuss increased pancreatitis risk)</b>	<input type="checkbox"/> <input type="checkbox"/>	Person warned of risk of pancreatitis?	<input type="checkbox"/> <input type="checkbox"/>
Biliary or pancreatic surgery within last 6 mths	<input type="checkbox"/> <input type="checkbox"/>	Instructions given to seek prompt advice if experiencing persistent severe abdominal pain with or without vomiting?	<input type="checkbox"/> <input type="checkbox"/>
History of pancreatitis	<input type="checkbox"/> <input type="checkbox"/>		
Heart Failure NYHA class IV	<input type="checkbox"/> <input type="checkbox"/>		
Inflammatory bowel disease	<input type="checkbox"/> <input type="checkbox"/>	<b>GLP-1 chosen:</b>	
Diabetic gastroparesis	<input type="checkbox"/> <input type="checkbox"/>	▪ Semaglutide <input type="checkbox"/>	
Planned pregnancy, inadequate contraception or breastfeeding	<input type="checkbox"/> <input type="checkbox"/>	▪ Dulaglutide <input type="checkbox"/>	
		▪ Liraglutide <input type="checkbox"/>	
		▪ Other (state why) <input type="checkbox"/>	
		▪ None <input type="checkbox"/>	
<b>CAUTION IN:</b>			
Retinopathy grade R2/R3/M1/P1 (semaglutide only)	<input type="checkbox"/> <input type="checkbox"/>		
HbA1c greater or equal to 75 mmol/mol (9%) (semaglutide only)	<input type="checkbox"/> <input type="checkbox"/>		

<b>Advised re NICE 6 month review criteria:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>To take away:</b> Written information	<input type="checkbox"/>	<input type="checkbox"/>
<b>DVLA information:</b>	<input type="checkbox"/>	<input type="checkbox"/>

Liraglutide/Semaglutide/Dulaglutide has been prescribed for you to help reduce your blood glucose levels and help you to lose weight.

Liraglutide/Semaglutide/Dulaglutide is not beneficial in everyone and the National Institute for Health and Care Excellence (NICE) have advised that treatment should only be continued for people who have a reasonable benefit; defined by NICE as a reduction in HbA1c (long term glucose reading) of 1% point (DCCT units) or 11mmol/mol (IFCC units) or more and a reduction in weight of 3% or more after 6 months of treatment.

Over the next 6 months we will monitor your HbA1c and weight to assess if you are one of the people who benefit from the treatment. Liraglutide/Semaglutide/Dulaglutide will only usually be continued beyond 6 months in people who have a reasonable benefit from the treatment as stated above.

In occasional cases, where there has been a very good reduction in either HbA1c or weight (above that suggested by NICE) but not in both, we may still decide that it is beneficial to continue using Liraglutide/Semaglutide/Dulaglutide.

Prior to commencing therapy:		At 3 months:		At 6 months:		
<b>Date:</b>		<b>Date:</b>		<b>Date:</b>		
<b>HbA1c</b>						
<b>Wt (kg)</b>						
<b>BMI (kg/m2)</b>						
<b>eGFR (ml/min/1.73m2)</b>						
<b>%age weight loss 3 &amp; 6 months</b>				Target weight loss of at least 3% achieved?	YES	NO
<b>HbA1c reduction 3 &amp; 6 months</b>				Target HbA1c reduction of at least 11mmol/mol (IFCC units) or 1% point (DCCT units) achieved?	YES	NO

**Agreement**

The information above has been explained to me and I understand that treatment with Liraglutide/Semaglutide/Dulaglutide should be discontinued after 6 months if the medicine does not appear to be having a reasonable benefit.

Name .....

Signature .....