Oxford Health NHS Foundation Trust | NHS Oxfordshire Clinical Commissioning Group | Oxford University Hospitals NHS Foundation Trust

GLP-1 Receptor Agonist Treatment Agreement Form and Checklist

Use alongside GLP-1 Receptor Agonist Guidelines. For Semaglutide, liraglutide and dulaglutide ONLY.

Date seen:	**DSN name:**
Name: **NHS number:** **DOB:**	**GP name:** **GP Practice:**

Exclusion criteria:

If YES do not prescribe or see note in red

	Yes	No
eGFR <15ml/min (within last 2 mths) _____ml/min **AVOID ALL if < 15ml/min**	☐	☐
Triglycerides >5MMOL/L in last 2 months _____mmol/l **CONSIDER RISK IF ABOVE 5MMOL/L**	☐	☐
Alcohol intake above recommended _____units/wk **If above national recommendations discuss increased pancreatitis risk**	☐	☐
Biliary or pancreatic surgery or disease within last 6 months	☐	☐
Any history of pancreatitis	☐	☐
Heart Failure NYHA class IV	☐	☐
Inflammatory bowel disease	☐	☐
Gastroparesis	☐	☐
Planned pregnancy, inadequate contraception or breastfeeding	☐	☐
Caution in (semaglutide only)		
Retinopathy grade R2/R3/M1/P1	☐	☐
HbA1c greater or equal to 75 mmol/mol (9%)	☐	☐

If YES to either discuss with specialist team

Warnings:

	YES	NO
Person able to inject or be injected? If not, consider oral semaglutide.	☐	☐
Person warned of possible side effects (e.g. GI, hypos, DKA)? Oral semaglutide must be taken on an empty stomach 30 mins before food.	☐	☐
Person warned of risk of dehydration?	☐	☐
Person warned of risk of pancreatitis?	☐	☐
Instructions given to seek prompt advice if experiencing persistent severe abdominal pain with or without vomiting?	☐	☐
Sick day rules discussed	☐	☐
Contraception discussed	☐	☐

HCP aware of

1) risk of DKA if insulin dose reduced too quickly when GLP1RA started
2) risk of hypos if insulin/sulfonylurea dose not reduced enough when GLP1RA started

GLP-1 chosen:

- Semaglutide (subcut) ☐
- Dulaglutide ☐
- Liraglutide ☐
- Semaglutide (oral) ☐

Advised re NICE 6 month review criteria:	☐	☐
To take away: Written information	☐	☐
DVLA information:	☐	☐

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 of benefit to 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 large 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:**		
Date:		**Date:**		**Date:**		
HbA1c						
Wt (kg)						
BMI (kg/m2)						
eGFR (ml/min/1.73m2)						
%age weight loss 3 & 6 months				Target weight loss of at least 3% achieved?	YES	NO
HbA1c reduction 3 & 6 months				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/SC Semaglutide/Dulaglutide/oral Semaglutide should be discontinued after 6 months if the medicine does not appear to be having a reasonable benefit.

Name …….

Signature ……