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South Cumbria  
PRIMARY CARE TRAINING HUB

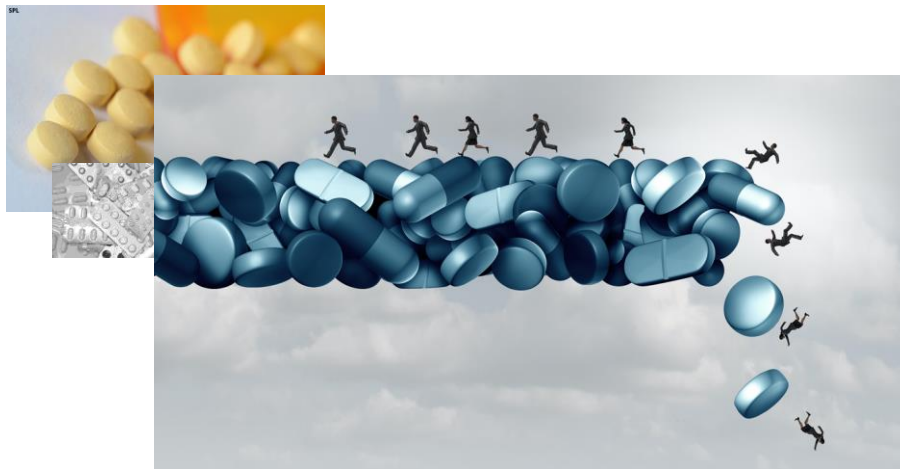
**NHS**

**Lancashire and  
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# Bitesize Education and Training Session 3

## GLP-1 agonists: Role in therapy and Safety considerations

18<sup>th</sup> March 2025



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### Speakers:

- Victoria Birchall, Medicines Optimisation Pharmacist
- Anna Houghton, Medicines Optimisation Pharmacist
- Jane Woloszczuk, Medicines Optimisation Pharmacist
- Jatinder Saimbi, Medicines Optimisation Pharmacist

# Welcome & Housekeeping



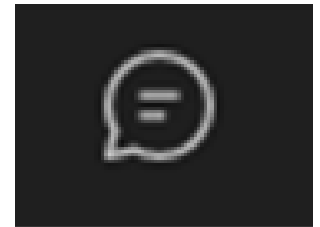
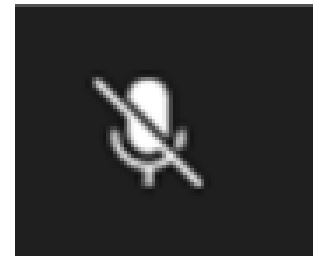
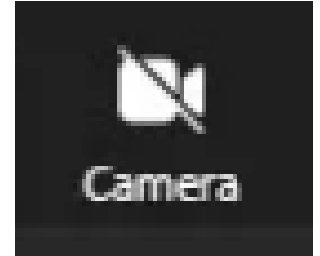
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## Thank you for joining us today!

- ✓ The session is for 30-minutes (20-minute presentation and 10-minute Q&A session).
- ✓ Please switch off your cameras and put yourselves on mute.
- ✓ Please use the chat function if you want to ask a question or for comments.
- ✓ Please respect others' views and opinions. (We have prescribers from across the system on the call – primary, secondary care and community).
- ✓ Please use the chat function to network with your peers and share ideas.
- ✓ At the end of the session there will be a short online poll (live!).



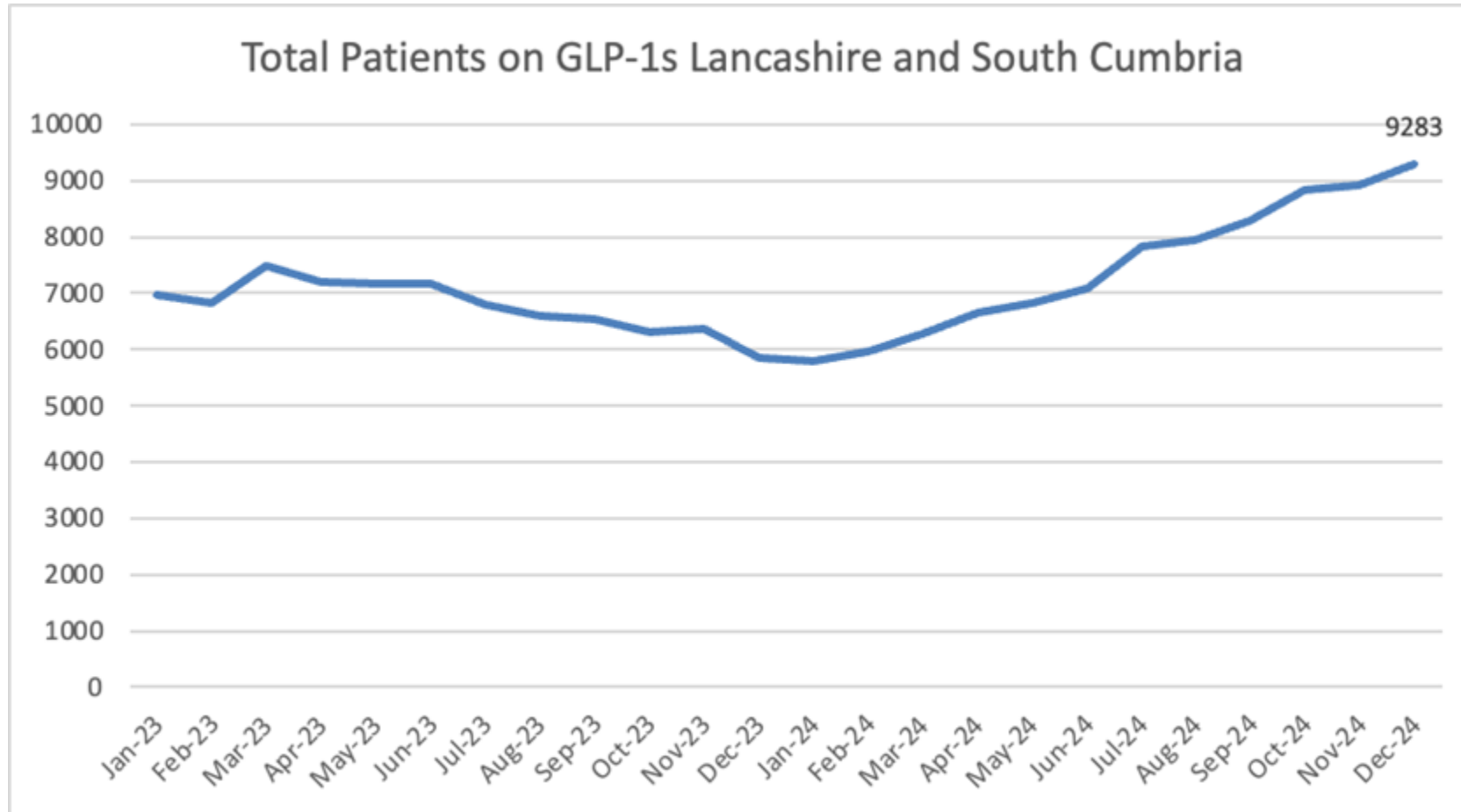
*Please note the 20-minute presentation will be recorded, and the slides and the recording will be uploaded to the LSC Training Hub website for you to download.*



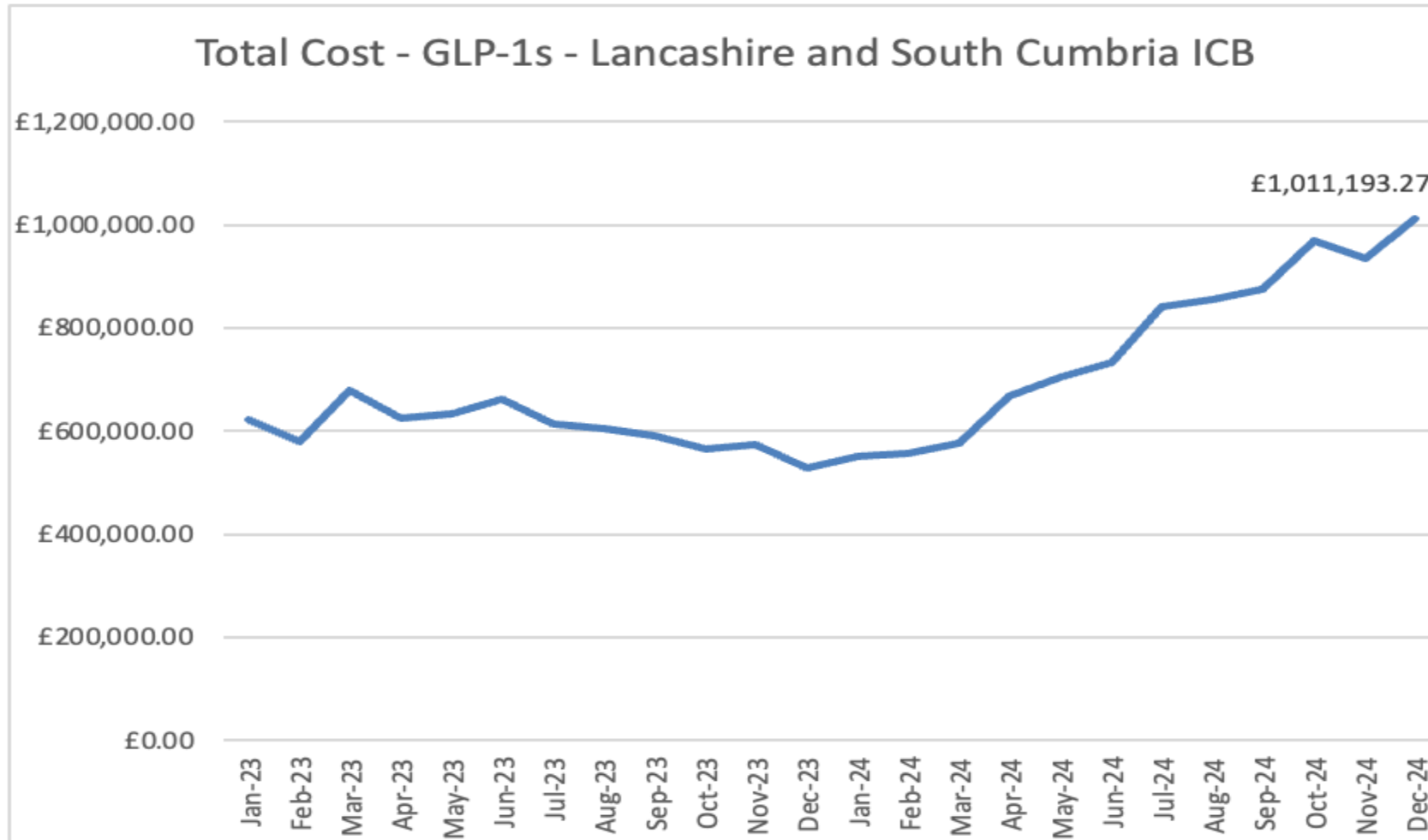
## Disclaimer

- If you do access the slides and recordings to the bitesize sessions using the following link: [Independent Prescribing – Lancashire and South Cumbria Training Hub](#), please be aware that the sessions were intended to support Non-Medical Prescribers in their development and understanding of the subject area, however these sessions should not be considered the sole source of your learning. Please ensure that you also refer to your Trust/Employer guidance, up-to-date national guidance e.g. NICE guidance and professional body standards alongside these bitesize sessions.
- The information in the sessions are current and accurate at the time of creation.

# Prescribing trends



# Prescribing trends



# Role in Therapy – Type 2 diabetes

- Please refer to NICE NG28 for role in therapy of GLP-1 agonists in adults with Type 2 diabetes [Recommendations | Type 2 diabetes in adults: management | Guidance | NICE](#)
- Current LSCMMG guidelines for antihyperglycaemic therapy in adults with Type 2 diabetes are about to be updated.

# Role in Therapy – Type 2 diabetes

If triple therapy with metformin and 2 other oral drugs is not effective, not tolerated or contraindicated, **consider triple therapy by switching one drug for a GLP-1 agonist** for adults with type 2 diabetes who:

have a body mass index (BMI) of 35 kg/m<sup>2</sup> 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/m<sup>2</sup> **and**:

- for whom insulin therapy would have significant occupational implications **or**
- weight loss would benefit other significant obesity-related comorbidities.

# Role in Therapy – Type 2 diabetes

- **NICE CKS recommend that if a DPP4-inhibitor (gliptin) is being prescribed, it should be stopped on starting a GLP-1 agonist** as the combination does not provide additional glycaemic control.
- Some localities have recently run searches identifying patients prescribed both gliptin and GLP-1 agonist and are highlighting these to practices for review.
- This reduces polypharmacy and is more cost-effective.



# Role in Therapy – Type 2 diabetes

Only continue GLP-1 agonist therapy if the patient with type 2 diabetes has had a beneficial metabolic response:

- a reduction of at least 11 mmol/mol in HbA1c AND
- weight loss of at least 3% of initial body weight in 6 months

**If both criteria are not met, please stop**

**Can only assess if these reductions have occurred if we take measurements at the start and at 6 months. Please ensure these are done.**

# Role in Therapy – Type 2 diabetes

- Excellent position statement for tirzepatide for Type 2 diabetes [tirzepatide-for-type-2-diabetes-position-statement-approved-mar24.pdf](#) on LSCMMG
  - semaglutide tabs v tirzepatide – which patients are most suitable
  - when to review/stop and consider deprescribing of other agents.
- Remember patient agreement form at initiation of GLP1-agonists [appendix-b-antihyperglycaemics-guideline-glucagon-like-peptide-contract-v11.docx](#) This manages expectations that it is a trial and therapy will be stopped if both measurements are not met.

# Tirzepatide for managing overweight and obesity

Mounjaro® (Tirzepatide) has been reviewed by NICE for managing overweight and obesity (NICE TA1026) and will be available to NHS patients in stages:

1. By Spring 2025 - to all patients accessing specialist weight management services,
2. By Summer 2025 in primary care - phased introduction to eligible cohorts, in line with NHS England's interim commissioning policy.

**The RAG position will be updated periodically and in line with the implementation plan.**

# Tirzepatide for managing overweight and obesity

Weight loss position statement on LSCMMG for tirzepatide containing up-to-date information [tirzepatide-for-weight-loss-position-statement-post-nice-ta1026-final.pdf](#).

Currently:

Mounjaro® (Tirzepatide) for managing overweight and obesity **in secondary care – current LSCMMG RAG status ‘Red’**.

Mounjaro® (Tirzepatide) for managing overweight and obesity **in primary care – current LSCMMG RAG status ‘Do not prescribe’**.

# Safety Considerations

- Up to 31<sup>st</sup> January 2025 there were 22 deaths from adverse reactions associated with use of GLP-1 agonists for weight loss and 60 linked to use for treating type 2 diabetes.
- Alison Cave, MHRA chief safety officer, said, “*The decision to start, continue, or stop treatments should be made jointly by patients and their doctor, based on full consideration of benefits and risks.*”
- [GLP-1 agonists: 82 deaths linked to adverse reactions, UK data show | The BMJ](#)
- [More than 500 people hospitalised following use of weight-loss drugs, says health minister - The Pharmaceutical Journal](#)

# Safety Updates

1. [GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse](#) (24<sup>th</sup> October 2024)
2. [GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation](#) (28<sup>th</sup> January 2025)
3. [FSRH Statement: Glucagon-like peptide-1 \(GLP-1\) agonists and oral contraception](#) (7<sup>th</sup> February 2025)

# Safety Update: 1 ([MHRA Link](#))

**GLP-1 agonists are effective and acceptably safe treatments when used within their licensed indications. However, as with all medicines, there are risks associated with their use.**

- ✓ Healthcare professionals are reminded to inform patients about the common and serious side effects associated with glucagon-like peptide-1 receptor agonists (GLP-1RAs).

# Safety Update: 1 continued ([MHRA Link](#))

- ✓ Inform patients upon initial prescription and when increasing the dose about the common risk of gastrointestinal side effects.
- ✓ These are usually non-serious, however can sometimes lead to more serious complications such as severe dehydration, resulting in hospitalisation.
- ✓ GI side effects (*More likely to occur at the start of treatment or after every dose increase*)
  - As of 28/10/24, the MHRA received 7,228 reports of nausea, vomiting and diarrhoea associated with GLP-1RAs indicated for weight management, in which 68 were hospitalised.
  - Mounjaro lists diarrhoea and vomiting as very common ( $\geq 1$  in 10)
  - Ozempic lists diarrhoea as very common ( $\geq 1$  in 10) and vomiting as common ( $\geq 1/100$  to  $< 1/10$ )
  - Wegovy lists vomiting and diarrhoea as very common ( $\geq 1$  in 10)



# Safety Update: 1 continued ([MHRA Link](#))

- ✓ Be aware that hypoglycaemia can occur in non-diabetic patients using some GLP-1RAs for weight management; ensure patients are aware of the symptoms and signs of hypoglycaemia and know what action to take and to urgently seek medical advice should they occur.
- Hypoglycaemia
  - Saxenda and Wegovy have the risk of hypoglycaemia in non-diabetic patients listed in their product information.

# Safety Update: 1 continued ([MHRA Link](#))

- ✓ Patients should also be warned of the [risk of falsified GLP-1RA medicines for weight loss if not prescribed by a registered healthcare professional, and be aware that some falsified medicines have been found to contain insulin<sup>\[footnote 1\]</sup>](#)
- ✓ Be aware there have been reports of potential misuse of GLP-1RAs for unauthorised indications such as aesthetic weight loss.
- ✓ Report suspected adverse drug reactions to the [Yellow Card scheme](#).

# Safety Update: 1 continued ([MHRA Link](#))

## What advice should we be providing our patients?

- ✓ GLP-1RAs are prescription-only medicines to be used under medical supervision and should only be prescribed by a registered healthcare professional.
- ✓ The benefits and risks of using GLP-1RAs for weight loss outside of the licensed indications have not been studied.
- ✓ Common gastrointestinal side-effects of GLP-1RAs treatment (including nausea, vomiting, diarrhoea and constipation) can persist for several days and may affect more than 1 in 10 patients. This may result in dehydration, which if severe may lead to other serious health complications such as kidney damage resulting in hospitalisation.

# Safety Update: 1 continued ([MHRA Link](#))

## What advice should we be providing our patients?

- ✓ Throughout treatment stay well hydrated by drinking plenty of fluids (such as water) to avoid dehydration, which can sometimes occur after experiencing gastrointestinal side-effects including vomiting and diarrhoea.
- ✓ Other serious but less common side-effects of GLP-1RAs include acute gallstone disease, pancreatitis, and serious allergic reactions.
- ✓ If obtaining from a non-NHS prescriber, ensure that this is dispensed from authorised sources, such as registered online pharmacies, to avoid the risk of receiving falsified pens.
- ✓ Carefully read the instructions for use in the Patient Information Leaflet, and use the prescribed dose.
- ✓ If concerned about any side-effects, speak to a healthcare professional.

## Safety Update: 2 (MHRA Link)

- ✓ **Review of the risk of pulmonary aspiration associated with GLP-1 and dual GIP/GLP-1 receptor agonists, in patients undergoing surgery or procedures with general anaesthesia or deep sedation**
- ✓ Known to slow down gastric emptying. Higher risk of pulmonary aspiration due to retained gastric contents, in patients undergoing surgery or procedures with general anaesthesia or deep sedation, despite routine recommended preoperative fasting
- ✓ Potentially lead to severe complications such as aspiration pneumonia
- ✓ Product information and patient information leaflets have been updated
- ✓ ? when to stop GLP-1 or GIP-GLP-1 agonists prior to procedure – current evidence limited so advice is that anaesthetists should provide an individualised pre-operative risk assessment

# Safety Update: 2 continued ([MHRA Link](#))

## What advice should we be providing our patients?

- ✓ If you are taking a GLP-1 or dual GIP/GLP-1 receptor agonist, make sure you inform your healthcare team including the anaesthetist about this prior to your surgical procedure
- ✓ This medicine slows the emptying of your stomach, increasing the risk that stomach contents could enter into your airways and lungs during surgery or procedures, whilst under general anaesthesia or deep sedation
- ✓ A modification to the pre-procedure instruction and anaesthetic technique may be required
- ✓ Take your prescribed medicine(s) as usual and do not stop your treatment without first discussing this with your doctor

## Safety Update: 3 ([FSRH Link](#))

- ✓ Faculty of Sexual Reproductive Healthcare (FSRH) statement on GLP-1 agonists and contraception
- ✓ Advice is that GLP-1 agonists are avoided during pregnancy and contraception is used in women of childbearing age whilst using GLP-1 agonists
- ✓ Additional contraceptive advice for those using tirzepatide
- ✓ Patient information leaflet available: [FSRH statement: Glucagon-like peptide-1 \(GLP-1\) agonists and oral contraception \(Feb 2025\) | FSRH](#)

## Safety Update: 3 continued ([FSRH Link](#))

- ✓ Tirzepatide has a clinically significant effect on bioavailability of oral contraceptives; reducing the absorption of oral contraceptives
- ✓ If using tirzepatide and oral contraception, patients should switch to a non-oral contraceptive method, or add a barrier method of contraception, for the first four weeks of treatment and for four weeks after each dose increase
- ✓ No need to add a barrier method of contraception when using semaglutide, dulaglutide, exenatide, lixisenatide or liraglutide









# Safety Update: 3 continued ([FSRH Link](#))

- ✓ Diarrhoea and vomiting common adverse reactions
- ✓ Could affect absorption of oral contraceptives and reduce effectiveness
- ✓ Individuals who experience severe diarrhoea or vomiting during use of GLP-1 agonists should follow [existing FSRH recommendations](#):

## 5. Contraception during use of drugs that cause vomiting or severe diarrhoea

Severe drug-induced diarrhoea or vomiting is predicted to reduce the bioavailability of oral contraceptive steroids.

Quick reference: Contraception and drugs that cause vomiting or severe diarrhoea	
Method	Key information and guidance
CHC	 <ul style="list-style-type: none"> <li>Follow missed pill rules if vomiting occurs within a few hours of pill taking (see manufacturer instructions) or if severe diarrhoea persists for &gt;24 hours</li> <li>If an individual has persistent vomiting or diarrhoea, consider non-oral contraception</li> <li>Consistent use of condoms is recommended</li> </ul>
POP	
IMP	 <ul style="list-style-type: none"> <li>No interaction</li> <li>No need for additional precautions</li> </ul>
DMPA	
LNG-IUS	
Cu-IUD	
LNG-EC	 <ul style="list-style-type: none"> <li>Note that the Cu-IUD is the most effective method of EC and is unaffected by vomiting and diarrhoea.</li> <li>If vomiting occurs within 3 hours of pill taking or severe diarrhoea persists for &gt;24 hours, a repeat dose should be given</li> </ul>
UPA-EC	
 No interaction: method suitable  Potential interaction: caution required  Known interaction: avoid and advise alternative method	
<b>Contraceptive methods:</b> CHC, combined hormonal contraception; Cu-IUD, copper intrauterine device; DMPA, progestogen-only injectable: depot medroxyprogesterone acetate; EC, emergency contraception; IMP, progestogen-only implant; LNG-IUS, levonorgestrel-releasing intrauterine system; POP, progestogen-only pill; LNG, levonorgestrel; UPA, ulipristal acetate.	

# Safety Update: 3 continued ([FSRH Link](#))

## Preconception advice

- ✓ Lack of safety data available for use of GLP-1 agonists in pregnancy
- ✓ Individuals should be advised to use contraception during use of all GLP-1 agonists and informed of the recommended ‘washout’ period (i.e. the recommended duration between discontinuation of the GLP-1 agonist prior to a planned pregnancy)

GLP-agonist	Washout period
Tirzepatide	One month <sup>6</sup>
Semaglutide	Two months <sup>1</sup>
Exenatide	12 weeks <sup>2</sup>

Table 1. Washout periods of GLP-1 agonists

# Medicines Optimisation Safety Audit

Age	Diagnosis of type 2 diabetes recorded?	GLP-1 mimetic (including combination therapy) dose and frequency		Date patient first started taking a GLP-1										
		Name and strength	Dose and frequency		HbA1c		Weight		M	N				
						At start of treatment	At 6 months	Latest	At start of treatment	At 6 months	Latest	Was therapy continued appropriately in line with NICE at the 6 month review point?	Is HbA1c reduction by 11 mmol/mol AND 3% weight reduction still currently maintained?	
58	Yes	Ozempic 1mg/0.74ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)	As Directed	20-Sep-22										
67	Yes	Ozempic 0.5mg/0.37ml solution for injection 1.5ml pre-filled pens (Novo Nordisk Ltd)	As Directed											
65	Yes	Semaglutide 14mg tablets	daily											
49	No	Ozempic 1mg/0.74ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)	As Directed											
					101	88	93	99	99.2	91.8		No	No	
					83	64	No further HbA1c results	117.482	109	No further Weight measurements		Yes	Not enough data	
					73	61	68	127.008	127.008	125.4		No	No	
					49	36	No further HbA1c results	109	96.8	93.2		Patient does NOT have type 2 diabetes	Patient does NOT have type 2 diabetes	

The Medicines Optimisation team will be undertaking an audit of GLP1-RA in GP practices after April 2025. The aim of the audit is to identify patients who may be prescribed the drugs outside of the licensed indications, in inappropriate combinations, where there are potential safety issues or where the drugs have been ineffective. This piece of work will improve patient safety, ensuring the safe and appropriate prescribing of GLP1-RA across primary care in Lancashire and South Cumbria.

# Thank you for listening

Please complete our short online poll!



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## **Next session:**

**15th April 2025:** Key considerations when prescribing in Learning Disability

**Speaker:** Abhinav Kokilagadda (Specialist Physiotherapist in LD, Pennine Care and Specialist Clinical Advisor)

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# Question and Answer



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