**Prescribing Incentive Scheme 23/24; Review of Glucagon-like peptide-1 agonists (GLP-1 RAs) as response to national shortage and MSN/2023/061**

**Payment**: 10p/pt (list size). **Payment will be reimbursed based on the completion and appropriate template read coded GLP-1 reviews. Aiming to review all identified patients by end of March 2024.**

Further local and national resources to support practices will be uploaded here [Stock Shortages - Medicines (bswtogether.org.uk)](https://bswtogether.org.uk/medicines/stock-shortages/)

Background

A Tier 3 (high impact) Medicine Supply Notification has been issued GLP-1 receptor agonists used in management of type 2 diabetes –

Summary

* There are very limited, intermittent supplies of all glucagon-like peptide-1 receptor agonists (GLP-1 RAs) licensed in the management of Type 2 Diabetes Mellitus (T2DM).
* **Supply is not expected to return to normal until at least mid-2024.**
* **GLP-1RAs should only be prescribed for their licensed indication**. See [SmPC](https://www.medicines.org.uk/emc#gref) for further information.
* Avoid initiating people with type 2 diabetes on GLP-1 Ras for duration of the GLP1-RA national shortage.
* **Avoid switching between brands of GLP-1 RAs, including between injectable and oral forms**.
* Where a higher dose preparation of GLP-1 RA is not available, **do not substitute by doubling up a lower dose preparation and avoid temporarily step-down doses.**
* The supply issues have been caused by an increase in demand for these products for licensed and off-label indications.
* Please refer to the SPS Tool for Medicines Shortages for an up-to-date supply stock situation and clinical guidance on alternative treatment options.

We anticipate that encouraging this review work in a proactive way through the PIS will be helpful and supportive to practices.

**Practice actions for Prescribing Incentive Scheme payment**

Run searches found here: *Reporting> Clinical Reporting> BSW General Practice > Medicine Optimisation Team > GLP-1 searches*: (*See Appendix 2 for further information*)

* **Number of patients on GLP-1 but without T2 DM read code.**
* **Number of patients with T2 DM coded, on GLP-1 AND established on insulin.**
* **Number of patients with T2 DM coded, on GLP-1, not on insulin** **last Hba1c > 86 mmol/mol.**
* **Number of patients with T2 DM coded, on GLP-1, not on insulin last Hba1c 58-86 mmol/mol.**
* **Number of patients with T2 DM coded, on GLP-1, not on insulin last Hba1c < 58 mmol/mol.**
* Complete SystmOne template ‘BSW ICB GLP-1 review template – MSN’

This will guide the clinician through a decision-making process (replicates MSN PCDS flow chart)

1. Record text detail of agreed plan following review
2. Record priority of GLP-1 prescribing continuation and justification
3. **Record ‘Review complete’** (Ensure ‘Ub1p8 Diabetic jam’ coded as per template)
* If the reviews are recorded in this way, a central search can be run to determine practice achievement of PIS.

**As of date on 5th July 23, semaglutide and liraglutide supplies anticipated to be exhausted first (imminent).**

 **you may wish to prioritise review where OOS situation is more prominent, but the expectation is that all GLP-1 patients should be reviewed.**

* If the reviews are recorded in this way, a search can also be run at practice level to identify patients who have been deemed a high priority to re-introduce GLP-1 if / when stock situation allows:

*PIS 23/24: Number of pt has GLP-1 review complete AND high priority for re-introduction coded*

**Appendix 1: Supplementary Template Flowchart**

 GLP-1 Review – BSW PIS Review Template response to MSN- Jun 23

Note: Symptomatic hyperglycaemia may indicate clinical need for insulin therapy. If in doubt, discuss with specialist clinician. Symptoms of hyperglycaemia include polyuria, polydipsia, weight loss and fatigue. Think 4Ts – Thirst, Toilet, Thinner, Tired.

If NO, **DISCONTINUE** GLP-1

No

Is the patient diagnosed and coded for Type 2 Diabetes and using GLP-1 for a licensed indication?

**>86 mmol/mol**: Consider starting sulfonylurea (if not already prescribed) or insulin as rescue therapy as per [NICE CG28](https://www.nice.org.uk/guidance/ng28) and [PCDS](https://diabetesonthenet.com/wp-content/uploads/PCDS_ABCD-GLP-1-RA-shortage_20230628.pdf) advice to optimise glucose control. Where possible maintain GLP-1 RA until insulin has been started, then suspended GLP-1 Rx. Seek local specialist advice as appropriate.

**58 - 86mmol/mol**: Consider optimising dose of current or additional oral glucose lowering therapy +/- insulin if appropriate. Follow [NICE CG28](https://www.nice.org.uk/guidance/ng28) and [PCDS](https://diabetesonthenet.com/wp-content/uploads/PCDS_ABCD-GLP-1-RA-shortage_20230628.pdf) advice to optimise glucose control. In particular consider SGLT2 inhibitors if not previously tried or contraindicated.

**<58mmol/mol**: Consider optimising dose of current oral antidiabetic agents or add additional oral glucose lowering therapy. Ideally avoid adding/increasing SU due to risk of hypoglycaemia. Follow [NICE CG28](https://www.nice.org.uk/guidance/ng28) and [PCDS](https://diabetesonthenet.com/wp-content/uploads/PCDS_ABCD-GLP-1-RA-shortage_20230628.pdf) advice to optimise glucose control. In particular consider SGLT2 inhibitors if not previously tried or contraindicated.

Documentation of review outcome, treatment plan and shared decision made. GLP-1 review complete and coded ‘Ub1p8 Diabetic Jam’

If BOTH not met – **DISCONTINUE** GLP-1

If YES - consider optimise insulin therapy and /or oral glucose lowering agent as needed. Follow [NICE CG28](https://www.nice.org.uk/guidance/ng28) and [PCDS](https://diabetesonthenet.com/wp-content/uploads/PCDS_ABCD-GLP-1-RA-shortage_20230628.pdf) advice to optimise glucose control. Seek local specialist advice as appropriate.

If NOT already established on insulin, is the last documented HbA1c\* *(\*Also consider individualised tailored target)*

Yes

Is the prescribed GLP-1 medication available? Discuss potential risk of intermittent GLP-1 supply.

If YES - CONTINUE GLP-1 with regular review, coded XE0hp ‘Previous treatment continue’ coded and save template.

No

No

Yes

Yes

No

Yes

Yes

Is the patient currently using insulin?

As per [NICE CG28](https://www.nice.org.uk/guidance/ng28): Reduction of = >3% weight loss in 6 months after starting observed?

As per [NICE CG28](https://www.nice.org.uk/guidance/ng28): Reduction of 11mmol/mol or 1% HbA1c metabolic response observed?