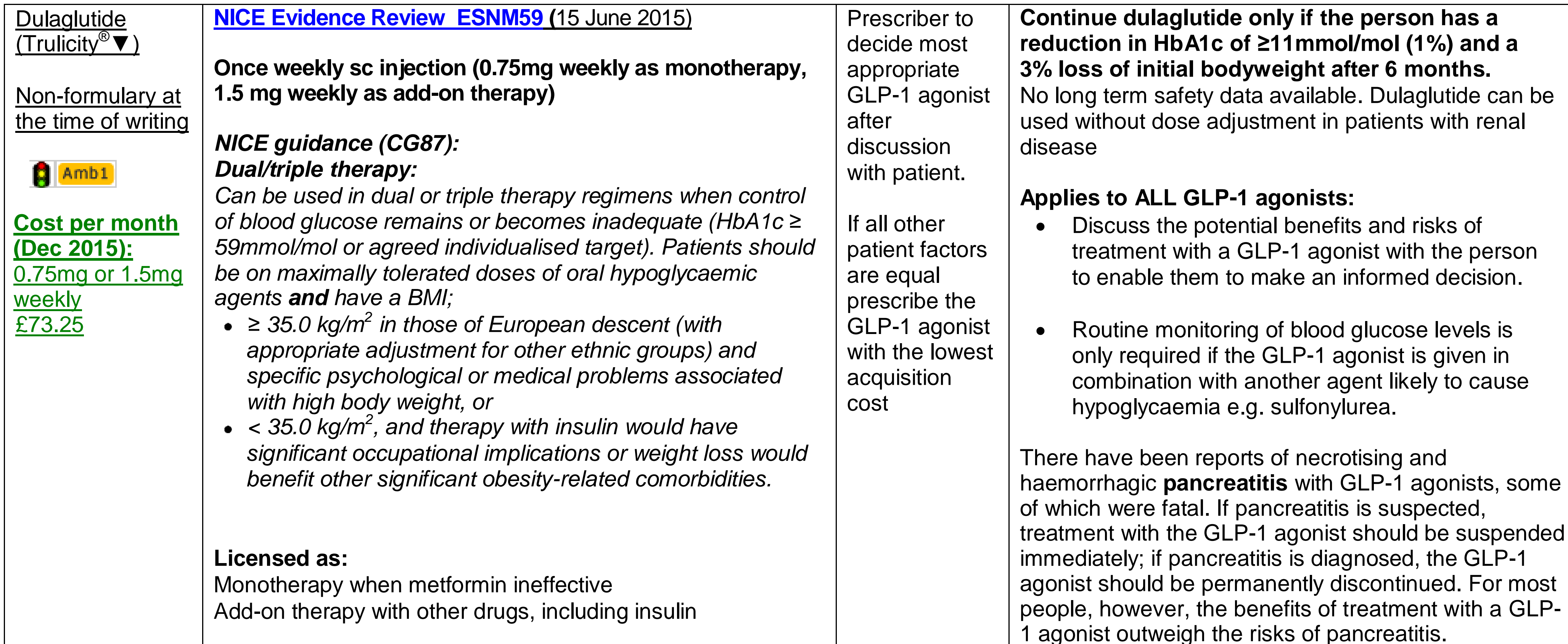

Dulaglutide (Trulicity®▼) Non-formulary at the time of writing Amb1 **Cost per month (Dec 2015):** 0.75mg or 1.5mg weekly £73.25	NICE Evidence Review ESNM59 (15 June 2015) **Once weekly sc injection (0.75mg weekly as monotherapy, 1.5 mg weekly as add-on therapy)** ***NICE guidance (CG87):*** ***Dual/triple therapy:*** *Can be used in dual or triple therapy regimens when control of blood glucose remains or becomes inadequate (HbA1c ≥ 59mmol/mol or agreed individualised target). Patients should be on maximally tolerated doses of oral hypoglycaemic agents* ***and*** *have a BMI;* • *≥ 35.0 kg/m^2 in those of European descent (with appropriate adjustment for other ethnic groups) and specific psychological or medical problems associated with high body weight, or* • *< 35.0 kg/m^2, and therapy with insulin would have significant occupational implications or weight loss would benefit other significant obesity-related comorbidities.* **Licensed as:** Monotherapy when metformin ineffective Add-on therapy with other drugs, including insulin	Prescriber to decide most appropriate GLP-1 agonist after discussion with patient. If all other patient factors are equal prescribe the GLP-1 agonist with the lowest acquisition cost	**Continue dulaglutide only if the person has a reduction in HbA1c of ≥11mmol/mol (1%) and a 3% loss of initial bodyweight after 6 months.** No long term safety data available. Dulaglutide can be used without dose adjustment in patients with renal disease **Applies to ALL GLP-1 agonists:** • Discuss the potential benefits and risks of treatment with a GLP-1 agonist with the person to enable them to make an informed decision. • Routine monitoring of blood glucose levels is only required if the GLP-1 agonist is given in combination with another agent likely to cause hypoglycaemia e.g. sulfonylurea. There have been reports of necrotising and haemorrhagic **pancreatitis** with GLP-1 agonists, some of which were fatal. If pancreatitis is suspected, treatment with the GLP-1 agonist should be suspended immediately; if pancreatitis is diagnosed, the GLP-1 agonist should be permanently discontinued. For most people, however, the benefits of treatment with a GLP-1 agonist outweigh the risks of pancreatitis.

NHS Barnsley CCG shared care guidelines for **GLP-1 receptor agonists**