GLP-1 Pathway

GLP-1 Alternative options to oral agents

NHS Rotherham Clinical Commissioning Group

If at any stage the oral agent is not suitable or tolerated consider either a GLP-1 alternative or moving on to the next oral agent

Oral Pathway

Step One → Metformin

GLP1 Monotherapy

If intolerant to metformin and weight loss is a desire consider GLP-1

Once Weekly

Dulaglutide (can be combined with all other oral diabetic medication) → Empagliflozin or other oral agents

Once Daily

Lixisenatide (can be combined with all other oral diabetic medicine) → Empagliflozin & other oral agents

Liraglutide (more potent) → Gliclazide (SU)/ pioglitazone only or metformin

Step Two options

Step Two → Linagliptin

Patient is established on Metformin

If DPP -4 inhibitor (gliptin) is not tolerated and/or weight loss is desirable and a SGLT2 (flozin) is not an option consider a GLP-1

Once Weekly

Dulaglutide (can be combined with all other diabetic medication) → Empagliflozin or other oral agents

Once Daily

Lixisenatide (can be combined with all other diabetic medicine) → Empagliflozin or other oral agents

Liraglutide (more potent) → Gliclazide (SU)/ pioglitazone only

Step Three Options

Step Three → Empagliflozin

If SGLT 2 (flozin) is not an option. There is a little to be gained from using a GLP-1. If DPP – 4 inhibitor (gliptin) has been used at step 2 → If patient is taking metformin + an DPP4-I (gliptin) but is unsuitable or intolerant f of a SGLT2 (flozin). There is little to be gained by adding in a GLP-1 consider glicazide or pioglitazone or referring for insulin initiation

If SGLT2 has been used at step 2

Once Weekly GLP-1

Dulaglutide

Once Daily GLP-1

Lixisenatide

When established on triple therapy-Next step if required

- **Gliclazide and pioglitazone could be considered**
- **Refer to diabetes specialist nurse to consider insulin initiation.**