

Table 1: GLP-1

Injectable GLP-1 (subcutaneous)	Brand name	Dosing frequency	Dose	Dose in renal impairment	Dose in hepatic impairment	Formulations available	Number of doses in a single pen	Number of pens required each month	Pen needles provided in pack?	Formulary status
Liraglutide	Victoza	Once daily	0.6mg once daily, increase to 1.2mg once daily after a week. If necessary, increase to maximum dose 1.8mg once daily.	No dose adjustment for mild, moderate or severe renal impairment. No experience in end-stage renal disease and therefore not recommended.	No dose adjustment for mild or moderate hepatic impairment. Not recommended in severe impairment.	6mg/mL pre-filled pen (PFP)	30 doses of 0.6mg; 15 doses of 1.2mg; 10 doses of 1.8mg	Between one to three pens, depending on dose	No	Green – Victoza for type 2 diabetes mellitus (NB: Saxenda brand also available – red for obesity)
Lixisenatide	Lyxumia	Once daily	10 micrograms once daily for 14 days, increase to 20 micrograms once daily. Administer within one hour before meal.	No dose adjustment for mild or moderate renal impairment. No experience in patients with severe (Creatinine clearance [CrCl] < 30) or end-stage renal disease and therefore not recommended	No dose adjustment in patients with hepatic impairment.	10 micrograms/ 0.2mL PFP 20 micrograms/ 0.2mL PFP	14 doses	10 micrograms = 1 pen 20 micrograms maintenance dose = 2 pens (28 days)	No	Green
Exenatide standard release	Byetta	Twice daily	5 micrograms twice daily, increase to 10 micrograms twice daily after 1 month if necessary. Administer one hour before meal	No dose adjustment in mild impairment (CrCl 50–80). In patients with moderate renal impairment (CrCl 30–50) dose escalation should proceed conservatively. Not recommended in patients with end-stage or severe renal impairment (CrCl <30)	No dose adjustment in patients with hepatic impairment.	5 micrograms/ 0.02mL PFP 10 micrograms/ 0.04mL PFP	60 doses	1 pen (30 days)	No	Green Treatment must be initiated by a consultant diabetologist.
Dulaglutide	Trulicity	Once weekly	Monotherapy: 0.75mg once weekly Add-on therapy: 1.5–3mg once weekly. Maximum dose 4.5mg once weekly	No dose adjustment is required in mild, moderate or severe renal impairment. There is limited experience in patients with end-stage renal disease (CrCl <15), therefore not recommended.	No dose adjustment in patients with hepatic impairment.	0.75mg/ 0.5mL PFP 1.5mg/ 0.5mL PFP 3mg/ 0.5mL PFP 4.5mg/ 0.5mL PFP	Single weekly dose	4 pens (28 days)	No	Green
Semaglutide	Ozempic	Once weekly	0.25mg once weekly for 4 weeks; then 0.5mg once weekly for 4 weeks; then increase to 1mg once weekly if necessary	No dose adjustment is required in mild, moderate or severe renal impairment. There is limited experience in patients with severe renal impairment therefore not recommended.	No dose adjustment in patients with hepatic impairment. Limited experience of use in people with severe hepatic impairment.	0.25mg/ 0.19mL PFP 0.5mg/ 0.37mL PFP 1mg/ 0.74mL PFP	4 doses	1 pen (28 days)	Yes	Green
Exenatide modified release	Bydureon	Once weekly	2mg once weekly	No dose adjustment is required in mild or moderate renal impairment. Not recommended for patients with end-stage renal disease or severe renal impairment (CrCl <30)	No dose adjustment in patients with hepatic impairment.	2mg/0.85mL prolonged release suspension for PFP	4 doses	1 pen (28 days)	No	Non-formulary
Oral GLP-1	Brand name	Dosing frequency	Dosing frequency	Dose in renal impairment	Dose in hepatic impairment	Formulations available	Number of tablets in a box	Counselling points		Formulary status
Semaglutide	Rybelsus	Once daily	3mg once daily for one month, then 7mg once daily. After at least one month with 7mg, the dose can be increased to a maintenance dose of 14mg once daily. Max dose 14mg once daily.	No dose adjustment is required in mild, moderate or severe renal impairment. There is limited experience in patients with severe renal impairment therefore not recommended.	No dose adjustment in patients with hepatic impairment. Limited experience of use in people with severe hepatic impairment therefore caution should be exercised when treatment these patients.	3mg tablets 7mg tablets 14mg tablets	30 (one month supply)	Take on an empty stomach upon waking with a sip of water (no more than 120mL) Wait at least 30 minutes before eating, drinking or taking any other medication. Not to be split, crushed or chewed.		Green

