Best Practice Message



Updated 27th March 2023

Liraglutide for Diabetes Management

Practice changing moments:

- From 1st March 2023, liraglutide is funded as an alternative GLP-1 receptor agonist to dulaglutide.
- Once supply issues of dulaglutide are resolved, those who were initiated on liraglutide can choose to continue to use liraglutide.
- Liraglutide is given as once daily subcutaneous injection.
- Liraglutide and dulaglutide have similar efficacy and side effect profiles, however liraglutide has a greater weight loss effect.
- The brand of liraglutide (Victoza[®]) funded for diabetes management is different to that for weight loss (Saxenda[®]). Prescribe liraglutide treatment by brand.

Introduction

Since becoming listed on the PHARMAC schedule in 2021, dulaglutide has had a consistent increase in use in patients with diabetes. In October 2022 Eli Lily announced that due to a global supply issues with all GLP-1 agonists they will be rationing of stock of dulaglutide worldwide. PHARMAC has announced that to alleviate this supply issue they are listing liraglutide for diabetes management from the 1st of March 2023 under the brand name Victoza[®]. Liraglutide, another GLP-1 receptor agonist has been available in New Zealand unfunded for weight loss since 2020 under the brand name Saxenda[®]. Dosing for weight loss is higher than that for diabetes management (see dosing below).

Differences between dulaglutide and liraglutide

	Dulaglutide	Liraglutide
Device	Single use pen.	Multi use titratable pen containing 18mg per pen. The patient will require a
		prescription for needles and the device is compatible with BD pen needles.
Dosing	1.5mg Once	Once <i>daily</i> Subcutaneously. Initiate at 0.6mg, increase to 1.2mg after 1 week. If
	weekly	optimal response is not achieved the dose can be increased to 1.8mg after an
	subcutaneously.	additional week. This titration is to reduce GI symptoms
Clinical	The cardiorenal, glycaemic effects and adverse effect profile of dulaglutide and liraglutide do not	
effects	significantly differ ¹⁻⁵ however, patients may lose up to 1kg more weight with liraglutide ^{1,2} .	

Funding

Liraglutide will only be funded for diabetes management, at a maximum of three pens per month, sufficient for a dose of up to 1.8mg per day. The special authority criteria for liraglutide is the same as that for dulaglutide however, is a different form and so **patients with a valid special authority for dulaglutide would need to have a separate special authority applied for if switching to liraglutide**.

Liraglutide will be funded until June 2024 or once PHARMAC has confirmed that the ongoing supply of dulaglutide is certain (whichever comes first). From this date, liraglutide will only remain funded for patients who were initiated prior to this date. **Patients will not be forced to transition to other diabetes medications such as dulaglutide**⁶. **Switching between dulaglutide and liraglutide**

If a patient transitions from dulaglutide to liraglutide, the patient should stop their dulaglutide and on the next day they would be due for a dose of dulaglutide, initiate the liraglutide⁷. Patients would not need to titrate the dose and instead start at 1.8mg daily if swapping from dulaglutide. However, if patients initially experienced gastrointestinal (GI) adverse effects with dulaglutide, they may benefit from a reduced initial dose of 1.2mg daily. Patients should be counselled that transient GI adverse effects may occur after switching between GLP-1 agonists.

If a patient transitions from liraglutide to dulaglutide they should stop their liraglutide and initiate dulaglutide the next day. It has been reported that transitioning from a daily GLP-1 agonist to a weekly formulation can result in a transient increase in blood glucose levels⁷. This should be monitored and only adjust other diabetes medications if the increase to glucose levels persists.





Tools and further reading:

- As with any medicine, any adverse reaction should be reported to <u>CARM</u>.
- New Zealand Formulary <u>GLP-1 receptor agonists</u>.
- PHARMAC: Decision to fund the diabetes treatment liraglutide (Victoza) in response to a dulaglutide supply issue.
- Best practice Dulaglutide article

References:

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