



The SIMPLE Approach to GLP-1 RA Prescribing

A quick-reference aide-mémoire for primary care teams

Cardiovascular

Diabetes

Weight

Renal

Work through each step at initiation – revisit E at every review

ASSESS & DECIDE

S



SUITABILITY
Assess the patient

- ☐ Weight / BMI
- ☐ Blood pressure
- ☐ HbA1c
- ☐ Renal function
- ☐ Cardiovascular history
- ☐ Medication history
- ☐ Pregnancy & breastfeeding status
- ☐ Retinopathy screening (T2D)

CONTRAINDICATIONS & CAUTIONS – CHECK SMPC

e.g. history of pancreatitis, gallbladder disease or thyroid cancer · retinopathy · frailty

I



INDICATION
Define the goal

- ☐ T2D
- ☐ Weight management
- ☐ Cardiovascular risk reduction

☐ Clarify the treatment goal before choosing therapy

TIP

Agree and record the goal with the patient – it guides drug choice and dose, and how success is judged at review.

M



MEDICATION
Choose & prescribe

- ☐ Select the appropriate GLP-1 RA
Based on the patient's condition & administration preference
- ☐ Check licence & indication
- ☐ Choose the correct starting dose
- ☐ Follow local formulary guidance

WATCH FOR

On insulin or a sulfonylurea? Hypoglycaemia risk – consider dose reduction.¹

P



PREPARATION
Educate & safety-net

- ☐ Explain administration
Pen technique, sites, storage
- ☐ Discuss common side effects & their management
Nausea, vomiting, diarrhoea, constipation, dyspepsia
- ☐ Provide safety-netting advice
e.g. discuss acute pancreatitis as a rare side effect
- ☐ Review concurrent medicines
e.g. advise stopping DPP-4 inhibitors

SAFETY-NET

Severe, persistent abdominal pain → seek urgent advice.
Ongoing vomiting / diarrhoea → dehydration risk; give sick-day advice.

L



LIFESTYLE
Support behaviour change

- ☐ Healthy eating
- ☐ Hydration
- ☐ Physical activity

TIP

Smaller meals, eat slowly, stop when full – helps GI tolerability. Adequate protein and strength activity help preserve muscle.

E



EVALUATION
Review & optimise

- ☐ Review adverse effects & tolerability
- ☐ Monitor adherence & ensure correct injection technique
- ☐ Assess outcomes
Weight, HbA1c, BP
- ☐ Optimise dosing
Titrate per SmPC
- ☐ Plan ongoing follow-up
- ☐ Review lifestyle factors
Nutrition, exercise & mental health

TIP

Book the first review before the patient leaves. Apply NICE / local continuation criteria.

ABBREVIATIONS BMI – body mass index · BP – blood pressure · DPP-4 – dipeptidyl peptidase-4 · GI – gastrointestinal · GLP-1 RA – glucagon-like peptide-1 receptor agonist · HbA1c – haemoglobin A1c · NICE – National Institute for Health and Care Excellence · PCCS – Primary Care Cardiovascular Society · SmPC – summary of product characteristics · T2D – type 2 diabetes

The SIMPLE Checklist

Before prescribing a GLP-1 RA, ask yourself:

- ☐ **S** Is the patient suitable?
- ☐ **I** Is the indication clear?
- ☐ **M** Have I selected the right medication?
- ☐ **P** Has preparation & education been given?
- ☐ **L** Have lifestyle interventions been addressed?
- ☐ **E** How will treatment be evaluated?

PCCS Clinical Practice Aide-Mémoire Developed by PCCS

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Reference: 1. Semaglutide tablets (Rybelsus) Summary of Product Characteristics, sections 4.2 & 4.4. Novo Nordisk Ltd. www.medicines.org.uk/emc (accessed October 2026). Class warning – see SmPC for the individual GLP-1 RA.

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FURTHER RESOURCES
www.PCCSUK.org

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