

## GLP-1 Receptor Agonist (GLP-1RA) initiation / switching due to supply issues

<b>TARGET AUDIENCE</b>	Primary and Secondary care
<b>PATIENT GROUP</b>	All patients with Type 2 Diabetes

### Clinical Guidelines Summary

#### Semaglutide (Rybelsus®)

#### SMC indications for use (09/20):

For the treatment of adults with insufficiently controlled type 2 diabetes to improve glycaemic control as an adjunct to diet and exercise:

- As monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- In combination with other medicinal products for the treatment of diabetes

#### SMC restriction:

In addition to other oral anti-diabetic medicines, or as an add-on to basal insulin, as an alternative glucagon-like peptide-1 receptor agonist option.

#### Summary of advice - National Patient Safety Alert, January '24:

- Rybelsus® (semaglutide) tablets can be prescribed for new initiations of GLP-1RAs.
- As Byetta® is being discontinued in March 2024, patients should be switched to Rybelsus® tablets.
- Victoza® will remain out of stock until the end of 2024. Those patients on Victoza® whose treatment has not been amended following the unavailability of Victoza® can be switched to Rybelsus® tablets.

#### Further points to note:

- Rybelsus® **should not** be prescribed in those patients with proliferative diabetic retinopathy. Therefore, before initiating Rybelsus® in a **GLP-1RA naïve patient**, ensure the patient's retinal screen is up to date.
- GLP-1RAs should only be prescribed for licensed indications.
- **Do not switch** patients between an available GLP-1RA or offer to double a lower dose of GLP-1RA when the higher dose is not available.
- The supply of Ozempic® remains intermittent and patients still on Ozempic® experiencing supply disruptions – **\*see recent MSA amendment below**

\* **Amendment - Scottish Government Medicine Supply Alert Notice – 19/03/24**

Where patients are unable to obtain Ozempic or Trulicity for 2 weeks or more, prescribers should:

- Consider prescribing Rybelsus tablets, which can support the market at this time, if appropriate.

## **Background**

- Current supply status of GLP-1 receptor agonists:
  - **Available:** Oral semaglutide (Rybelsus®) tablets and insulin degludec & liraglutide (Xultophy®).

**NB** To protect the supply chain, no new starts on Trulicity® are currently advised.

- **Intermittent supply issues:** Injectable semaglutide (Ozempic®)
  - **Intermittent supply issues:** injectable dulaglutide (Trulicity®)
  - **Out of stock until 2025:** Injectable liraglutide (Victoza®)
  - **Discontinued:** Injectable exenatide (Byetta®)
- Due to ongoing supply issues of GLP- 1 receptor agonists, the National Patient Safety Alert (NatPSA July 2022) was updated 3<sup>rd</sup> January 2024.

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103245>



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## **Type 2 treatment options / guidance**

- Maximise all tolerated oral therapies and encourage diet and lifestyle advice and support to maintain glycaemic control and avoid weight gain.
- If the patient has not achieved their HbA1c / weight targets (i.e. reduction of 11mmol/mol and 3% of initial body weight in 6 months), consider stopping the GLP-1RA and offering or maximising other oral treatments (if not on already or if there are no other contraindications).
- Please refer to Nice guidance NG28 and visual summary “Type 2 diabetes in adults - choosing medicines”:

<https://www.nice.org.uk/guidance/ng28>



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## Clinical information for Rybelsus®:

- If necessary to initiate or switch a patient to Rybelsus®, prescribers should counsel their patient on the following dose titration schedule and administration instructions for Rybelsus®:
  - Initially 3mg once daily for 1 month, then increased to 7mg once daily for at least 1 month, then increased if necessary\* to 14mg once daily.
  - The maintenance dose is 7mg or 14mg once daily; where the 14mg dose of Rybelsus® is advised, this should be achieved by prescribing one 14mg tablet.
  - Do not use two 7mg tablets to achieve the 14mg dose.

*\* For general guidance only: patients on medications that can cause hypoglycaemia (e.g. gliclazide and insulin) the HbA1c target would be around 53-59 mmol/mol; for patients on medications that do not generally cause hypoglycaemia (GLP-1 RAs included) this target would be as near to or below 48mmol/mol. However, these targets will be dependent on age and other comorbidities.*

## How to take Rybelsus® tablets:

- Take Rybelsus® tablets on an **empty stomach** at any time of the day.
- Swallow Rybelsus® tablets whole with no more than half a glass of water (up to 120 ml). Do not split, crush, or chew the tablet, as it is not known if it affects absorption of semaglutide.
- After taking Rybelsus® tablets, wait at least 30 minutes before having the first meal or drink of the day or taking other oral medicines. Waiting less than 30 minutes lowers the absorption of semaglutide.

*(Acknowledgement: Adapted from NHS GG&C guidance with kind permission.)*

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