

**From the Chief Medical Officer
Professor Sir Michael McBride**



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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HSS(MD) 01/2024

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Deputy Secretary SPPG

GP Medical Advisers, SPPG

All General Practitioners and GP Locums (for onward
distribution to practice staff)

OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Our Ref: HSS(MD) 01/2024

Date: 4 January 2024

Dear Colleague

NATIONAL PATIENT SAFETY ALERT – SHORTAGE OF GLP-1 RECEPTOR AGONISTS (UPDATE)

Actions for all healthcare professionals who prescribe or dispense GLP-1 RAs until supply issues have resolved:

1. Only prescribe GLP-1 RAs for their licensed indications.
2. **Prescribe Rybelsus® tablets for new initiations of a GLP-1 receptor agonists (GLP-1 RA) (in line with NICE [NG28](#)).**
3. **Identify patients prescribed Byetta® and Victoza® injections and (in line with NICE [NG28](#)) switch to Rybelsus® tablets.**
4. **Counsel patients on any changes in drug, formulation, and dose regimen where appropriate (see additional information below).**
5. Engage with patients established on affected GLP1 RAs and consider prioritising for review:
 - a. discuss stopping GLP-1 RA if patients have not achieved treatment goals as per NICE [NG28](#) / [CG189](#).
 - b. do not double up a lower dose preparation where a higher dose preparation of a GLP-1 RA is not available.
 - c. **do not switch between strengths of a GLP-1 RA solely based on availability.**
 - d. do not prescribe excessive quantities; limit prescribing to minimise risk to the supply chain whilst acknowledging the needs of the patients.
6. Use the principles of shared decision making where an alternative agent needs to be considered, as per NICE guidelines and in conjunction with the clinical guidance.
7. Support patients to access structured education and weight management programmes where available.

Summary of identified safety issue

This National Patient Safety Alert supersedes [HSS\(MD\) 38/2023](#).

The supply of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) continue to be limited, with supply not expected to return to normal until at least the end of 2024. The supply issues have been caused by an increase in demand for these products for licensed and off-label indications.

- Rybelsus® (semaglutide) tablets are now available in sufficient quantities to support initiation of GLP-1 RA treatment in people with type 2 diabetes (T2DM) in whom new initiation of GLP-1 RA therapy would be clinically appropriate.
- Byetta® (exenatide) 5micrograms/0.02ml and 10micrograms/0.04ml solution for injection 1.2ml pre-filled pens will be discontinued in March 2024.
- Victoza® (liraglutide) continues to be out of stock and further stock is not expected until end of 2024.

Do not prescribe GLP-1 RAs licensed for T2DM for off-label indications. Existing stock must be conserved for patients with T2DM to mitigate the risk of impaired access to treatment and increased risk in diabetes related complications.

Please refer to the [public facing page on the SPS website](#) for an overview of stock availability for all GLP-1 RAs.

Supplies of insulin remain good, however any surge in demand caused by patients requiring an escalation of treatment in the absence of GLP-1 RA stock may affect supplies.

Additional information

Clinical Information

If necessary to initiate or switch a patient to Rybelsus® (refer to actions 2 & 3), prescribers should counsel their patient on the following dose titration schedule and administration instructions for Rybelsus®:

Rybelsus® dose: 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.

How to take Rybelsus® tablets:

1. Take Rybelsus® tablets on an empty stomach at any time of the day.

2. 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.**

3. 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.**

Guidance is available to support clinicians in choosing suitable alternative glucose lowering therapies to GLP-1 RAs during this period of national shortage. [Clinical Guidance](#) from the Primary Care Diabetes Society (PCDS) and Association of British Clinical Diabetologists (ABCD) should be used in conjunction with NICE NG28 [Type 2 Diabetes in Adults: choosing medicines](#). For alternative weight loss management guidance see NICE CG189 [Obesity: identification, assessment and management](#).

GLP-1 RAs affected

Refer to the public facing page on the SPS website for an up-to-date supply stock overview.

Semaglutide injection:

- Ozempic® 0.25mg, 0.5mg and 1mg solution for injection in pre-filled pen

Dulaglutide:

- Trulicity® 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection in pre-filled pens

Liraglutide:

- Victoza® 6mg/ml solution for injection in prefilled pen
- Saxenda® 6mg/ml solution for injection in prefilled pen

Exenatide:

- Byetta® 5micrograms/0.02ml and 10micrograms/0.04ml solution for injection 1.2ml pre-filled pens
- Bydureon® 2mg/0.85ml prolonged-release suspension for injection 1.2ml pre-filled pens

References

- Specialist Pharmacy Service: [Prescribing available GLP-1 receptor agonist](#)
- Specialist Pharmacy Service: [Prescribing available insulins](#)
- [SPCs Semaglutide Products](#)
- [SPCs Liraglutide Products](#)

- [SPCs Dulaglutide Products](#)
- [SPCs Exenatide Products](#)
- BNF: [Type 2 diabetes](#)

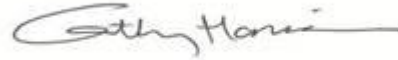
Yours sincerely



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