

# NHSGGC Central Prescribing MEMORANDUM



**To: All prescribers in Primary Care, NHS Greater Glasgow and Clyde**

**From: Central Prescribing Team, Pharmacy Services**

**Date: June 2023**

**Subject: Supply problem – All GLP-1 Receptor Agonists**

**Oral Semaglutide (Rybelsus®) Tablets & Injectable Semaglutide (Ozempic®)  
Injectable Dulaglutide (Trulicity®), Injectable Liraglutide (Victoza®)**

**Update from the GGC Diabetes MCN June 2023**

## **Guidance on managing the shortage**

Due to the ongoing supply problems with the glucagon-like peptide 1 (GLP-1) receptor agonists; semaglutide injectable & oral tablets, dulaglutide injectable and with supplies of Liraglutide injectable now affected

- **we have to assume that no GLP-1 receptor agonists will be available for the rest of 2023 and possibly beyond**

The GGC Diabetes MCN advise:

- For the management of type 2 diabetes maximise all tolerated oral therapies & encourage diet & lifestyle advice and support to maintain glycaemic control and avoid weight gain.
  - Metformin, consider re challenging “metformin intolerant” with modified release and titrating to tolerated dose.
  - SGLT2 inhibitors (‘Flozins’); canagliflozin, dapagliflozin or empagliflozin (additional cardiovascular & renal protection)
  - DPP4 inhibitors (‘Gliptins’); alogliptin and linagliptin (Typically HbA1c reduction is 6mmol/mol)
  - Without access to GLP-1 receptor agonists for new patients gliclazide or pioglitazone could be considered unless there are clear indications for insulin. Advice can be sought on 4th line choices, or whether insulin is required, via community MDT or via SCI Gateway.

- **Existing patients on injectable semaglutide 1mg weekly** can be reduced to 0.5mg weekly until supplies return to normal (expected early 2024). Clinical effectiveness should be monitored and additional or alternative treatments may need to be considered. Aim to maximise all tolerated oral therapies. Do not prescribe with DPP4 inhibitor.
- **Existing patients on GLP-1 receptor agonist that are unavailable**, without access to alternative GLP-1 receptor agonists aim to maximise all tolerated oral therapies as above & encourage diet & lifestyle advice and support to maintain glycaemic control and avoid weight gain. (*see below*)
- There is no action needed as an emergency to replace this drug with another and the following pragmatic process should be considered
- Review of HBA1c after 3 months without a GLP-1 receptor agonists optimising other treatments and optimise treatment if necessary following the NHS GGC diabetes guidelines.
- Seek specialist advice on 4th line choices, or whether insulin is required, via the community MDT or via SCI Gateway.

[Type 2 Diabetes Mellitus NHS GGC Guidance](#)

**Weight Management**

- People with Type 2 diabetes and BMI >25 can self-refer or be referred for Control It Plus online structured education programme at any time after diagnosis by contacting the NHS GGC Type 2 Hub. [Type 2 Diabetes Hub - NHSGGC](#)

Email: [ggc.type2diabeteshub@ggc.scot.nhs.uk](mailto:ggc.type2diabeteshub@ggc.scot.nhs.uk)

Phone: **0141 531 8901** (Opening Hours: Monday – Friday, 08:30-16:30)

- NHS GGC Weight Management Service [Manage your weight - NHSGGC](#)

Self-referral & health care professional referrals are taken. Weight management service destination now include Slimming World or Weight Watchers offering greater coverage across Greater Glasgow & Clyde