NHS Circular:
MSAN (2024) 09

Chief Medical Officer Directorate
Pharmacy and Medicines Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

19 March 2024

Medicine Supply Alert Notice

Semaglutide (Ozempic®) 0.25mg, 0.5mg and 1mg solution for injection in a pre-filled pen
Dulaglutide (Trulicity®) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection in a prefilled pen
Liraglutide (Victoza®) 6mg/ml solution for injection in a pre-filled pen

Priority: Level 3*
Valid until: end of 2024

Issue

Semaglutide

- Semaglutide (Ozempic®) 0.25mg and 1mg solution for injection in a pre-filled pen are available but will have intermittent supply throughout 2024. New patient initiations cannot be supported.
- Semaglutide (Ozempic®) 0.5mg solution for injection in a pre-filled pen is out of stock until early June 2024. This product will then have intermittent supply until the end of 2024. New patient initiations cannot be supported.
- Semaglutide (Rybelsus®) 3mg, 7mg and 14mg tablets are available and can support increased demand for both new patient initiations and any patients unable to obtain their existing GLP-1 RA therapy.

Dulaglutide

- Dulaglutide (Trulicity®) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection in a pre-filled pen are available but will have intermittent supply throughout 2024. New patient initiations cannot be supported.

Liraglutide

- Liraglutide (Victoza®) 6mg/ml solution for injection in a pre-filled pen is out of stock until end of 2024.

Exenatide

- Exenatide (Bydureon BCise®) 2mg/0.85ml prolonged-release pre-filled pens remain available for patients stabilised on therapy but are not able to support new patient initiations.
- Exenatide (Byetta®) 5micrograms/0.02ml and 10micrograms/0.04ml pre-filled pens will be discontinued at the end of March 2024.

Tirzepatide

- Tirzepatide (Mounjaro® Kwikpens®) pre-filled pens are currently waiting to be assessed by the Scottish Medicines Consortium (SMC) and therefore their use is not recommended for the NHS in Scotland at this stage. Further advice will follow pending the SMC decision.

***https://www.nss.nhs.scot/media/1842/medicine-supply-alert-notices-definitions-of-classifications-21-october-2019.pdf**

Advice and Actions

1. Clinicians should:
   - only prescribe GLP-1 RAs for their licensed indication;
   - proactively engage with patients established on GLP-1 RAs impacted by shortage and consider prioritising for review based on the criteria set out in clinical guidance and:
     - discuss stopping the GLP-1 RA if patients have not achieved treatment goals as per NICE NG28;
     - do not double up a lower dose preparation where a higher dose preparation of a GLP-1 RA is not available;
     - do not switch between strengths of a GLP-1 RA solely based on availability;
     - and do not prescribe more than one month's supply unless there is clear reason to do so in order that the risks to the supply chain are minimised and the needs of patients acknowledged (see additional information).

2. Where patients are prescribed Victoza® or Byetta® or 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 during this time, if appropriate;
   - if prescribing Rybelsus®, ensure that the patient is not intolerant to any of the excipients (refer to product SPC) and that the dose regimen is specifically discussed (see additional information); and
   - if the above option is not considered appropriate, or if prescribers in primary care require further clinical advice, they should liaise with specialists on management options.

Additional Information

Clinical Information on use for type 2 diabetes

Rybelsus® (semaglutide)

3. This oral preparation is licensed for the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise.
4. The starting dose is 3 mg once daily for one month, increased to a maintenance dose of 7 mg once daily. After at least one month, the dose can be increased to a maintenance dose of 14 mg once daily to further improve glycaemic control. The SPC notes the effect of switching between oral and subcutaneous (s.c.) semaglutide cannot easily be predicted because of the high pharmacokinetic variability of oral semaglutide. Exposure after oral semaglutide 14 mg once daily is comparable to s.c. semaglutide 0.5 mg once weekly. An oral dose equivalent to 1.0 mg of s.c. semaglutide has not been established.

Links to further information

- NICE guidance NG28: Type 2 diabetes in adults - choosing medicines (visual summary)
- SPS: Prescribing available GLP-1 receptor agonists
- Clinical Guidance from the PCDS and ABCD

Specialist Pharmacy Service (SPS) website

5. The UK Department of Health and Social Care (DHSC) in conjunction with SPS have launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues. To access the online Medicines Supply Tool you need to register with the SPS website. Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Tools tab and then click on the Medicines Supply option.
6. We encourage prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland to register with the SPS website and use its Medicine Supply Tool to stay up to date concerning medicines supply disruptions. Please be aware that while medicines supply issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

Enquiries

7. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to PharmacyTeam@gov.scot (primary care) or NSS.NHSSMedicineShortages@nhs.scot (secondary care).