Kingston & Richmond

# Med-E-Mail June 2023

NHS South West London

## GLP-1 receptor agonists used in the management of type 2 diabetes – National Shortage (Slide 1 of 2)

A Medicine Supply Notification (MSN) was issued on 27th June 2023; which states there are very limited, intermittent supplies of **all** formulations of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) (**dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide**) including oral agents. Whilst the MSN was directed at licensed treatments for Type 2 Diabetes Mellitus (T2DM), it is also applicable for GLP-1s used for weight management (e.g. Saxenda®). **Supplies are not expected to return to normal until at least mid-2024.**

### Actions for clinicians:

- Do NOT initiate people with T2DM on GLP-1 RAs for the duration of the national shortage
- Do NOT switch between brands of GLP-1 RAs, including between injectable and oral forms
- Proactively identify patients established on the affected preparation and consider prioritising for review based on the criteria below
- Should a prescriber still wish to issue a prescription, please prescribe by brand as per guidance for all biological medicines
- Order stocks sensibly in line with demand during this time, limiting prescribing to minimise risk to the supply chain whilst acknowledging the needs of the patient
- Where a higher dose preparation of GLP-1 RA is not available, do not substitute by doubling up a lower dose preparation
- Consider contacting patients to inform them of supply issues, and potential need to review their treatment (see sample wording on next slide)

### Review process:

- Run clinical system search to identify all patients that have been prescribed a GLP-1 RA in the last three months
- Identify prescribing for an unlicensed indication (e.g. weight loss) and review with a view to stopping this treatment
- For those prescribed for T2DM, consider prioritising review for people where:
  - HbA1c greater than 86mmol/mol in the previous 3 to 6 months
  - HbA1c greater than 86mmol/mol prior to starting the GLP1-RA
  - HbA1c not recorded in the previous 6 months
  - Urine albumin creatinine ratio (uACR) greater than 30mg/mmol
  - No beneficial metabolic response seen after 6 months (a reduction of at least 11 mmol/mol [1.0%] in HbA1c **AND** a weight loss of at least 3% of initial body-weight)
  - Self-monitoring glucose readings (or Continuous Glucose Monitoring, where available) are persistently above individualised target range
  - Co-prescribing of insulin is taking place – intermittent supply of GLP-1 RAs may be associated with increased side effects and erratic blood glucose control, this is a particular concern for this cohort, where hypoglycaemia may also be a concern. It is advised that co-prescribing should be offered along with specialist care advice and ongoing support from a consultant-led multidisciplinary team.

Where specialist advice is required for complex patients, such as those co-prescribed insulin, consider using Advice and Guidance, and local referral pathways.

**Review resources where alternative glucose lowering therapy is to be considered:**

- **SWL T2DM guidelines**
- **MSN**
- **PCDS document**
- **EMIS search available for practices**
- **Joint Formulary website – preferred options in each drug class**

**NOTE: Alternative therapies:**

- **Consider SGLT2i as first alternative option, if not already prescribed, in line with NICE NG28 guidance**
- **If a DPP-4 inhibitor is to be considered, consider sitagliptin as the preferred option, check GP notebook for recommended dosing for patients with renal impairment**

**Please contact your ICB pharmacist for further information**

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## GLP-1 receptor agonists used in the management of type 2 diabetes – National Shortage (Slide 2 of 2)

**Advice for patients:**

- There is a persisting national shortage of all GLP-1 RA both oral and injectable therapies; it will not be possible to change to an alternative agent from the same class
- This is an ideal opportunity to access lifestyle interventions that may help manage your diabetes, where available and eligible:
  - Structured education and physical activity - including SWL Health & Care Partnership Diabetes Toolkit and Diabetes Book and Learn
  - Weight management – including NHS Digital Weight Management programme, NHS T2DM Path to Remission Programme and local Tier 2 services (referrals and pathways via DXS).
- Patients, provided they fulfil the referral criteria, can be referred to a variety of services provided by South West London and St George's Mental Health NHS Trust as part of the Department of Health's Improving Access to Psychological Therapies (IAPT) initiatives
- GLP-1 RAs should only be obtained on prescription from registered pharmacies. It is not legal to obtain GLP-1 RA therapy without a prescription and there is a risk that the medicine may not be genuine. Please see the government's website for further information

**Sample wording to consider communicating to patients (via AccuRx or other means):**

There is a national shortage of one of your medicines (dulaglutide, exenatide, liraglutide, lixisenatide or semaglutide). You may have difficulties obtaining this from your usual pharmacy. Your GP will be reviewing your need for this medicine as per national advice, and may be in touch in due course.

Figure 1. Selecting alternative glucose-lowering therapy in T2DM when GLP-1 RAs are unavailable or there is no beneficial metabolic response (from MSN)

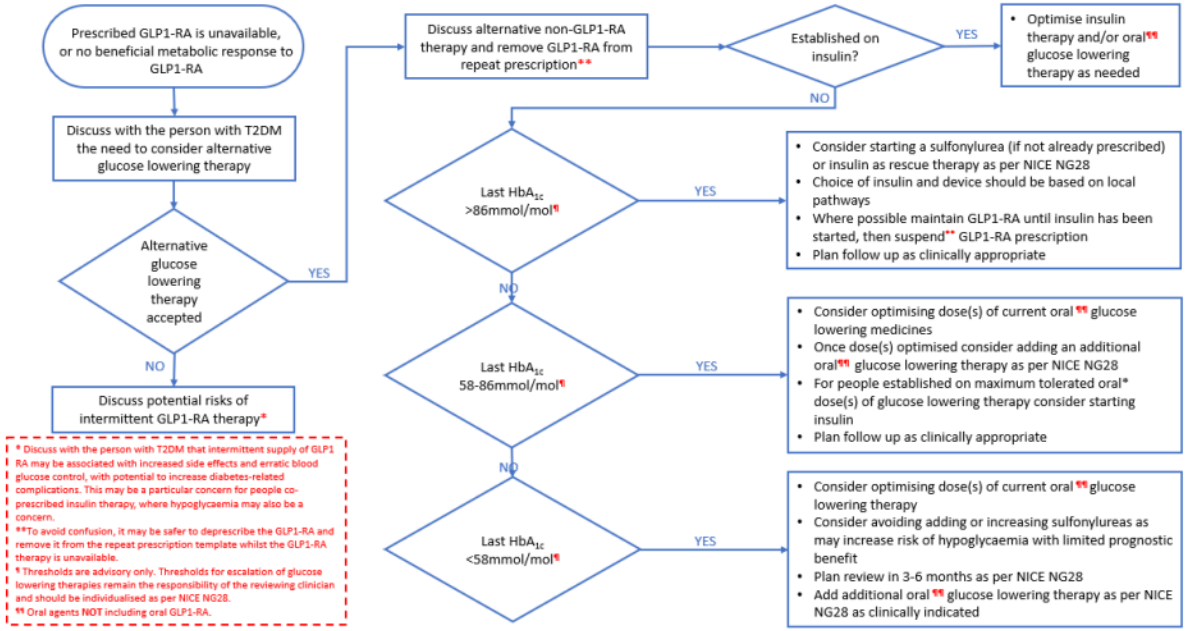
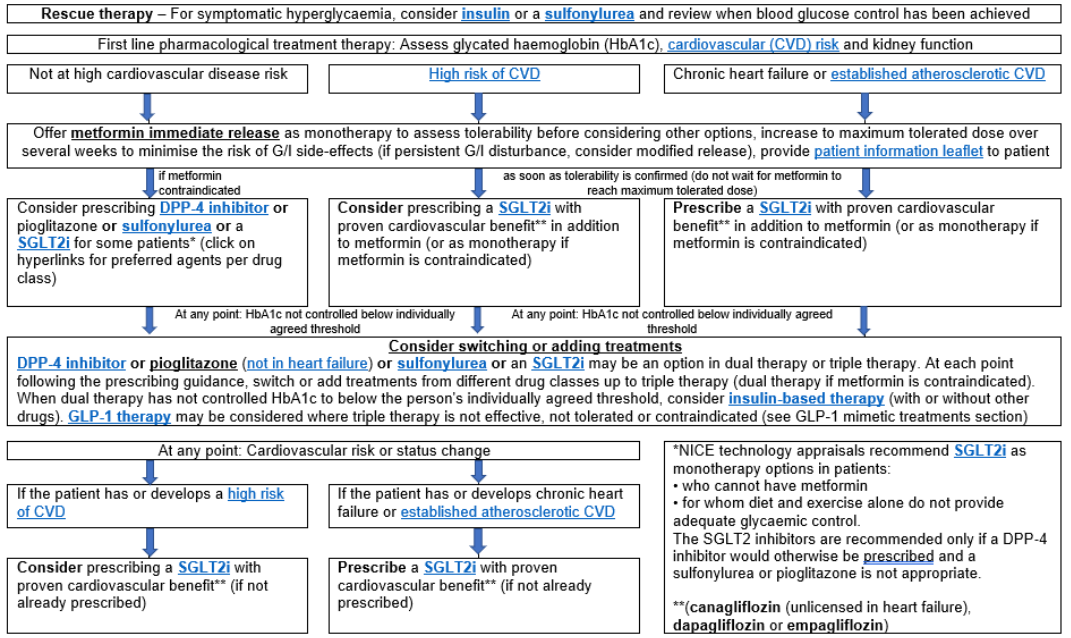



Figure 2. Choosing drug treatment (adapted from SWL T2DM guidelines)

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