Medicine Supply Notification

Semaglutide (Ozempic®) 1mg/0.74ml solution for injection 3ml pre-filled disposable device
Tier 2 – medium impact*
Date of issue: 30/09/2022
Link: Medicines Supply Tool

Summary

- Ozempic® 1mg solution for injection is out of stock until week commencing 17th October 2022. Thereafter, supply will only be available for existing patients until January 2023.
- Ozempic® 0.5mg solution for injection remains available but can only support a partial uplift in demand.
- Dulaglutide is unable to support any uplift in demand (see MSN/2022/079)
- Alternative oral and parenteral GLP-1 receptor agonists (RAs) remain available (see supporting information for further details).

Actions Required

The advice below has been put together with input from the Specialist Pharmacy Service’s Medicines Information department.

Clinicians in primary and secondary care should:

- ensure that Ozempic® is being used for licensed indications only;
- not initiate new patients on Ozempic® until full supplies become available in January 2023;
- contact patients with prescriptions due during this time, to establish if they have sufficient supplies to last until the re-supply date (17th October, and if so then delay issuing the prescription until then. Please see advice below if the patient does not have sufficient supplies to last until the re-supply date.

For patients who have insufficient supplies to last until the re-supply date, clinicians should:

- consider appropriateness of extending the dosing interval (e.g., administer every 10 days) of existing stock of Ozempic® 1mg held by the patient to last, if possible, until the resupply date;
- if the above option is not suitable, consider appropriateness of decreasing the dose of Ozempic® to 0.5mg weekly, working with local pharmacy teams to understand the availability of this strength, and issue a prescription, to last until resupply of 1mg strength in October;
- consider for those patients who are also on insulin therapy, and unable to obtain a supply of Ozempic, whether the dose of insulin can be increased to accommodate the period off Ozempic® treatment, without needing to switch to an alternative GLP-1 RA;
- prescribe an alternative GLP-1 RA for patients who need to be continued on this therapy and have insufficient supplies of Ozempic®. Clinicians involved in prescribing or dispensing the new medicine for this patient should ensure that the patient is counselled on the dose schedule and

*Classification of Tiers can be found at the following link:
how to operate the new pen injector (if parenteral therapy is selected), as well as checking for intolerance to any of the excipients (see Supporting Information below); and

- seek advice from specialists if there is uncertainty about selecting the most appropriate management option or about the dose of alternative GLP-1 RA.

Supporting information

Clinical Information

Ozempic® is a parenteral GLP-1 RA licensed for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- in addition to other medicinal products for the treatment of diabetes.

The starting dose is 0.25 mg once weekly. After 4 weeks the dose should be increased to 0.5 mg once weekly. After at least 4 weeks with a dose of 0.5 mg once weekly, the dose can be increased to 1 mg once weekly to further improve glycaemic control. After at least 4 weeks with a dose of 1 mg once weekly, the dose can be increased to 2 mg once weekly to further improve glycaemic control.

Semaglutide is also available as a once daily tablet (Rybelsus®). Other parenteral GLP-1 RAs that remain available include exenatide and liraglutide. The GLP-1 RAs differ in dose schedule and tolerability, as well as evidence base for effectiveness and clinical outcomes (evidence for cardiovascular and renal benefit is much greater for the injectables). Local formularies and guidelines will aid product selection, and a pragmatic approach will be needed for this short stock out period, with patients assessed on a case by case basis.

Table 1: Available parenteral GLP-1 RA presentations

<table>
<thead>
<tr>
<th>Parenteral GLP-1 RA</th>
<th>Brand and presentation</th>
<th>Dose</th>
<th>Indication</th>
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</thead>
<tbody>
<tr>
<td>Liraglutide</td>
<td>Victoza® 6mg/ml solution for injection in prefilled pen</td>
<td>Initially 0.6 mg <strong>once daily</strong> for at least 1 week, then increased to 1.2 mg once daily for at least 1 week, then increased if necessary to 1.8 mg once daily.</td>
<td>Type 2 diabetes mellitus as monotherapy (if metformin inappropriate), or in combination with other antidiabetic drugs, (including insulin) if existing treatment fails to achieve adequate glycaemic control</td>
</tr>
<tr>
<td>Exenatide</td>
<td>Byetta® 5micrograms/0.02ml solution for injection 1.2ml pre-filled pens</td>
<td>Initially 5 micrograms <strong>twice daily</strong> for at least 1 month, then increased if necessary up to 10 micrograms twice daily, dose to be taken within 1 hour before 2 main meals (at least 6 hours apart)</td>
<td>Type 2 diabetes mellitus in combination with other antidiabetic drugs (including insulin) if existing treatment fails to achieve adequate glycaemic control</td>
</tr>
<tr>
<td></td>
<td>Byetta® 10micrograms/0.04ml solution for injection 1.2ml pre-filled pens</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Bydureon® 2mg/0.85ml prolonged-release suspension for injection 1.2ml pre-filled pens</td>
<td>2 mg <strong>once weekly</strong></td>
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</tbody>
</table>
Please see the following links for further information:

- SmPC Ozempic® (semaglutide) solution for injection in pre-filled pen
- NICE Guidelines: Type 2 diabetes
- BNF treatment summary: type 2 diabetes

Oral GLP-1 RA
- SmPC Rebelsus (semaglutide tablets)

Once weekly GLP-1 RAs
- SmPC Bydureon® (exenatide) 2 mg prolonged release suspension for injection in pre-filled pen

Once daily GLP-1 RAs:
- Victoza® 6 mg/ml (liraglutide) solution for injection in pre-filled pen

Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.