



# Medicine Supply Notification

MSN/2024/031

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 pre-filled pen

Liraglutide (Victoza®) 6mg/ml solution for injection in a pre-filled pen

Tier 3 – high impact\*

Date of issue: 18/03/2024

Link: [Medicines Supply Tool](#)

## Summary

### 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® Kwipens®) 2.5mg/0.6ml and 5mg/0.6ml solution for injection 2.4ml pre-filled pens (containing 4 doses) are now available and can support both new patient initiations and any patients unable to obtain their existing GLP-1 RA therapy.
- Higher strengths of tirzepatide (Mounjaro® Kwipens®) will become available in the coming months (7.5mg/0.6ml, 10mg/0.6ml, 12.5mg/0.6ml and 15mg/0.6ml solution for injection 2.4ml pre-filled pens).

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

## Actions Required

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 supporting information).

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 either Rybelsus® tablets or Mounjaro® KwikPens® (ensuring that the patient is prescribed appropriate needles), which can support the market during this time, if appropriate;
- if prescribing Mounjaro® or Rybelsus®, ensure that the patient is not intolerant to any of the excipients (refer to product SPC) and that the dose regimen, including administration volumes where applicable is specifically discussed (see supporting information); and
- if the above options are not considered appropriate, or if prescribers in primary care require further clinical advice, they should liaise with specialists on management options.

## Supporting information

### Clinical Information on use for type 2 diabetes

#### **Rybelsus® (semaglutide)**

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.

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.

#### **Mounjaro® KwikPen® (tirzepatide)**

This long-acting, dual glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 receptor agonist is licensed for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise. The starting dose is 2.5 mg once weekly. After 4 weeks, it can be increased to 5 mg once weekly. If needed, dose increases can be made in 2.5 mg increments after a minimum of 4 weeks on the current dose. The recommended maintenance doses are 5, 10 and 15 mg. The maximum dose is 15 mg once weekly.

It should be prescribed in line with [NICE guidance \[TA924\]](#). It is also licensed for weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity. NICE guidance on this use is not yet available.

Refer to [PCDS and ABCD guidance](#) for advice on switching between agents.

Mounjaro® KwikPen® is labelled with a black triangle ▼ which identifies newly licensed medicines that require additional monitoring.

## Links to further information

[BNF Tirzepatide](#)

[SmPC Mounjaro® KwikPen®](#)

[Mounjaro® KwikPen® Instruction for use](#)

[Mounjaro® KwikPen® education video for](#)

[healthcare professionals](#)

[NICE guidance \[TA924\]: Tirzepatide for treating type 2 diabetes](#)

[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](#)

## Enquiries

If you have any queries, please contact [DHSCmedicinesupplyteam@dhsc.gov.uk](mailto:DHSCmedicinesupplyteam@dhsc.gov.uk)