

# Supply issues with injectable and oral glucagon-like peptide-1 receptor agonists (GLP-1 RAs)

This information is for people taking a GLP-1 RA for **type 2 diabetes**.

## Why you should read this information

You have been given this information because you are taking a GLP-1 RA for type 2 diabetes.

GLP-1 RAs include:

- dulaglutide (Trulicity<sup>®</sup>)
- exenatide (Byetta<sup>®</sup> or Bydureon<sup>®</sup>)
- semaglutide (Ozempic<sup>®</sup> or Rybelsus<sup>®</sup>)
- liraglutide (Victoza<sup>®</sup>)
- lixisenatide (Lyxumia<sup>®</sup>)

Unfortunately, there is a national stock shortage of some GLP-1 RAs. Stocks are limited and varied, different products might be out of stock at different times and you might not be able to get hold of your usual GLP-1 RA medicine.

Lixisenatide (Lyxumia<sup>®</sup>) and exenatide (Byetta<sup>®</sup>) are both being discontinued, which means they will no longer be available on prescription. If you are using these medicines, please contact your GP practice or diabetes team as soon as possible, to discuss and review your diabetes management.

## Shortage of medicines

Shortages are due to increased demand for these medicines. Supplies are not expected to return to normal until at least the end of 2024, but this date might change.

## What to do about your diabetes medicines

You should continue taking all your diabetes medicines as normal, including your GLP-1 RA if you have supply.

## When to get help

**If you cannot get supplies of your GLP-1 RA, please contact your GP practice or diabetes team** to discuss and review your diabetes management.

If you are able to get supplies but only occasionally rather than regularly, please contact your GP practice or diabetes team to review your diabetes management as taking GLP-1 RAs sporadically is not recommended. This is because it may increase the risk of you experiencing side-effects and may lead to unstable blood sugar levels.

## Changes to your diabetes treatment

Your diabetes treatment might need to be changed if you cannot get supplies of your GLP-1 RA. If this happens you might need to stop your current GLP-1 RA and start a different diabetes medicine. This will depend on your blood sugar check.

## While waiting for your appointment

Due to a large number of people affected by this shortage You may have to wait a little longer for an appointment for a review of your diabetes medications.

During this time, please look out for any symptoms of high blood sugar levels (see the 'what to do if you feel unwell' section) and continue to check your blood sugar levels if you do so already. If your blood sugar levels are regularly above 15mmol/L, please contact your GP practice or diabetes team.

Your GP practice or diabetes team will let you know if you need to make any changes to your medicines.

## More information

We do not have any further information about the shortage, or when stock will be available again, as this is continually changing for the different medicines. We are dealing with a high volume of calls, so please only contact your GP surgery or diabetes team if you cannot get supplies of your GLP-1 RA.

## What to do if you feel unwell

You should get medical advice if you feel unwell with any of the following symptoms of high blood sugar levels:

- feeling very thirsty
- peeing a lot
- feeling weak or tired
- blurred vision
- losing weight

You must phone 111 or get immediate medical help if you think you have a high blood sugar and:

- you are feeling sick, being sick or have stomach pain
- you are breathing more quickly than usual
- your heart is beating faster than usual
- you feel drowsy or are struggling to stay awake
- your breath has a fruity smell (like pear drop sweets)
- you feel confused or have difficulty concentrating
- you have a high level of ketones in your blood or pee

These could be signs you are becoming very unwell.

**Original approval date (via urgent Triage Panel process):** October 2023. **Last reviewed and approved (via urgent Triage Panel process):** March 2024. **Next review date:** September 2024 (or sooner if evidence or practice changes)

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