

Shortage of all GLP-1 receptor agonists used in the management of type 2 diabetes

June 2023

GLP-1 MEDICINES

There are very limited, intermittent supplies of all glucagon-like peptide-1 receptor agonists (GLP-1 RAs) licensed in the management of Type 2 Diabetes Mellitus (T2DM). Supply is not expected to return to normal until at least mid-2024. The Department of Health and Social Care (DHSC) has issued a [Medicine Supply Notification](#) (MSN/2023/061) advising on how to manage the shortage. It contains useful information including -

- Annex 1: Selecting Alternative Glucose Lowering Therapy for People with T2DM when GLP1-RAs are unavailable
- Annex 2: Quick reference guide for selecting oral antidiabetic therapy
- Annex 3: Oral Glucose Lowering Therapies by Class
- Annex 4: GLP-1 RAs affected.

Actions for clinicians until supply issues have resolved:

- GLP-1 RAs should only be prescribed for their licensed indication
- Avoid initiating people with type 2 diabetes on GLP-1 RAs for the duration of the GLP1-RA national shortage.
- Review the need for prescribing a GLP-1 RA agent and stop treatment if no longer required due to not achieving desired clinical effect as per NICE CG28.
- Avoid switching between brands of GLP-1 RAs, including between injectable and oral forms.
- Where a higher dose preparation of GLP-1 RA is not available, do not substitute by doubling up a lower dose preparation.
- Where GLP-1 RA therapy is not available, proactively identify patients established on the affected preparation and consider prioritising for review. (See more info, below)
- Where an alternative glucose lowering therapy needs to be considered, use the principles of shared decision making as per NICE guidelines.
- Where there is reduced access to GLP-1 RAs, support people with type 2 diabetes to access to structured education and weight management programmes where available.
- 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.

Clinical Review

In most cases, the need to consider alternative glucose lowering therapy will arise when a person with T2DM established on GLP-1 RA therapy is unable to source their regular prescription. Should a particular preparation of GLP-1 RA be unavailable, clinical teams may want to proactively identify people with T2DM established on that preparation to help planning.

Consider prioritising review for people with T2DM on the affected GLP-1 RA preparation 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.
- Self-monitoring glucose readings (or Continuous Glucose Monitoring, where available) are persistently above individualised target range.

The SPS website will have a page dedicated to GLP1's including updates on availability

For further information, please email iscicb-el.adminmmt@nhs.net