Prescribing Update

NHS Lancashire and South Cumbria Integrated Care Board

Medicines Matters

Issue 25 – 11th September 2025

Rybelsus® (oral semaglutide): risk of medication error due to introduction of new formulation with increased bioavailability

All practices will have received a recent Direct Healthcare Professional Communication from Novo Nordisk regarding a recent change to the formulation of Rybelsus (oral semaglutide). Details of this communication are summarised in the bulletin below. **Practices are asked to note that this version of Rybelsus is not currently visible on EMIS screens to prescribe. An EMIS update is expected on 22nd September and Rybelsus should be visible on the system from that point or whenever practices update their system. Production of the new formulation will start but there will be an overlap of old and new until the beginning of 2026 when the old product will be discontinued and the new formulation takes over.**

Rybelsus (oral semaglutide) is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise. **Novo Nordisk is replacing the initial formulation (3 mg, 7 mg, 14 mg tablets) of Rybelsus with the new formulation (1.5 mg, 4 mg, 9 mg tablets).**

PLEASE DO NOT ATTEMPT TO CHANGE OVER YOUR PATIENTS TO THE NEW STRENGTHS CURRENTLY. AWAIT FURTHER DIRECTIONS

Modifications to the excipients in the new formulation have resulted in increased bioavailability meaning that **lower doses of Rybelsus are needed to attain the same drug exposure.** Bioequivalence has been shown in a clinical trial and the doses of the new formulation have the same efficacy and safety as the initial formulation. This means that the data generated in the phase 3 clinical trial programme of Rybelsus is applicable to the new formulation. This allows switching between corresponding doses of the initial formulation and the new formulation.

Rybelsus tablets will be replaced with a new formulation with increased bioavailability, which is bioequivalent to the initial formulation as described in the table below:

Initial formulation (one oval tablet)	Bioequivalent	New formulation (one round tablet)
3 mg (starting dose)	=	1.5 mg (starting dose)
7 mg (maintenance dose)	=	4 mg (maintenance dose)
14 mg (maintenance dose)	=	9 mg (maintenance dose)

During the transition period both formulations will co-exist which could potentially lead to confusion and pose a risk of medication errors. Medication errors could result in increased exposure of semaglutide, which could lead to gastrointestinal adverse events e.g. nausea, vomiting and diarrhoea.

The Product Information has been updated to explain the difference between the two formulations and enable readers to identify the equivalent doses across formulations with bioequivalent doses. Please refer to the Rybelsus SmPC: http://www.medicines.org.uk/emc/search?q=rybelsus.**The packaging and tablet shape for the new formulation differ from the initial formulation, but the colours associated with the different dosing steps has been kept similar.**

In summary

- **Rybelsus should always be used as one tablet per day.**
- **The two formulations will temporarily co-exist on the market, which may cause mix-ups. This could result in overdosing, which increases the risk of adverse events.**
- **Patients currently taking Rybelsus should be informed and advised about the change in formulation and dose when the new formulation is prescribed or dispensed.**
- **Patients starting Rybelsus treatment after the 22nd September should be prescribed the new formulation and be suitably informed by the prescriber or pharmacist.**

Healthcare professionals are reminded to report any suspected adverse drug reactions (ADRs) including medication errors to the Yellow Card scheme. You can report via: The Yellow Card website - https://yellowcard.mhra.gov.uk/