**Updated alert – Glucagon-like peptide-1 receptor agonists supply issues**

In July 2023 the Department of Health and Social Care issued [an alert](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103235) highlighting the limited and intermittent supplies of glucagon-like peptide-1 receptor agonists (GLP-1 RAs). It was anticipated that supplies would not stabilise until mid-2024.

**A NEW** [**alert**](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103245) **has been issued in January 2024, this supersedes the information issued in July 2023. Prescribers are advised.**

* **The supply of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) continues to be limited**
* **Supply is not expected to return to normal until at least the end of 2024.**

Specific stock issues at this time include:

* Byetta® (exenatide)5micrograms/0.02ml and 10micrograms/0.04ml solution for injection 1.2ml pre-filled pens will be **discontinued in March 2024**.
* Victoza® (liraglutide) continues to be out of stock and **further stock is not expected until end of 2024.**
* Saxenda® (liraglutide) and Wegovy® (semaglutide) remain **available on the NHS via specialist weight management services.**
* Rybelsus® (semaglutide) tablets are now available in sufficient quantities to support **initiation** of GLP-1 RA treatment in people with type 2 diabetes (T2DM) **where clinically appropriate.**

**Do not prescribe GLP-1 RAs licensed for T2DM for off-label indications - existing stock must be conserved for patients with T2DM to mitigate the risk of impaired access to treatment and increased risk in diabetes related complications.**

The Alert mandates that the following actions should be completed no later than the **28th March 2024.**

1. Only prescribe GLP-1 RAs for licensed indications.
2. **Identify patients prescribed Byetta and Victoza and prioritise for a review.** **Discuss stopping the GLP1-RA if patients have not achieved treatment goals as per** [**NICE NG28**](https://www.nice.org.uk/guidance/ng28/resources/type-2-diabetes-in-adults-management-pdf-1837338615493)**. Please see below.**
3. Where a patient would benefit from continued treatment with a GLP1-RA (in line with NICE NG28) switch to Rybelsus® tablets.
4. **Prescribe Rybelsus**® tablets for any **new** initiations of a GLP-1 RA (in line with NICE NG28).
5. Counsel patients on any changes in drug, formulation, and dose regimen where appropriate
6. **Do not**:
	1. double up a lower dose preparation if a higher dose preparation of a GLP-1 RA is not available.
	2. switch between strengths of a GLP-1 RA solely based on availability.
	3. prescribe excessive quantities.
7. Use the principles of shared decision making where an alternative agent needs to be considered, as per NICE guidelines and in conjunction with the clinical guidance.
8. Support patients to access structured education.

Prescribers are reminded that [**NICE NG28**](https://www.nice.org.uk/guidance/ng28/resources/type-2-diabetes-in-adults-management-pdf-1837338615493)guidance advises:

GLP-1 RA therapy should only be continued if the adult with T2DM has had a beneficial metabolic response, defined as

* a reduction of at least 11 mmol/mol [1.0%] in HbA1c, **and**
* weight loss of at least 3% of initial body weight in 6 months

Where the person with T2DM has a confirmed beneficial metabolic response but GLP-1 RA therapy is unavailable, review and discuss options for alternative glucose-lowering therapy. Where there has been no beneficial metabolic response to GLP-1 RA therapy, it is clinically appropriate to withdraw GLP-1 RA therapy and consider alternative glucose-lowering therapy.

When initiating or switching GLP-1 RA ensure a patient plan is agreed with clear 6 month targets as per [LSCMMG T2DM Guidelines](https://www.lancashireandsouthcumbriammg.nhs.uk/media/1761/algorithm-for-antihyperglycaemic-therapy-in-adults-with-type-ii-v19.pdf)