



Glucagon-like Peptide-1 Receptor Agonists (GLP-1 RA) supply shortages – Information summary for Clinicians

A NPSA alert has been issued [NatPSA_2023_008_DHSC.pdf](#) advising that there are very limited, intermittent supplies of all GLP-1 RAs licensed in the management of type 2 diabetes (T2DM). Supply is not expected to return to normal until at least mid-2024.

Actions for clinicians and prescribers of GLP-1 RAs to undertake until supply issues have resolved.

- Only prescribe GLP-1 RAs for their licensed indications. There are currently 465 patients in BNSSG with a current course of GLP-1 RA on their record who do not have a Diabetes code and may benefit from review*.
- Do not initiate new patients on GLP-1 RAs for the duration of the shortage – this is critical to ensure that stock remains available for those patients who need to remain on a GLP-1 RA. Please see [BNSSG Blood Glucose Management in Type 2 Diabetes](#) for support in choosing alternative blood glucose lowering agents.
- Proactively identify patients* established on affected GLP-1 RAs and consider prioritising for review where:
 - HbA1c greater than 86mmol/mol in the previous 3 to 6 months.
 - HbA1c greater than 86mmol/mol prior to starting the GLP-1 RA.
 - HbA1c not recorded in the previous 6 months.
 - Urine albumin:creatinine ratio (uACR) greater than 30mg/mmol.
 - Self-monitoring of blood glucose readings persistently above individualised target range.

* Searches are available in the Ardens sub-folder GLP-1 (DHSC) which can be found in folder 2.15 (Prescribing – CAS alerts) Practices may need to download the latest searches from the [Ardens Portal](#)

- Discuss stopping treatment with patients who have not achieved treatment targets as per NICE CG28 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
- Consider providing the patient with this [advice leaflet](#) when stopping in addition to general lifestyle advice and signposting to structured education and weight management programmes (see details on following page)

If the GLP-1 RA is stopped ENSURE –

- HbA1c is repeated at 3 monthly intervals with ongoing review of diabetes management planned.
- The patient is advised to be aware of the symptoms of high blood glucose e.g., feeling very thirsty, peeing a lot, feeling weak or tired, blurred vision or losing weight, and to seek appropriate advice at the earliest opportunity.
- GLP-1 RAs are not reinstated once stopped until supplies are regularly available again as administering GLP-1 RAs sporadically may increase the risk of experiencing side effects and may lead to unstable blood glucose.

If the GLP-1 RA is to continue DO NOT –

- switch between brands of GLP-1 RAs, including between injectable and oral forms.
- double up a lower dose preparation where a higher dose preparation of GLP-1 RA is not available.
- prescribe excessive quantities; limit prescribing to minimise risk to the supply chain whilst acknowledging the needs of the patient.

Support patients to access structured education and weight management programmes where available.

- Tier 2 [Tier 2 Weight Management Services \(Remedy BNSSG ICB\)](#)
- Social prescribing [Social Prescribing \(Remedy BNSSG ICB\)](#)
- GP referral to NHS digital weight management programme: <https://www.england.nhs.uk/digital-weight-management/>
- NHS Pathway to remission <https://remedy.bnssg.icb.nhs.uk/adults/diabetes/low-calorie-diet-pilot/>
- NHS Online free Diabetes structured education: [Healthy Living for People with Type 2 diabetes](#)
- Diabetes Structured Education delivered by Sirona:
 - Type 2 diabetes including [Sirona offers for structured education](#)
 - Poster for Diabetes and You T2DM post 18months diagnosis [Diabetes and you poster](#)
- Sirona support:
 - [Diabetes and Nutrition service pathway for adults with Diabetes - Sirona](#)
 - Advice & Guidance lines: Diabetes: sirona.diabetesadvice@nhs.net Tel line: 0300 1245908 08:00-17:00 Monday – Friday
 - Dietetics: sirona.dieteticsadvice@nhs.net

Choosing alternative blood glucose lowering therapy –

Use the principles of shared decision making where an alternative agent needs to be considered, as per NICE guidelines and in conjunction with the [BNSSG Quick Reference Guide for Selecting Glucose Therapy during GLP1 RA Supply Shortage](#)

- For type 2 diabetes; If switching a patient on to insulin and Humulin I is not considered appropriate, please ensure that any alternative insulin chosen is considered within the [BNSSG formulary options](#) and as per information on the [SPS page on prescribing available insulins](#) as not all suppliers are able to manage an uplift in demand.