



Medicines Supply Tool

Shortage of Semaglutide (Ozempic) 1mg/0.74ml and 0.5mg/0.37ml solution for injection pre-filled disposable device

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Provided by DHSC and NHSEI Medicines Supply Teams · Not formally reviewed by SPS

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Update history

20 January 2023	Re-supply date pushed back to 2024. Supplies will continue to remain intermittent throughout 2023. Where patients cannot obtain stocks from pharmacies they should be switched to alternative.
12 October 2022	Supply overview updated
5 October 2022	Re-supply date of Ozempic 1mg updated from 17th October to w/c 10th October 2022

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Information

Status **Unavailable**

Impact tier **2 · Medium impact**

Shortage start **–**

Anticipated re-supply date **31 January 2024**

BNF chapters **06 - Endocrine System**

Medicines affected

Medicine	Anticipated re-supply date
Ozempic 0.5mg/0.37ml solution for injection 1.5ml pre-filled pens (Novo Nordisk Ltd) 1 pre-filled disposable injection	31 January 2024
Ozempic 1mg/0.74ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) 1 pre-filled disposable injection	31 January 2024
Ozempic 0.25mg/0.19ml solution for injection 1.5ml pre-filled pens (Novo Nordisk Ltd) 1 pre-filled disposable injection	31 January 2024

Actions

The advice below has been put together with input from the Specialist Pharmacy Service's Medicines Information department.

Clinicians in primary and secondary care should:

- ensure that Ozempic[®] is being used for licensed indications only;
- not initiate new patients on Ozempic[®] until full supplies become available in January 2024
- work with local pharmacy teams to understand availability of Ozempic. Please see advice below if Ozempic is unavailable and patient does not have sufficient supplies.

For patients who have insufficient supplies to last until the pharmacy is re-supplied, clinicians should:

- consider appropriateness of extending the dosing interval (e.g., administer every 10 days) of existing stock of Ozempic[®] held by the patient to last, if possible, until the resupply date;
- consider for those patients who are also on insulin therapy, and unable to obtain a supply of Ozempic[®], whether the dose of insulin can be increased to accommodate the period off Ozempic[®] treatment, without needing to switch to an alternative GLP-1 RA;
- prescribe an alternative GLP-1 RA for patients who need to be continued on this therapy and have insufficient supplies of Ozempic[®]. Clinicians involved in prescribing or dispensing the new medicine for this patient should ensure that the patient is counselled on the dose schedule and how to operate the new pen injector (if parenteral therapy is selected), as well as checking for intolerance to any of the excipients (see Supporting Information below); and
- seek advice from specialists if there is uncertainty about selecting the most appropriate GLP-1 RA.

Alternatives

Liraglutide

The following brand is available in the presentation below:

- Victoza 6mg/ml solution for injection in prefilled pen

Dose

Initially 0.6 mg **once daily** for at least 1 week, then increased to 1.2 mg once daily for at least 1 week, then increased if necessary to 1.8 mg once daily.

Indication

Type 2 diabetes mellitus as monotherapy (if metformin inappropriate), or in combination with other antidiabetic drugs, (including insulin) if existing treatment fails to achieve adequate glycaemic control.

Exenatide

The following brands are available in the presentations below:

- Byetta 5micrograms/0.02ml solution for injection 1.2ml pre-filled pens
- Byetta 10micrograms/0.04ml solution for injection 1.2ml pre-filled pens
- Bydureon 2mg/0.85ml prolonged-release suspension for injection 1.2ml pre-filled pens

Dose

Byetta

Initially 5 micrograms **twice daily** for at least 1 month, then increased if necessary up to 10 micrograms twice daily, dose to be taken within 1 hour before 2 main meals (at least 6 hours apart)

Bydureon

2 mg **once weekly**

Indication

Type 2 diabetes mellitus in combination with other antidiabetic drugs (including insulin) if existing treatment fails to achieve adequate glycaemic control.

Dulaglutide

[Dulaglutide is available as the brand Trulicity however it is unable to support an uplift in demand.](#)

Semaglutide

Available in the brands and presentations below:

- Ozempic 0.25 mg solution for injection; remains available but can not support an uplift in demand.

- Rybelsus 3mg, 7mg and 14mg tablets; remain available but can only support a partial uplift in demand.

Considerations and background

Supply overview

Supplies of Ozempic 1mg and 0.5 mg solution for injection are limited with intermittent stock outs expected until late-January 2024.

- [Dulaglutide is unable to support any uplift in demand](#)
- Alternative oral and parenteral GLP-1 receptor agonists (RAs) remain available (see supporting information for further details)

Clinical Information

Ozempic is a parenteral GLP-1 RA licensed for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- in addition to other medicinal products for the treatment of diabetes.

The starting dose is 0.25 mg once weekly. After 4 weeks the dose should be increased to 0.5 mg once weekly. After at least 4 weeks with a dose of 0.5 mg once weekly, the dose can be increased to 1 mg once weekly to further improve glycaemic control. After at least 4 weeks with a dose of 1 mg once weekly, the dose can be increased to 2 mg once weekly to further improve glycaemic control.

Semaglutide is also available as a once daily tablet (Rybelsus®). Other parenteral GLP-1 RAs that remain available include exenatide and liraglutide. The GLP-1 RAs differ in dose schedule and tolerability, as well as evidence base for effectiveness and clinical outcomes (evidence for cardiovascular and renal benefit is much greater for the injectables). Local formularies and guidelines will aid product selection, and a pragmatic approach will be needed for this short stock out period, with patients assessed on a case by case basis.

Please see the links below for further information

Medicine Supply Notification Number

MSN/2022/080

Links

- [SmPC Ozempic \(semaglutide\) solution for injection in pre-filled pen](#)
- [NICE Guidelines: Type 2 diabetes](#)
- [BNF treatment summary: type 2 diabetes](#)
- [SmPC Victoza 6 mg/ml \(liraglutide\) solution for injection in pre-filled pen](#)
- [SmPC Bydureon \(exenatide\) 2 mg prolonged release suspension for injection in pre-filled pen](#)
- [SmPC Rebelsus \(semaglutide tablets\)](#)

Enquiries about page or supply issue

You can send any enquiries about this page or the individual supply issue raised to:

DHSCmedicinesupplyteam@dhsc.gov.uk

Impact tiers

1 · Low impact

These supply issues are likely to carry low risk and management options and should result in patients being maintained on the same licensed medicine.

2 · Medium impact

These supply issues will require more intense manage options (such as using therapeutic alternatives, unlicensed imports or alternative strengths or formulations), which may carry a greater risk to patients/health providers than Tier 1 issues, but which are

3 · High impact

These supply issues will be more critical, with potential change in clinical practice or patient safety implications that require clinical or operational direction to the system. They will be expected to generate public and clinician concern. The response will be nationally

4 · Critical impact

These supply issues will require additional support from outside the health system and will trigger the use of dedicated national NHS EPRR incident processes and procedures in order to provide additional support for the management of the shortage. Clear links and

considered safe to be implemented at sub-regional level without further escalation.

coordinated and guided and the NHS may invoke its Emergency Preparedness Resilience and Response (EPRR) function.

command and control mechanisms between the Medical Devices and Clinical Consumables Clinical Response Group, NHSE&I Central EU Exit Team, EPRR functions at both NHSE&I and ORC/DHSC, and Cabinet Office will be utilised.

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Medicines Tools

[Medicines Monitoring](#)

Summarised recommendations and guidance for medicines requiring monitoring to save you time when you're making monitoring decisions with patients

[Medicines Supply Tool](#)

Latest information on supply issues, actions to take, alternatives to use, and expected resolution dates. Content provided by DHSC and CMU.

[Medicines in Compliance Aids Stability Tool](#)

Information on stability for tablets and capsules to help create MCAs for patients. Find entries and then build and print lists specific to your MCA.

