Date: 25th July 2023

DIRECT HEALTHCARE PROFESSIONAL COMMUNICATION

Ozempic®▼ (Semaglutide), Rybelsus®▼ (Semaglutide), Victoza® (Liraglutide), Saxenda® (Liraglutide): GLP-1 Receptor Agonists Supply Shortage in the UK

Dear Healthcare Professional,

Novo Nordisk UK in agreement with the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Department of Health and Social Care (DHSC) would like to inform you of the following:

Novo Nordisk is experiencing supply shortages for the glucagon-like peptide-1 receptor agonists (GLP-1 RAs) in the UK:

- Ozempic 0.25 mg, 0.5 mg, 1 mg solution for injection in pre-filled pen (semaglutide)
- Rybelsus 3 mg, 7 mg, 14 mg tablet (semaglutide)
- Victoza 6mg/ml solution for injection in pre-filled pen (liraglutide)
- Saxenda 6mg/ml solution for injection in pre-filled pen (liraglutide)

Summary:

- Novo Nordisk is experiencing intermittent shortages of Ozempic, Rybelsus and Saxenda. We expect this to last until at least mid-2024. Victoza will be out of stock from August 2023 until mid 2024. These shortages are not due to any safety or quality-related concerns.
- The supply issues have been caused by an increase in demand for these products for licensed and off-label indications. The national shortage of GLP1-RAs in the UK has triggered a National Patient Safety alert from DHSC on 18 July 2023 – NatPSA/2023/008/DHSC.

GLP-1 RAs for Diabetes – Ozempic, Rybelsus and Victoza

- Delayed awareness of out-of-stock situation and delayed action to support patients to change to an alternative treatment could result in patients missing the required doses, which may have clinical consequences, such as hyperglycaemia and eventually progression to diabetic ketoacidosis.
- Notify patients who are currently using Ozempic, Rybelsus and Victoza of this issue and support them to change to an alternative treatment as per advice provided in the NatPSA.
- Remind your colleagues of these actions, particularly if they are known to use/prescribe Ozempic, Rybelsus and Victoza.
- Ozempic is indicated 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.

  Rybelsus is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise; As monotherapy when metformin is considered inappropriate due to intolerance or contraindications; In combination with other medicinal products for the treatment of diabetes.

Victoza is indicated for the treatment of adults, adolescents and children aged 10 years and above 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 off-label use of these agents for the management of obesity is strongly discouraged. Existing stock must be conserved for use in patients with type 2 diabetes. These shortages have serious clinical implications in the management of patients with type 2 diabetes.
- Please refer to the SPS Tool for Medicines Shortages for an up-to-date supply stock situation and clinical guidance on alternative treatment options.

Background on the safety concern:

Please refer to the Summary of Product Characteristics for the details of therapeutic indication:

- Ozempic SmPC: www.medicines.org.uk/emc/search?q=ozempic
- Rybelsus SmPC: www.medicines.org.uk/emc/search?q=rybelsus
- Victoza SmPC: www.medicines.org.uk/emc/product/6585

The National Patient Safety Alert (NatPSA) (NatPSA/2023/008/DHSC) is available on the Central Alerting System website (https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103235)

As per DHSC advice:

1. Only prescribe GLP-1 RAs for their licensed indications.
2. Do not initiate new patients on GLP-1 RAs for the duration of the shortage.
3. Proactively identify patients established on affected GLP-1 RAs and consider prioritising for review based on the criteria set out in the clinical guidance and
    i. discuss stopping treatment with patients who have not achieved treatment targets as per NICE CG28 or NICE CG189
    ii. do not switch between brands of GLP-1 RAs, including between injectable and oral forms.
    iii. do not double up a lower dose preparation where a higher dose preparation of GLP-1 RA is not available.
    iv. do not prescribe excessive quantities; limit prescribing to minimise risk to the supply chain whilst acknowledging the needs of the patient.
4. Use the principles of shared decision making where an alternative agent needs to be considered, as per NICE guidelines[1] and in conjunction with the clinical guidance.[2,3]
5. Support patients to access structured education and weight management programmes where available.
6. For type 2 diabetics; If switching a patient on to insulin, please ensure an insulin is chosen as per information on the SPS page on prescribing available insulins as not all suppliers are able to manage an uplift in demand.[3]
7. 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.
8. Clinical supervision is essential for switching between a GLP1-RA and any other treatment for diabetes to avoid detrimental glycaemic events.

GLP-1 RA for Obesity – Saxenda ONLY

- Saxenda is indicated for weight management as an adjunct to a reduced-calorie diet and increased physical activity for adults with overweight and obesity. In many countries including EU, Saxenda is

also approved for weight management as an adjunct to a healthy nutrition and physical activity counselling in adolescents ≥12 years of age and diagnosed with obesity.

- GLP-1 RAs should only be prescribed for their licensed indication.
- You are urged to ensure that patients using Saxenda are made aware of this issue and that patients at risk of running out of Saxenda are safely switched to other suitable alternatives indicated for weight management based on your clinical judgement and as per market availability - please refer to the advice provided by the DHSC.
- Please refer to the SPS Tool for Medicines Shortages for an up-to-date supply stock situation and clinical guidance on alternative treatment options.

Background on the safety concern:

Please refer to the Summary of Product Characteristics for the details of therapeutic indication:

- Saxenda SmPC: https://www.medicines.org.uk/emc/product/2313/smpc

As per DHSC advice:

1. Delayed awareness of the out-of-stock situation may result in a clinical consequence for patients.
2. Do not initiate new patients on Saxenda during the national shortage.
3. Identify patients prescribed Saxenda and determine how much supply they have at home to prioritise the urgency for review.
4. Review the clinical need against the licensed indication and NICE obesity guidance.
5. Discontinue Saxenda if at least 5% of initial body-weight has not been lost after 12 week at maximum dose.
6. Ensure that patients using Saxenda are made aware of this issue and that patients at risk of running out of Saxenda are safely switched to other suitable alternatives indicated for weight management based on your clinical judgement and as per market availability.
7. Review all patients under a multidisciplinary team to discuss available options.
8. Remind your colleagues of these actions, particularly if they are known to use/prescribe Saxenda.

Please ensure all relevant staff are made aware of the content of this letter and that the information is communicated to the patients.

Call for reporting

Please continue to report suspected adverse drug reactions (ADRs) to the MHRA through the Yellow Card scheme.

Please report:

- all suspected ADRs that are serious or result in harm. Serious reactions are those that are fatal, life-threatening, disabling or incapacitating, those that cause a congenital abnormality or result in hospitalisation, and those that are considered medically significant for any other reason
- all suspected ADRs associated with new drugs and vaccines identified by the black triangle ▼

Healthcare professionals are asked to report any suspected adverse reactions to the Yellow Card Scheme. You can report via:

- The Yellow Card website - https://yellowcard.mhra.gov.uk/
- The free Yellow Card app available from the Apple App Store or Google Play Store
- Some clinical IT systems (EMIS, SystmOne, Vision, MiDatabank) for healthcare professionals

Alternatively, you can report a suspected side effect to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm.

When reporting please provide as much information as possible, including information about medical history, any concomitant medication, onset timing, treatment dates, and product brand name.

The non-identical nature of biological medicines and vaccines means it is very important that safety surveillance is carried out on a brand/product-specific basis. When reporting a suspected ADR to a biological medicine (such as blood products, antibodies and advanced therapies [such as gene and tissue therapy]) or vaccine, please ensure that you provide the brand name (or product licence number and manufacturer), and the specific batch-number. Additionally, when providing patients with details of the vaccine or biological medicine administered, it is good practice to give them details of the brand and batch number. This will allow patients and carers to more accurately report suspected ADRs to the Yellow Card Scheme.

Company contact point

If you have any questions about this letter or require more information, please contact Novo Nordisk Customer Care Centre on 0800 023 2573.

I understand the uncertainty and concern this shortage may cause people living with diabetes and obesity. This is not something we are taking lightly, and we are working hard to solve these challenges.

Yours sincerely,

Dr. Avideh Nazeri
Vice President
Clinical Development, Medical and Regulatory Affairs (CMR), Novo Nordisk UK

Avideh Nazeri

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References

1. NICE Shared decision making (NG197)
https://www.nice.org.uk/guidance/ng197
2. Joint PCDS and ABCD guidance: GLP-1 receptor agonist national shortage
https://www.pcdsociety.org/pcds-abcd-guidance-glp1-shortage
3. NICE Obesity: identification, assessment and management (nice.org.uk) CG189