

Shortage of GLP-1 Receptor Agonists (RA) Used in Management of Type 2 Diabetes Mellitus (T2DM)

A medicine supply notification (MSN) has been issued for GLP-1 RAs used in T2DM. See [SPS](#) (log-in required). This national shortage is expected to last until mid-2024.

Searches to identify priority patient groups for clinical review as per MSN can be found as follows:

- **SystemOne practices:** Reporting>Doncaster CCG>Medicines Optimisation Team 2023 2024>GLP1 agonist stock shortage reports,
 - 1) GLP1-RA (Licensed T2DM in short supply) on repeat & issue at least 6 mths ago & HbA1c>86 in last 6 mths
 - 2) GLP1-RA (Licensed T2DM in short supply) on repeat & issue at least 6 mths ago & no HbA1c>86 in last 6 mths but latest HbA1c>86
 - 3) GLP1-RA (Licensed T2DM in short supply) on repeat & issue at least 6 mths ago & no HbA1c in last 6 mths
 - 4) GLP1-RA (Licensed T2DM in short supply) on repeat & issue at least 6 mths ago & latest uACR >30mg/mmol
 - 5) GLP1-RA (Licensed T2DM in short supply) on repeat & issue at least 6 mths ago & Continuous Glucose Monitoring device /BGTS Issue last 6 mths
- **EMIS Web practices:** Population Reporting>Doncaster ES&R>Medicines Management>2023-24> GLP1 agonist stock shortage.
 - 1) Latest HbA1c >86 in last 6mths
 - 2) Latest HbA1c >86 but not had HbA1c monitored in last 6mths
 - 3) No recorded HbA1c in last 6mths
 - 4) Latest uACR >30mg/mmol
 - 5) CGM and/or BGTS issue in last 6mths

Patients which require insulin initiation:

Patients identified with a HbA1c of >86 mmol/mol in last 6 months and those with no HbA1c in last 6 months but latest reading >86 mmol/mol who require insulin should be initiated in primary care by those practices who are confident and competent to do this, in line with the tier 2 LES. For those practices who are unable to initiate insulin a further comms will be released on how to do this. **Please consider maximising oral diabetic medication if clinically, appropriate before initiating insulin**

Advice on alternative treatment:

Where an alternative glucose lowering therapy needs to be considered, use principles of shared decision making as per [NICE guidelines](#) in conjunction with [NICE NG28 \(Type 2 DM in adults:management\)](#)* (see [Visual Summary](#) and [Patient Decision Aid](#)), and [Joint PCDS/ABCD guidance](#). There are currently no stock issues with SGLT-2 inhibitors. [Doncaster and Bassetlaw Place Guideline for the Safe and Appropriate Use of Sodium Glucose Co-Transporter 2 inhibitors \(SGLT2i's\)](#)

If a gliptin is required **sitagliptin** has currently come off patent and is the most cost-effective preparation.

Prescribing available insulins is available on [SPS](#)

*This is an opportunity to ensure patients are being prescribed GLP-1 RA in line with NG28.

Further national advice is expected, and we are liaising with local specialists to deliver a bespoke support session on this. Details of this to follow.