

# Supporting Patients During Incretin Mimetic Shortages



Incretin mimetics include Glucagon-Like Peptide-1 (GLP-1) and Glucose-Dependent Insulinotropic Polypeptide (GLP-1/GIP RA) Receptor Agonists. Shortages can cause a lot of extra work for your teams. Here are some tips to support your patients.

*These recommendations are based on expert opinion and clinical data, where available. Use your own clinical judgement to make treatment decisions for your patients.*

## Switch options for incretin mimetics

- **Switch to a lower dose** of same medication, if available and supports patient's A1c goals.
- **Switch to a different incretin mimetic medication.**
  - Educate your patients on dose timing when switching incretin mimetic frequency:
    - **Weekly to daily:** Take 1st dose of DAILY medication **seven days** after last weekly dose.
    - **Daily to weekly:** Take 1st dose of WEEKLY medication **one day** after last daily dose.
  - Use dosing equivalency table below for patients without any GI tolerability concerns.

## Equivalent therapeutic doses<sup>1,2</sup>

For patients with history of moderate to severe GI side effects, consider starting at the **lowest therapeutic** dose.

Medication	Brand Name	Frequency	Equivalent Therapeutic Doses <sup>^</sup>					
			0.75 mg	1.5 mg	3* - 4.5 mg <sup>¶</sup>	1 mg <sup>¶</sup>	2 mg	5 mg
Dulaglutide	Trulicity	Weekly	0.75 mg	1.5 mg	3* - 4.5 mg <sup>¶</sup>			
Semaglutide (SQ)	Ozempic	Weekly		0.5 mg	1 mg <sup>¶</sup>	2 mg		
Liraglutide	Victoza	Daily	1.2 mg	1.8 mg				
Oral Semaglutide	Rybelsus	Daily	7 mg <sup>#</sup>	14 mg				
Tirzepatide	Mounjaro	Weekly				5 mg	7.5 - 15 mg	

<sup>^</sup> Sensitizing doses are excluded from the table, as they have no glycemic impact.  
<sup>\*</sup> In patients with prior moderate to severe GI side effects, consider converting to lowest therapeutic dose.

<sup>#</sup> Select the lowest therapeutic dose of new injectable agent.  
<sup>¶</sup> Experts recommend switching to 14 mg oral semaglutide.

## Managing missed doses due to shortages<sup>2,3</sup>

These tables help you decide what dose to restart when there has been an interruption in these commonly used incretin mimetics:

Liraglutide daily	Last dose given	
	1.2 mg	1.8 mg
If drug interruption is...	Then...	
1 – 2 doses	1.2 mg for 7 days	
3 doses or more	0.6 mg* for 7 days	

Dulaglutide	Last dose given	
	1.5 mg	3 mg or 4.5 mg
If drug interruption is...	Then...	
1 – 2 doses	Same dose	Same dose
3 – 4 doses <sup>^</sup>	Same dose	1.5 mg
5 doses or more	0.75 mg <sup>#</sup>	0.75 mg <sup>#</sup>

Semaglutide	Last dose given	
	1 mg	2 mg
If drug interruption is...	Then...	
1 – 2 doses	Same dose	Same dose
3 – 4 doses <sup>^</sup>	0.5 mg	1 mg
5 doses or more	0.25 mg*	0.25 mg*

Tirzepatide	Last dose given	
	5 mg	7.5 mg or higher
If drug interruption is...	Then...	
1 – 2 doses	Same dose	Same dose
3 – 4 doses <sup>^</sup>	Same dose	5 mg
5 doses or more	2.5 mg*	2.5 mg*

<sup>^</sup> For patients with a history of severe GI side effects, restart at the lowest therapeutic dose, and in severely sensitive patients who have missed four doses, consider a sensitizing dose.

\* Dose is a sensitizing dose. This dose offers no glycemic impact, but lowers chance of GI side effects. Titrate based on labeled dosing instructions.

# Dulaglutide does NOT have a sensitizing dose.

## Tips for introducing non auto-injector pens!

Consider the following when switching patients from **auto-injector pens** (Mounjaro or Trulicity) to a **pen requiring a pen needle** (Ozempic or Victoza). Here are key differences to discuss regarding the Ozempic pen:

- 1 Pen device looks like an insulin pen – patient will see the needle
- 2 Each multi-dose pen contains 4 doses
- 3 Need to prime pen before 1st dose – Dial to 2 dots in dosing window
- 4 Pen comes with 4-6 needles – Use a new pen needle for each dose
- 5 Hold for 6 seconds after injecting dose
- 6 Pen in use can be stored at room temperature for up to 56 days

## Additional strategies

- 1 **Switch to an alternative medication.** Consider if the patient is a good candidate for an SGLT2 inhibitor.
- 2 **Consider oral Rybelsus.** NOTE: Rybelsus is not FDA approved for CV risk reduction.
- 3 **Use MCT2D tools.** Check the MCT2D coverage by Payor Guide and consult our Dosing Information Guide.



Check the *MCT2D Medications and CGM Coverage Guide*  
[michmed.org/47XWN](https://michmed.org/47XWN)



Dosing Information for *SGLT-2 Inhibitors and GLP-1 Receptor Agonists for Type 2 Diabetes*  
[michmed.org/RWryg](https://michmed.org/RWryg)



Needle is as wide (thin) as a human hair and 1/8 inch long



*Ozempic (semaglutide) How-To Video Series*  
[michmed.org/BnMk8](https://michmed.org/BnMk8)



*Victoza (liraglutide) How-To Video Series*  
[michmed.org/eWAgm](https://michmed.org/eWAgm)

## Have patients do their homework

You can create a dotphrase to send to patients when they contact your office with concerns about finding an incretin mimetic. Example dotphrase “GLP1HOMEWORK” in our dotphrase library:

**#1: CALL pharmacy for NEXT REFILL upon taking 4th WEEKLY dose.**

**#2: Determine a RADIUS you are willing to TRAVEL to pick up medication and start CALLING pharmacies.**

**#3: If found, ask NEW pharmacy to call OLD pharmacy to transfer prescription. If pharmacy is unable to transfer prescription, contact prescriber for NEW prescription to be sent to NEW pharmacy.**

**#4: Maintaining glucose control during this time is IMPORTANT - if no LUCK finding your dose prior to next dose, contact prescriber for an alternative medication**

Visit our dotphrase library  
at [michmed.org/qkqv7](https://michmed.org/qkqv7)



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