

Supporting Patients During GLP-1 Receptor Agonist Shortages

Due to the glycemic, weight loss, and cardiovascular benefits of GLP-1 receptor agonists, many of these medications are experiencing short-term shortages. Here are some tips for supporting patients during medication shortages.

Have patients do the homework

- Patients can ask their local pharmacies if their GLP-1 RA medication and dose is available to offload work from your staff.
- Patients can ask their health insurance company about what alternative GLP-1 RAs are covered.
 - Ex: Dulaglutide 3 mg is not available. Ask if two 1.5 mg injections weekly would be covered during the shortage. This may be approved.
- If you make a substitute, instruct patient to call their pharmacy to see if their original GLP-1 RA medication and dose is back in stock, prior to next refill.

Switch to a different oral or injectable GLP-1 RA or GLP-1/GIP RA

- When switching from a weekly to a daily medication, take the first dose of the daily medication seven days after the last dose of the weekly medication.
- When switching from a daily to a weekly medication, take the first dose of the weekly medication one day after the last dose of the daily medication.
- In general, consider the lowest **therapeutic** dose when switching to avoid GI side effects.
 - If a patient experienced severe nausea starting a GLP-1 RA in the past, consider starting at the lowest **sensitizing** dose of the substitute GLP-1 RA and titrating up if well tolerated, and at shorter intervals.
 - Dosing equivalency compares the relative strength of medications but does not predict severity of initial side effects.

Agent	Frequency	Titration Schedule	Equivalent Doses					
Dulaglutide	Weekly	4 week		0.75 mg	1.5 mg	3 - 4.5 mg		
Semaglutide	Weekly	4 week		0.25 mg*	0.5 mg	1 mg	2 mg	
Liraglutide	Daily	1 week	0.6 mg*	1.2 mg	1.8 mg			
Oral Semaglutide	Daily	4 week	3 mg*	7 mg	14 mg			
Tirzepatide	Weekly	4 week				2.5 mg*	5 mg	7.5 - 15 mg

* Sensitizing dose, no glycemic impact

Use a lower dose of medication

- Many pharmacies have shortages of higher-dose GLP-1 RAs but lower doses are available.
- Monitor glycemic control carefully when using a lower dose of medication.

Switch to to an alternative medication

- If the patient is a good candidate, an SGLT-2 inhibitor may be a good alternative.

Use MCT2D Tools

- Check the [MCT2D coverage by Payor Guide](#) and consult our [Dosing Information Guide](#).

! Medication shortages are frustrating and lead to extra work for your teams. Many patients may tolerate a lower dose of medication short term until shortages resolve.

