

# Supporting Patients During GLP-1 Receptor Agonist Shortages



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. Here are some tips for supporting patients during medication shortages.

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

When switching from a:

- **Weekly to daily GLP-1 RA:** Take 1st dose of DAILY seven days after last dose of weekly GLP-1/GIP RA
- **Daily to weekly GLP-1/GIP RA:** Take 1st dose of WEEKLY one day after last dose of daily GLP-1 RA
- In general, consider the **lowest therapeutic** dose when switching to avoid GI side effects.
  - Ensure patient understands the difference in pen device when switching between dulaglutide to semaglutide or liraglutide.
  - 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

^There are no head-to-head trials across all agents. Authors used relative monotherapy trial comparison with clinical judgement. Ref: <https://doi.org/10.2337/cd23-0023>  
\* Sensitizing dose, no glycemic impact

## What dose should patients take when doses have been missed?

		Dulaglutide				Semaglutide					Tirzepatide		
# of missed doses		1-2	3 or more	# of missed doses		1-2	3-4	5 or more	# of missed doses		1-2	3 or more	
Last dose given	1.5 mg	Same dose <sup>1,2</sup>		Last dose given	1 mg	1 mg	0.5 mg	0.25 mg	Last dose given	> 5 mg	Same dose <sup>2</sup>	5 mg	
	3 or 4.5 mg	Not studied - Use best judgement <sup>2</sup> or restart at 1.5 mg			2 mg	There is no evidence currently to support dose recommendations.							

1. In most patients regardless of weeks missed  
2. Assess prior GI tolerability  
Reference for charts: <https://doi.org/10.2337/cd23-0023>

## 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). Given majority of patients prefer weekly injections (Ozempic) over daily (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 One pen contains 4 doses
- 3 Need to prime pen before 1st dose – Dial to 2 dots in dosing window
- 4 Attach new pen needle each week
- 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 Use a lower dose of medication. Monitor glycemic control carefully when using a lower dose of medication.
- 2 Switch to an alternative medication. If the patient is a good candidate, an SGLT2 inhibitor may be a good alternative.
- 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](http://michmed.org/47XWN)



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

## Have patients do their homework

You can create a dotphrase to send to patients when they contact your office with concerns about finding their GLP-1. 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 transfer is not an option, contact prescriber to provide NEW pharmacy for NEW prescription to be sent to**

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

Visit our dotphrase library  
at [michmed.org/qqkv7](http://michmed.org/qqkv7)



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[MCT2D.org/resource-library](http://MCT2D.org/resource-library)

