

# 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.
- Choose the equivalent or a lower dose when switching to avoid side effects.
  - Patients who experienced nausea when starting their GLP-1 RA may benefit from starting at the lowest dose of the substitute medication. You may titrate the dose more quickly if it is well tolerated.

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 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.

