



# Medicine Supply Notification

MSN/2022/079

Dulaglutide (Trulicity®) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection devices

Tier 2 – medium impact\*

Date of issue: 30/09/2022

Link: [Medicines Supply Tool](#)

## Summary

- Supplies of dulaglutide (Trulicity®) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection devices are limited until January 2023, supply will only be available for existing patients.
- Semaglutide (Ozempic®) is unable to support any uplift in demand (see MSN/2022/080).
- Supplies of alternative parenteral GLP-1 receptor agonists (RAs) remain available.

## Actions Required

Clinicians in primary and secondary care should:

- not initiate new patients on dulaglutide solution for injection pre-filled pens until the supply issue has resolved; and
- consider initiating patients on an alternative GLP-1 RAs until the shortage of dulaglutide has resolved (see supporting information)

## Supporting information

### Clinical Information

Dulaglutide (Trulicity®) is a parenteral GLP-1 RA licensed for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, as monotherapy, when metformin is considered inappropriate, or as add-on therapy. It is administered once weekly.

The once weekly GLP-1 RA, semaglutide (Ozempic®), is currently facing supply constraints and cannot support an uplift in demand, please refer to MSN/2022/080 for more information. The parenteral GLP-1 RAs, exenatide and liraglutide, are able to support an uplift in demand. They differ in dose schedule and tolerability, as well as evidence base for effectiveness and clinical outcomes. Local formularies and guidelines will aid product selection.

**Table 1: Available parenteral GLP-1 RA presentations**

Parenteral GLP-1 RA	Brand and presentation	Dose	Indication
Liraglutide	Victoza® 6mg/ml solution for injection in prefilled pen	Initially 0.6 mg <b>once daily</b> for at least 1 week, then increased to 1.2 mg once daily for at least 1 week, then increased if necessary to 1.8 mg once daily.	Type 2 diabetes mellitus as monotherapy (if metformin inappropriate), or in combination with other antidiabetic drugs, (including insulin) if existing treatment fails

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

			to achieve adequate glycaemic control
Exenatide	Byetta® 5micrograms/0.02ml solution for injection 1.2ml pre-filled pens	Initially 5 micrograms <b>twice daily</b> for at least 1 month, then increased if necessary up to 10 micrograms twice daily, dose to be taken within 1 hour before 2 main meals (at least 6 hours apart)	Type 2 diabetes mellitus in combination with other antidiabetic drugs (including insulin) if existing treatment fails to achieve adequate glycaemic control
	Byetta® 10micrograms/0.04ml solution for injection 1.2ml pre-filled pens		
	Bydureon® 2mg/0.85ml prolonged- release suspension for injection 1.2ml pre-filled pens	2 mg <b>once weekly</b>	

Please see the following links for further information:

- [SmPC dulaglutide \(Trulicity®\) solution for injection pre-filled](#)
- [NICE Guidelines: Type 2 diabetes](#)
- [BNF treatment summary: type 2 diabetes](#)

Once weekly parenteral GLP-1 RAs:

- [SmPC exenatide \(Byduron®\) 2mg prolonged release suspension for injection in pre-filled pen](#)

Once daily parenteral GLP-1 RAs:

- [SmPC liraglutide \(Victoza®\) solution for injection in pre-filled pen](#)
- [SmPCs exenatide \(Byetta\) solution for injection, prefilled pen](#)

## Enquiries

If you have any queries, please contact [DHSCmedicinesupplyteam@dhsc.gov.uk](mailto:DHSCmedicinesupplyteam@dhsc.gov.uk)