



Oral semaglutide is unique in that it is the first **oral** GLP1 receptor agonist.

- Like its subcutaneous formulation, oral semaglutide is indicated as an adjunct to diet and exercise for the treatment of adults with insufficiently controlled type 2 diabetes mellitus. **Semaglutide should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis.**
- Oral semaglutide has a **GREEN** Traffic Light Status – ‘appropriate for initiation in both primary and secondary care’. If necessary to initiate or switch a patient to oral semaglutide, prescribers should counsel patient on dose titration schedule and administration instructions for Rybelsus® as given below.

**Dose titration schedule and administration information:**

**Risk of medication error due to introduction of new formulation with increased bioavailability October 2025.**

See DHPC letter [here](#).

Old formulation (oval tablet)	Bioequivalent	New formulation (round tablet)
3mg (starting dose)	=	1.5mg (starting dose)
7mg (maintenance dose)	=	4mg (maintenance dose)
14mg (maintenance dose)	=	9mg (maintenance dose)

**The co-existence of both formulations during the transition period could potentially lead to confusion and pose a risk of medication errors. Medication errors could result in increased exposure of semaglutide, which could lead to gastrointestinal adverse events e.g. nausea, vomiting and diarrhoea.**

**Rybelsus® dose titration schedule:**

Inform patient that Rybelsus® requires dose titration over at least 3 months. Prescriptions should be issued monthly to ensure review and avoid wastage.

Old formulation	New Formulation	Duration
3mg once daily	1.5mg	1 month
7mg once daily	4mg	1 month
7mg or 14mg once daily	4mg or 9mg	Maintenance

Where the 14mg dose of Rybelsus® is advised, this should be achieved by prescribing one 14mg tablet. **Do not use two 7mg tablets to achieve the 14mg dose.**

**Monitoring and patient review** are broadly in line with injectable GLP1s. Due to highly variable absorption, the manufacturer estimates 2-4% of patients may not respond to oral semaglutide. To continue with treatment patients should demonstrate ≥3% weight loss/ ≥10 mmol (~1%) HbA1c lowering at review at 3months, maintained at 6 months.

- Review after 4 weeks: if tolerated increase dose to 7mg
- Review after 8 weeks: if indicated consider maximising dose to 14mg
- Review after 12 weeks and again at 6 months to review patient weight and HbA1c and determine if continuation is appropriate.

**How to take Rybelsus® tablets:**

Take Rybelsus® tablets on an empty stomach **after a recommended fasting period of at least 8 hours**. After taking Rybelsus® tablets wait at least 30 minutes before having the first meal or drink of the day or taking other oral medicines. Waiting less than 30 minutes lowers the absorption of semaglutide.

Swallow Rybelsus® tablets whole with no more than half a glass of water (up to 120 ml). Do not split, crush, or chew the tablet, as it is not known if it affects absorption of semaglutide.

Oral semaglutide should **not** be included in a 'dosette' box as the SPC states it should be stored in the original blister package to protect from light and moisture.

### Adverse effects:

**Gastro-intestinal adverse effects** are common, especially in the first few weeks and may include nausea, vomiting, diarrhoea; patients should be advised to stay hydrated especially if they have kidney problems. Severe and on-going stomach pain could indicate **acute pancreatitis** and patients should seek immediate advice. As with injectable GLP1s, taking a sulfonylurea medicine or insulin with Rybelsus® might increase the risk of **hypoglycaemia**. See [SPC](#) for full list of adverse effects.

### Specialist contact information:

SFT Consultants/Nurse Specialists Contact via Secretaries		
Consultants' secretaries	Phone	01722-429229
Advice & Guidance	Email	<a href="mailto:shc-tr.diabetes@nhs.net">shc-tr.diabetes@nhs.net</a>
RUH Consultants/Nurse Specialists		
RUH consultants (immediate advice)	Phone	Consultant Connect
RUH consultants (1-2 day advice)	Email	<a href="mailto:ruh-tr.endocrinediabetes@nhs.net">ruh-tr.endocrinediabetes@nhs.net</a>
BaNES DSNs (immediate advice)	Phone	07876 265064
BaNES DSNs (1-2 day advice)	Email	<a href="mailto:ruh-tr.bathdsnsupport@nhs.net">ruh-tr.bathdsnsupport@nhs.net</a>
Wiltshire DSNs (immediate advice)	Phone	01249 456483
Wiltshire DSNs (1-2 day advice)	Email	<a href="mailto:whc.diabetesnurses@nhs.net">whc.diabetesnurses@nhs.net</a>
GWH Consultants/Nurse Specialists		
GWH consultants (1-5 day response)	E-mail	<a href="mailto:Gwh.endocrinologyadvice@nhs.net">Gwh.endocrinologyadvice@nhs.net</a> <a href="mailto:Gwh.diabetessecretaries@nhs.net">Gwh.diabetessecretaries@nhs.net</a>
Swindon Community DSNs (1-2 day response)	E-mail	<a href="mailto:bswccg.communitydiabetesservice@nhs.net">bswccg.communitydiabetesservice@nhs.net</a>
Swindon Community DSNs (same day advice)	Phone	01793 696621
Swindon Community DSNs (immediate advice)	Mobile	07979 119974/ 07917 084000

### Additional information:

[Clinical Guidance](#) from the Primary Care Diabetes Society (PCDS) and Association of British Clinical Diabetologists (ABCD) should be used in conjunction with NICE [NG28 Type 2 Diabetes in Adults: choosing medicines](#). For full prescribing information, including safety and monitoring recommendations, refer to the SPC [HERE](#).