Ozempic Shortage: Advice for Local Providers - November 16, 2023

Unfortunately, due to a global shortage of Ozempic/Semaglutide, our patients have had difficulties in accessing both the 0.5 mg and 1 mg pens. This shortage will continue to be intermittent until the spring of 2024 when a new production facility is planned to come online. In the meantime, I have used the following principles of treatment for my patients to address their diabetic control during this time. They would be consistent with UK Guidelines from July 2023. There is no current direction provided from Diabetes Canada or Health Canada.

1. Avoid using Ozempic for off label indications including weight loss. I specifically do not treat patients for weight loss in the absence of diabetes or heart failure.
2. DO NOT PRESCRIBE/DOUBLE UP A LOWER DOSE PEN
3. Avoid new Ozempic starts.
4. Patients currently on Ozempic - reduce the dose in half to preserve their personal supplies which will likely have minimal effect on either their glycemic control or weight.
5. Patients currently on insulin therapy in addition to Ozempic - will likely need adjustments and increasing doses of insulin. They should see their primary care provider or a Diabetic Education Centre for insulin adjustment.
6. Consider alternatives:

   ODB:

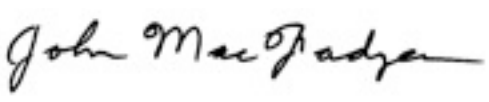
   a. DPP-IV Inh although frequently these may not have been helpful in the past and may have been the reason for using Ozempic
   b. Other oral agents including Diamicron/SGLT2 Inh or metformin
   c. Insulin

   Private insurers/self pay – in addition to the above, consider the following:

   d. Trulicity/dulaglutide, Victoza/liraglutide – once daily
   e. Rybelsus/oral semaglutide – Novo Nordisk has been supplying some patients with samples
   f. Mounjaro/terzepatide – needs education re – drawing up medication from vials
      i. There is no equivalent dosing compared to Ozempic however I would suggest
         1. 2.5 mg weekly if Ozempic 0.25 or 0.5 mg ,
         2. 5 mg weekly if on 1.0-2.0 mg Ozempic
7. If patients are off Ozempic for > 2 weeks, they would need to restart at 0.25 mg OW and titrate up as per routine.
8. If the indication was for CV benefit, Trulicity and Rybelsus, as well as SGLT-2 inh, all have evidence for CV benefit.

I suspect the long-term risks of a brief deterioration in glycemic control would be minimal. As such, unless the patient has significant symptoms of hyperglycemia, I generally do not consider replacement medications, including insulin, unless there is private drug plan/self-pay or other strong indications.

Please contact me if you have any questions.



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The above represents the personal opinions of the author and are not intended to replace information in the product monographs or Diabetes Canada Guidelines