

All formats of Ozempic are in short supply due to global supply constraints and increased demand. Supply is available intermittently but is unpredictable, insufficient to meet current demand, and not expected to stabilize until at least **March 31, 2024**.

For more details and references, see [medSask full guidance document](#).

Options



Continue Ozempic with Available Supply

- As supply permits, use a lower dose (e.g., 0.5 mg instead of 1 mg once weekly).
- Use Ozempic intermittently/with extended dosing interval.
 - Depending on duration between doses, may expect:
 - A1C and weight increases
 - ↑ gastrointestinal adverse effects at next dose; may need lower dose and re-titration if 3 or more doses are missed
 - unknown effects on cardiorenal outcomes



Discontinue Ozempic and Switch

Switch to a Different Antihyperglycemic Agent (different MOA)

- The following do not have the same degree of glucose lowering and weight loss as Ozempic, but may be options:
 - SGLT-2 inhibitors, especially if established or high-risk for cardiorenal disease
 - DPP-4 inhibitors as they may decrease postprandial hyperglycemia
 - Basal (+/- prandial) insulin, especially if glycemic control is a significant concern

Switch to an Alternative GLP-1a or GIP-GLP-1a (same/similar MOA)

- Allows for similar glycemic control as Ozempic; weight and cardiorenal benefits are similar but vary depending on the specific agent.
- Consider cost and coverage (several are not covered by SK Drug Plan or NIHB).
- Drug shortages of these agents may occur. See [medSask Drug Shortages](#).

See the [RxFiles Outcomes Comparison Summary Table](#) for considerations



Discontinue Ozempic

- It may be possible for some patients to maintain control without Ozempic. See [full document](#).



Considerations for Choosing Alternative Agents

Unless otherwise specified, all agents in a class are included.

A1C Lowering

MOST



LEAST

- insulin, GIP-GLP-1a
- GLP-1a, metformin, SU
- repaglinide, TZD
- SGLT-2i, DPP-4i

Risk of Hypoglycemia

MOST



LEAST

- intensive insulin (multiple daily doses)
- less intensive insulin (e.g., once daily basal), SU (glyburide)
- repaglinide, SU (gliclazide, glimepiride) TZD (rosiglitazone)
- DPP-4i, GLP-1a, GIP-GLP-1a, SGLT-2i, TZD (pioglitazone)
- metformin

Weight Changes

Gain



Neutral



Loss

- insulin, TZD
- repaglinide, SU
- DPP-4i
- SGLT-2i, metformin (or neutral)
- GIP-GLP-1a, GLP-1a

Use in Chronic Kidney Disease

Reduced risk of progression

SGLT-2i if eGFR >20 ml/min

See [Diabetes Canada Appendix 7](#) for dosage adjustments/precautions in renal impairment

Formulary Status

Saskatchewan Drug Plan

NIHB

Open Benefit

- insulin*
- metformin
- repaglinide
- SU (gliclazide MR, glyburide)

- DPP-4i (linagliptin, saxagliptin, sitagliptin[‡])
- insulin
- GLP-1a/insulin (lixisenatide/insulin glargine)
- metformin
- repaglinide
- SGLT-2i (canagliflozin[‡], dapagliflozin, empagliflozin)
- SU (gliclazide, glyburide)
- TZD (pioglitazone)

EDS/LUB

- DPP-4i (linagliptin, saxagliptin, sitagliptin)
- GLP-1a/insulin (lixisenatide/insulin glargine)
- SGLT-2i
- TZD

Not covered

- DPP-4i (alogliptin)
- GIP-GLP-1a
- GLP-1a (dulaglutide, liraglutide, PO semaglutide)
- GLP-1a/insulin (liraglutide/insulin degludec)
- metformin XR
- SU (glimepiride)

- DPP-4i (alogliptin)
- GIP-GLP-1a[^]
- GLP-1a (dulaglutide, liraglutide, PO semaglutide)
- GLP-1a/insulin (liraglutide/insulin degludec)
- metformin XR
- SU (glimepiride)
- TZD (rosiglitazone)

*Novorapid for use in insulin pumps is EDS

[‡] LUB status has been lifted temporarily during the Ozempic shortage

[^] Formulary status under review

Cardiovascular Outcomes

Improved MACE

GLP-1a (subcut), SGLT-2i (canagliflozin, empagliflozin), metformin (potential), TZD (pioglitazone [potential])

Improved HF

SGLT-2i, metformin (potential)

Improved CKD

SGLT-2i

Neutral/Unknown

DPP-4i (alogliptin, linagliptin, sitagliptin), GLP-1a (PO), GIP-GLP-1a, insulin, repaglinide, SU

CV Harm (HF)

DPP-4i (saxagliptin [potential]), TZD



Switching from Ozempic

- **to GLP-1a or GIP-GLP-1a:**
 - Choose a dose (see [full document](#) for considerations).
 - Administer the dose 7 days after the last Ozempic dose.
 - Oral semaglutide can be administered within 7 days of the last Ozempic dose. For maximum absorption, oral semaglutide must be taken on an empty stomach with minimal water and nothing else for at least 30 minutes.
- **to agents from a different antihyperglycemic class:**
 - In general, use the starting dose of the new agent.
 - Consider current glycemic control, renal function, and drug interactions.
 - Start the new agent 7 days after the last Ozempic dose.



Optimizing Treatment

- In some cases, doses of existing antihyperglycemic agents may have room to be increased if the current dose is the usual starting dose.
- Be mindful of renal function and increased risk of hypoglycemia.
- Note that SGLT-2 inhibitors are **not** associated with additional A1C lowering or cardiorenal benefit at higher therapeutic doses.
- When increasing basal insulin doses, be aware of overbasalization. See [full document](#).



Ensure patient is educated on:

- When to start new medication
- How to administer new medication
- Side effects including signs and symptoms of hyper/hypoglycemia
- How to store new medication
- What to expect from new medication

Abbreviations

A1C=glycated hemoglobin
CKD=chronic kidney disease
EDS=Exception Drug Status
eGFR=estimated glomerular filtration rate
HF=heart failure

LUB=Limited Use Benefit
MACE=major adverse cardiovascular events
MOA=mechanism of action
MR=modified release
NIHB=Non-Insured Health Benefits

PO=oral
subcut=subcutaneous
XR = extended release

Drug Class Abbreviations and Agents Included

DPP-4i=dipeptidyl peptidase-4 inhibitor and includes: alogliptin, linagliptin, saxagliptin, sitagliptin

GIP-GLP-1a=glucose-dependent insulinotropic polypeptide - glycoprotein-like peptide-1 agonist and includes: tirzepatide

GLP-1a=glycoprotein-like peptide-1 agonist and includes: subcutaneous formulations (dulaglutide, liraglutide, semaglutide [Ozempic]) and oral (semaglutide) GLP-1a/insulin includes: liraglutide/insulin degludec, lixisenatide/insulin glargine Insulin includes regular and analogues

SGLT-2i=sodium glucose transporter-2 inhibitor and includes: canagliflozin, dapagliflozin, empagliflozin

SU=sulfonylureas and includes: gliclazide, glimepiride, glyburide

TZD=thiazolidinediones and includes: pioglitazone, rosiglitazone