Switching guide for Rybelsus® (oral semaglutide) tablets

In line with NICE NG28, for new initiations of glucagon-like peptide- 1 receptor agonist (GLP-1RA) treatment in adults with type 2 diabetes (T2DM) consider oral or subcutaneous (SC) preparations (depending on clinical appropriateness).

Where existing patients are to be switched from **subcutaneous (SC)** preparations to **Rybelsus (oral semaglutide)** the following switch advice is recommended**.** Patients should be appropriately counselled on differences between the drug, formulation and dosing regimen.

Switching Advice

Liraglutide* OD to Rybelsus (oral semaglutide OD) - The 1st dose of Rybelsus should be given the next day after stopping liraglutide.

- Liraglutide 0.6mg switch to 3mg Rybelsus and titrate up to 7mg after 1 month.
- Liraglutide 1.2mg switch to 7mg Rybelsus and titrate up to 14mg after 1 month.
- Liraglutide 1.8mg switch to 7mg Rybelsus and titrate up to 14mg after 1 month.

Ozempic® (s.c semaglutide once weekly) to Rybelsus (oral semaglutide OD) - The 1st dose of Rybelsus should be given seven (7) days after stopping once weekly Ozempic® injection.

- Ozempic 0.25mg – switch to 7mg OD dose to establish tolerability and titrate up after 1 month to a 14mg maintenance dose to further improve glycaemic control.
- Ozempic 0.5mg - exposure after oral semaglutide 14 mg once daily is comparable to s.c. semaglutide 0.5 mg once weekly.
- Ozempic 1.0mg - an oral dose equivalent to 1.0 mg of s.c. semaglutide has not been established. Switch to 14mg OD.

Note that the effect of switching between oral and s.c. semaglutide cannot easily be predicted because of the high pharmacokinetic variability of oral semaglutide.

Byetta (exenatide BD) to Rybelsus (oral semaglutide OD)** – The 1st dose of Rybelsus should be given the next day after stopping exenatide.

- Exenatide (5mcg and 10mcg) switch to 3mg Rybelsus and then titrate up to 7mg after 1 month. Dose can be titrated again after 1 month to a 14mg maintenance dose to further improve glycaemic control.

For any switching information outside those recommended, please seek **advice and guidance** from the Diabetes Specialist teams.

Counselling

The maximum recommended single daily dose of Rybelsus is 14 mg. Taking two 7 mg tablets to achieve the effect of a 14 mg dose has not been studied and is therefore not recommended.

Rybelsus tablets should be taken whole on an empty stomach, with a sip of water (up to half a glass, equivalent to 120 mL). Patients should wait at least 30 minutes after a dose before eating,

drinking, or taking other oral medicines—intake with food or large volumes of water decreases the absorption of semaglutide.

Monitoring and Follow-up for new Rybelsus® tablets initiations

After initiation the patient should be monitored/followed up at the following intervals as per local guidance:

- At 3 months – review compliance and discuss any possible side-effects. Check HbA1c and weight.
- At 6 months – Check efficacy of treatment by checking HbA1c and weight. Compare measurements with those taken at baseline and confirm whether patient meets NICE continuation criteria.
- At 12 months - Consider discontinuing treatment if the response at 6 months is not maintained, taking into consideration the progressive nature of T2DM.

Note

The information provided here does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see BNF & SPC for comprehensive information.

Additional Information

- Subcutaneous (SC) injection preparations for managing T2DM in line with NICE recommendations
  GLP 1 -RA
  - Trulicity (dulaglutide) once weekly
  - Ozempic (semaglutide)once weekly
  - Liraglutide once daily

  Glucose-dependent insulinotropic polypeptide receptor and Glucagon-like peptide-1 receptor agonist (GIP/GLP-1RA)
  - Mounjaro (tirzepatide) once weekly

- ***Biosimilar liraglutide medicines have now been approved in the UK (*added to the BLMK formularies*). These are bioequivalent to the originator product Victoza® (discontinued December 2024) thus ensuring a reliable and consistent treatment option for effective diabetes management**.**

- ****Byetta® (exenatide) 5mcg/0,02ml and 10mcg/0.04ml solution for injection 1.2ml pre-filled pens have been discontinued March 2024.

- In December 2024, NICE published technology appraisal in relation to tirzepatide (Mounjaro®) for managing obesity - Link. This medication is not available for primary care prescribing in BLMK for weight loss, process and clinical steps are being reviewed.