

FAQ for Tirzepatide (Mounjaro)

What are the indications for Tirzepatide in Lothian?

Tirzepatide has two licensed indications – 1) For glycaemic management in Type 2 diabetes and 2) for weight management in non-diabetic people. In Lothian, Tirzepatide is currently approved and on the Formulary for glycaemic management in Type 2 diabetes only.

When should Tirzepatide be used in people with Type 2 diabetes?

Please refer to the NHS Lothian Anti-Diabetic Therapy Guidelines for Type 2 Diabetes Mellitus. In essence, Tirzepatide is indicated as a fourth line therapy, if optimum glycaemic control has not been achieved despite maximally tolerated metformin, SGLT-2 inhibitor and a GLP-1 agonist. If a GLP-1 agonist is contraindicated or not available, it may be used as a third line therapy after metformin and an SGLT-2 inhibitor.

Who should initiate Tirzepatide and who will train patients to use the injection device?

Tirzepatide should be initiated by a specialist in diabetes, but like all other diabetes medications primary care teams will be asked to provide ongoing prescriptions. If training is required, this will be provided by secondary care teams. Secondary care teams will also be responsible for making recommendations regarding dose titrations.

How is Tirzepatide administered and titrated?

Tirzepatide is a once weekly subcutaneous injection. One pen contains 4 fixed doses and lasts for 4 weeks. Fixed dose pens are available at doses of 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg and 15mg. The initial starting dose is 2.5mg/week and after 4 weeks the dose should be increased automatically to 5mg/week. Further dose increments are made based on glycaemic response. Tirzepatide can be increased at dose intervals of 2.5mg/week every 4 weeks up to a maximum dose of 15mg/week. The attached sheet gives further information regarding GTIN and PIP codes.

Needles are not provided and must be prescribed, such as BD Viva 4mm/32G needles x90 or Omnican fine 4mm/32G needles x 100.

What should be done with other diabetes medications when Tirzepatide is started?

Most diabetes medications should be continued, i.e. Tirzepatide is an add-on therapy. GLP-1 agonists (such as dulaglutide and semaglutide) and DPP4 inhibitors (such as sitagliptin) should be stopped. For patients on insulin and/or sulphonylureas, there is a risk of hypoglycaemia as Tirzepatide is up-titrated. Patients should be monitoring glucose levels and advice given regarding down-titration of insulin/sulphonylureas when Tirzepatide dose adjustments are made. Such advice should generally be given by the secondary care diabetes team.

Are there any concerns in women of reproductive age?

Like any new medication, there are limited data on safety in pregnancy and so sexually active women of reproductive age should be using reliable contraception. The manufacturers have advised that Tirzepatide may affect the absorption of **oral** contraceptives. They advise that women on oral contraception should use additional barrier methods for 4 weeks after initiation and for 4 weeks after any dose increase. The rationale for 4 weeks of barrier contraception is not at all clear and does not seem logical and so consideration should be given to a switch to alternative long-term contraception.

Lothian Diabetes MCN

10th October 2024; revised 6th November 2024