

Tirzepatide (Mounjaro®) ▼ for Type 2 Diabetes in Greater Manchester ICB

Tirzepatide is a long-acting glucose-dependent insulinotropic polypeptide (GIP) and a Glucagon-like peptide- 1 (GLP- 1) receptor agonist.

Traffic Light Classification Tirzepatide (Mounjaro®)

Green

- Alternative to other GLP1 receptor agonists where these are ineffective, not tolerated, or contraindicated.
- Please refer to **Treatment Algorithm (Page 2) and Table 1: Health economic considerations (Page 3).**

Due to pending NICE guidance, DO NOT prescribe Tirzepatide (Mounjaro®) for weight management.

Device and Method of administration - consult user manual for instructions for use

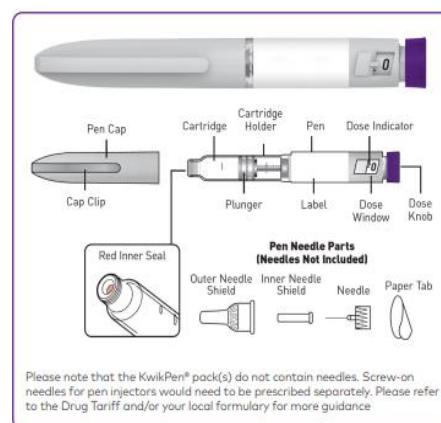
<https://www.medicines.org.uk/emc/files/usermanual.15484.pdf>

KwikPen: Each pen dials only one specified dose, with 4 doses per pen. Air shot (2 clicks) is required before each injection.

4mm needles (32 gauge) will need to be prescribed separately.

Administration: Subcutaneous injection into the abdomen, thigh, or upper arm. Any time of day **with or without** meals.

Injection sites should be rotated with each dose.



Supply Situation

Anticipated supply date: The 2.5/5mg are available since 12th February 2024. The higher doses will be made available in the coming months.

Prescribing: Updating of System One, EMIS and Vision is still undergoing and might take up to 12 weeks.

Tirzepatide (Mounjaro®) ▼ for Type 2 Diabetes - Treatment Algorithm

- Offer lifestyle and diet advice. Signpost to diabetes education, either locality provision or GM digital offer, see <https://elearning.diabetesmyway.nhs.uk/>
- Consider eligibility for referral to the NHS Type 2 Diabetes Pathway to Remission (low-calorie diet), see <https://momentanewcastle.com/hcp-t2dr-gm>
- Consider individualised HbA1c target based on patient specific factors, as per NICE Guidance (<https://www.nice.org.uk/guidance/ng28>)



Person with Type 2 diabetes who is eligible as per NICE TA924

<https://www.nice.org.uk/guidance/ta924>

- Triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated, or contraindicated, **and**
- BMI ≥ 35 kg/m², and specific psychological/ other medical problems associated with obesity, **or**
- BMI < 35 kg/m², and:
 - insulin therapy would have significant occupational implications, **or**
 - weight loss would benefit other significant obesity-related complications.

Use lower BMI thresholds (usually reduced by 2.5 kg/m²) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family backgrounds.



Ensure robust contraception for women with childbearing potential.

In overweight/ obese women, switch to a non-oral contraceptive or add a barrier method when initiating or escalating therapy (for 4 weeks)

- **Initiate with 2.5mg ONCE WEEKLY**
- **After 4 weeks escalate to 5mg ONCE WEEKLY**

Review and adjust other therapies (e.g., stop DPP4-inhibitors, consider dose reduction of sulphonylurea or insulin due to hypoglycaemia burden)

**Prescribe ONE KwikPen at the time.
Each pen contains 4 doses (1-month supply).**

The recommended maintenance doses are 5, 10 and 15 mg.

The maximum licensed dose is 15mg/ week.

If needed dose titration can be made in 2.5 mg increments after a minimum of 4 weeks on the current dose.



Higher doses than 5mg/week* must be discussed with specialist team (refer to practice/PCN clinician with specialist interest in diabetes or contact the hospital diabetes team if appropriate)

AND can be considered after careful assessment if:

1. Beneficial metabolic response to the 5mg dose as per NICE NG28 - **reduction of HbA1c of at least 11 mmol/mol and weight loss of at least 3% in 6 months.**
2. Further weight loss would benefit other significant obesity-related complications: e.g., **Established cardiovascular disease (CVD); heart failure (HF); dyslipidaemia; chronic kidney disease (CKD); non-alcoholic fatty liver disease (NAFLD); non-alcoholic steatohepatitis (NASH).**

***If higher doses are appropriate do not substitute by doubling up a lower dose preparation.**

Table 1: Health economic considerations: Tirzepatide (Mounjaro®) and comparators

Drug	Frequency	Dose	Cost per day*	List price* per pack of 1 month treatment	Total cost (year 1)*
Tirzepatide (Mounjaro®)	weekly	2.5/5mg	£3.29	£92.00	£1,199.29
	weekly	7.5/10mg	£3.82	£107.00	£1,364.82
	weekly	12.5/15mg	£4.36	£122.00	£1,500.36
Dulaglutide (Trulicity®)	weekly	1.5/3/4.5 mg	£2.62	£73.25	£954.87
Semaglutide (Ozempic®)	weekly	0.5/1mg	£2.62	£73.25	£954.87
Semaglutide (Rybelsus®)	daily	7/14mg	£2.62	£78.48	£954.84
Liraglutide (Victoza®)	daily	1.2mg	£2.62	£78.48	£954.84
	daily	1.8mg	£3.92	£117.72	£1,404.79

Based on clinical trial information from SURPASS-3 and SURPASS-4 representing the most likely place in therapy – the additional cost of the higher dose of Tirzepatide (15mg) compared with 5mg dose will equate to 5.6kg and 4.6kg extra weight loss respectively = £53 and £65 per kg p.a. respectively.

*Excluding VAT.