

Open Doors Nursing Team Top Tips

Tirzepatide (Mounjaro) for type 2 diabetes

Many patients may be coming in saying they are taking this medicine privately for weight loss, your diabetes patients may be on it and we will see it rolled out increasingly on the NHS as the criteria widens. It's vital as nurses we understand how it works so we can advise our patients safely.

Staff resources

How to administer Mounjaro

[...click here](#)

At a glance factsheet on Tirzepatide for diabetes management [...click here](#)

NICE | Tirzepatide for managing weight and obesity [...click here](#)

NICE | Type 2 diabetes management in adults guideline [...click here](#)

NICE | Overweight and obesity management guideline [...click here](#)

Editorial: weight loss drug hype grows [...click here](#)

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For any specific topic support and suggestions for upcoming content in Top Tips, please email the team via:
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Understanding how it works and how to advise patients

Mounjaro™ pens contain Tirzepatide, a long-acting glucose-dependent insulinotropic polypeptide receptor and glucagon-like peptide-1 (GLP-1) receptor agonist.

Tirzepatide increases insulin sensitivity and secretion, suppresses glucagon secretion, and slows gastric emptying.

Are we prescribing this in Tower Hamlets?

Mounjaro requires secondary care approval to prescribe. Ozempic (Semaglutide) is the first line for GLP-1 prescribing as back in stock. If Ozempic is not tolerated or ineffective, then you can refer for Tirzepatide (Mounjaro).

Who cannot take this medication?

As with any medication, there are those who shouldn't take it. [Click here](#) for a list including side effects and study results.

What do the NICE guidelines say about who can have it?

Tirzepatide is recommended for treating type 2 diabetes alongside diet and exercise when it is insufficiently controlled if:

- Triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and they have a BMI of 35 kg/m² or more, and psychological or other medical problems associated with obesity.
- Patient has a BMI of less than 35 kg/m², and: insulin therapy would have significant occupational implications, or weight loss would benefit obesity-related complications. Use a lower BMI, reduced by 2.5 kg/m², for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean backgrounds.
- As monotherapy when metformin is inappropriate due to intolerance or contraindications in addition to other medicinal products for the treatment of diabetes'.

Advice to give patients

- Drink plenty of fluids
- Small portions more often
- Don't eat when full or not hungry
- Avoid high fat or spicy foods
- Avoid alcohol or fizzy drinks
- If they require an anaesthetic, they must inform their clinician they are on this medication due to risk of aspiration
- Consider lowering dose of insulin or gliclazide on starting.



Advice during contraception or pregnancy and breastfeeding

- Contraception should be used whilst taking this medication.
- A non-oral contraceptive or barrier method should be used for 4 weeks after initiation and for 4 weeks after any dose change.
- It is not safe for pregnancy or breastfeeding.

Read the [Faculty of Sexual and Reproductive Healthcare \(FSRH\) statement](#) on GLP-1 agonists and oral contraception.



Patient information leaflet



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