

# **POSITION STATEMENT**

# Mounjaro® (Tirzepatide) for Type 2 Diabetes

#### Recommendation:

Mounjaro® (Tirzepatide) is recommended for the treatment of type 2 diabetes in accordance with NICE TA924 and local guidance – see below – LSCMMG RAG status 'Green Restricted'

Mounjaro® (Tirzepatide) use is only recommended in line with the restrictions set out by local criteria and NICE guidance (see the information detailed below).

#### Criteria agreed locally by Specialists

Preference of agent should be decided based on the clinician's judgement about patient characteristics. **Local specialists have suggested the following**:

- Semaglutide (or other available GLP-1 RAs) may be preferred in patients with lower BMIs e.g. < BMI 35 kg/m² or patients who have established CVD or are at high risk of CV events and require an agent with proven CV benefit.
- 2. Tirzepatide may be preferred in patients with higher BMIs e.g. > BMI 40 kg/m² or who despite optimisation of all other therapies still require further glycaemic control.

Please note: Rybelsus® (semaglutide) tablets are now available in sufficient quantities to support initiation of GLP1 RA treatment in people with type 2 diabetes (T2DM) in whom new initiation of GLP-1 RA therapy would be clinically appropriate.

Careful consideration **MUST** be given to stopping tirzepatide if ineffective or not tolerated (evidence of poor tolerance as dose escalates). Tirzepatide should be reviewed after 6 months, and the deprescribing of other agents, e.g. sulfonylureas and gliptins, should be considered where possible.

As a minimum expectation, it is recommended that tirzepatide is only continued if the adult with type 2 diabetes has had a beneficial metabolic response (a reduction of at least 11 mmol/mol [1.0%] in HbA1c and weight loss of at least 3% of initial body weight in 6 months).

A patient contract may support HCPs to undertake the review process and audit with a reminder of the necessary reductions in HbA1C and weight, which are necessary for the continuation of tirzepatide and reinforcement of advice/support regarding diet and exercise.

Approved: March 2024

NHS Midlands and Lancashire CSU

## **NICE recommendations**

NICE have set out recommendations for tirzepatide use in type 2 diabetes alongside diet and exercise when it is insufficiently controlled only in the following circumstances:

- triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, AND
- they have a body mass index (BMI) of 35 kg/m<sup>2</sup> or more, and specific psychological or other medical problems associated with obesity, OR
- they have a BMI of less than 35 kg/m<sup>2</sup>, AND:
  - o insulin therapy would have significant occupational implications, or
  - weight loss would benefit other significant obesity-related complications (for example, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea).

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.

### **Version Control**

Version Number	Date	Amendments Made	Author
V1	March 2024		PT/LR

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