

Clarify the Role of Mounjaro for Type 2 Diabetes

You'll hear **buzz about new injectable *Mounjaro* (tirzepatide)**...the first “twincretin” for type 2 diabetes.

Think of *Mounjaro* as similar to a glucagon-like peptide-1 (GLP-1) agonist...but it's also a glucose-dependent insulinotropic polypeptide (GIP) agonist. More twincretins are in the works.

GLP-1 and GIP stimulate insulin release, increase satiety, and decrease glucose production.

Both hormones are secreted in the gut in response to food...so the dual mechanism doesn't seem to increase risk of hypoglycemia.

Point out that adding once-weekly *Mounjaro* to metformin reduces A1c by up to 2.3%...similar to *Ozempic* (semaglutide), the most “potent” GLP-1 agonist...when either is titrated to max doses.

The max *Mounjaro* dose is 15 mg/week. But it takes months to reach this dose...and there's not much more A1c lowering over 5 mg/week.

Mounjaro may also lead to weight loss of up to 25 lb over 10 months in patients with diabetes...about 10 lb more than *Ozempic*.

Consider downsides. Data on *Mounjaro*'s CV outcomes aren't expected until 2025. But some GLP-1 agonists (*Ozempic*, etc) or SGLT2 inhibitors (*Jardiance*, etc) are shown to lower CV risk.

Plus *Mounjaro* has GI side effects similar to GLP-1 agonists...also carries warnings of rare pancreatitis, gallbladder disease, and thyroid tumors...and has a similar cost of about \$1,000/month.

When a metformin add-on is needed for patients at high CV risk, lean toward a GLP-1 agonist or SGLT2 inhibitor with proven CV benefit.

But think of *Mounjaro* for patients at lower CV risk...especially if maximizing weight loss is a priority and payer coverage isn't a barrier.

Be aware that *Mounjaro* labeling cautions about possible reduced efficacy of oral contraceptives...due to delayed gastric emptying.

This effect lessens with time. Suggest a non-oral method (ring, IUD, etc) or backup for 4 weeks after starting and each titration.

You'll also hear *Mounjaro* may lead to weight loss of up to 47 lb over 18 months in patients with obesity but without diabetes.

But don't recommend it for weight loss alone yet...it's not approved and likely won't be covered.

Bookmark our *Diabetes Resource Hub* for a collection of helpful tools...including our updated resource, *Drugs for Type 2 Diabetes*.

Key References:

- N Engl J Med. 2021 Aug 5;385(6):503-515
- Lancet Diabetes Endocrinol. 2021 Sep;9(9):563-574
- N Engl J Med. 2022 Jun 4. doi: 10.1056/NEJMoa2206038
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