
**Please Scan the QR code for Prescribing information**

once weekly
mounjaro™
(tirzepatide) injection

Lilly

PP-TR-AE-0425

For adverse events and safety reporting, please send an email: PV-MEA@lilly.com
For product complaints, please send an email: lbmail_pc_mena@lilly.com
For further information about Lilly and Lilly products please contact us at the below address:
UAE: Bldg. 25 - 6th Floor, Dubai Health Care City, Dubai, UAE.P.O. Box #25319, Tel.: (+971 4) 4537800, Fax: (+971 4) 436 2399

# Speaker Disclosure

- This Lecture is sponsored by Eli Lilly
- I have no actual or potential conflict of interest in relation to this presentation

# HOUSEKEEPING

**PLEASE DO NOT**

- Take any photos or videos during the entire meeting
- Take screenshots of the slides presented during this meeting
- Post anything on social media related to this meeting and/or Lilly products discussed during this meeting.

# Indications and Limitations of Use[1]

## Indication

### ► Type 2 diabetes mellitus

Mounjaro is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
- in addition to other medicinal products for the treatment of diabetes.

### ► Weight Management

Mounjaro is indicated as an adjunct to a reduced-calorie diet and increased physical activity for weight management, including weight loss and weight maintenance, in adults with an initial Body Mass Index (BMI) of

- ≥ 30 kg/m2 (obesity) or
- ≥ 27 kg/m2 to < 30 kg/m2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

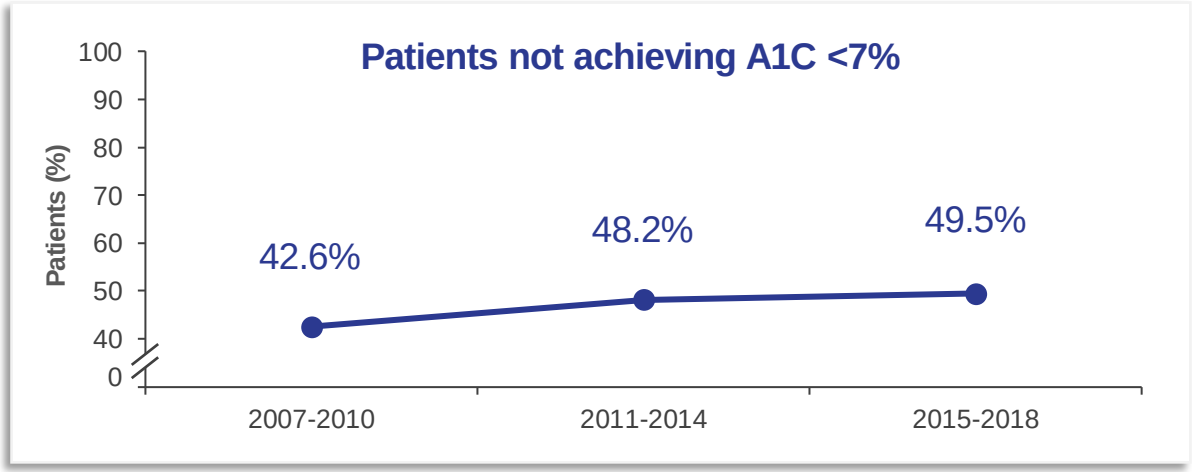
1.. Mounjaro SmPC, UAE.

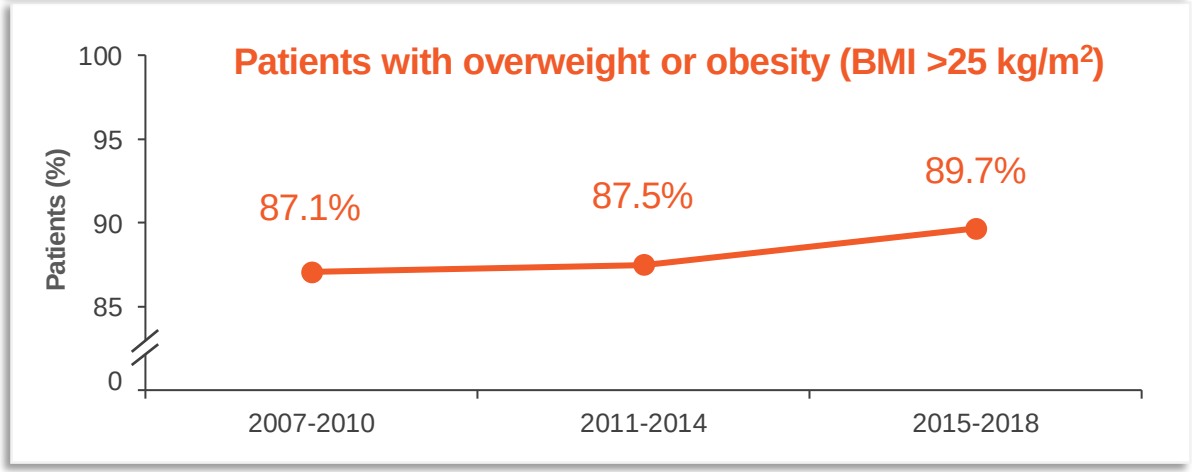
# Addressing Type 2 Diabetes:

## A1C and Excess Weight

# US: Despite Recent Advances in Treatment Options, HbA1c and BMI Are Not Improving in People With Diabetes[1*]

**US adults with diabetes in the NHANES program**




*According to the latest **NHANES** data on adults with diabetes (2015-2018),†*

**~50%** of patients **did not** achieve an A1C <7%

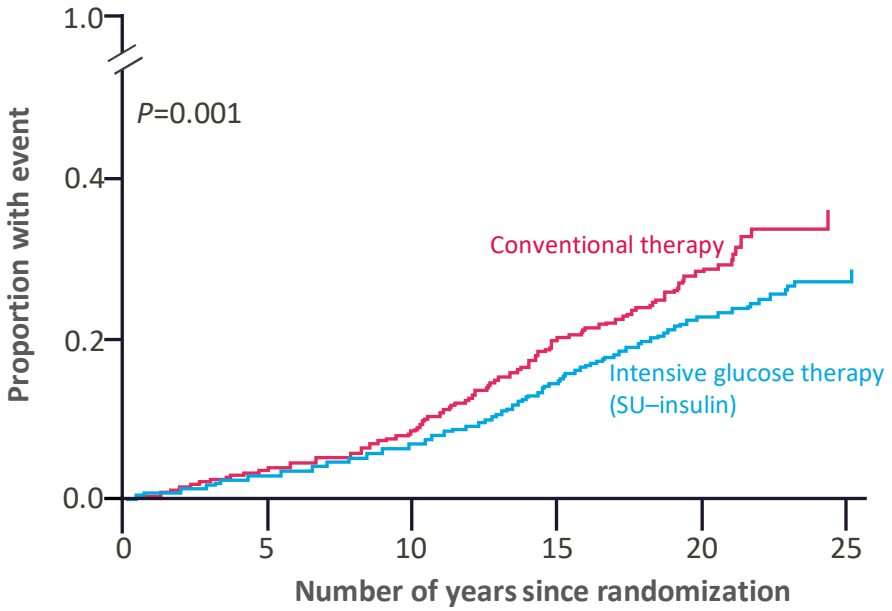
**~90%** of patients had **overweight or obesity**

*Over 90% of people with diabetes in the US have T2D; therefore, these data largely reflect trends in glycemic control among individuals with T2D. †NHANES participants from 2015-2018 who were nonpregnant, ≥20 years of age, and reported having ever received a diagnosis of diabetes from a physician, aside from gestational diabetes (n=6653).A1C=glycated hemoglobin; BMI=body mass index; NHANES=National Health and Nutrition Examination Survey; T2D=type 2 diabetes; US=United States. 1. Fang M, et al. *N Engl J Med*. 2021;384(23):2219-2228.

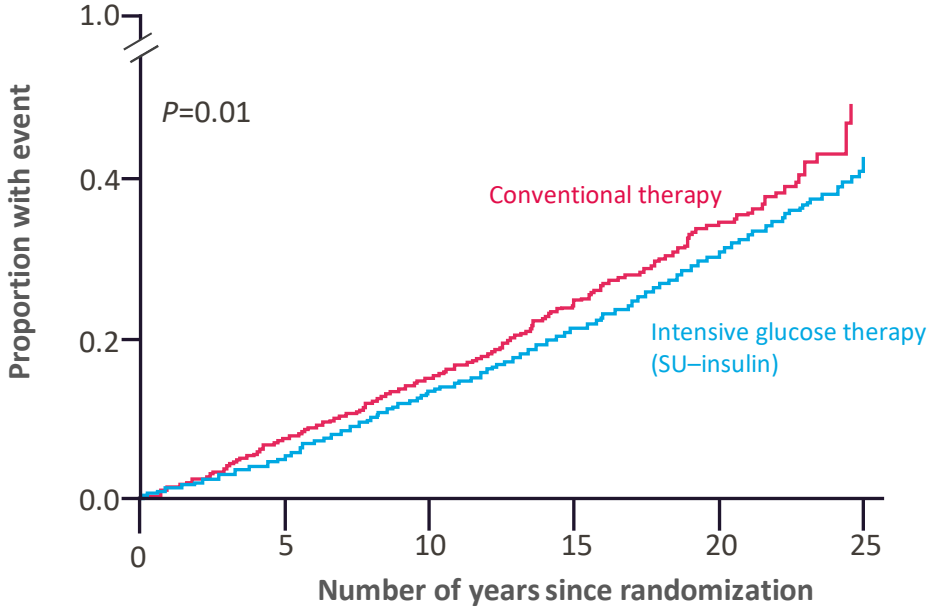
# Early Intensive Glycemic Control Is Associated With **Decreased Risk of T2D-Related Complications**[1,2]

- In the UKPDS trial, **early intensive glucose therapy** in newly diagnosed patients with T2D reduced the risk of microvascular complications (25%) over 10 years compared to the conventional group[1]
- Results from the 10-year posttrial follow-up showed that reductions were sustained for microvascular risk (24%), and emergent risk reductions for MI (15%) were observed[2]

## Microvascular disease[2]




## Myocardial infarction[2]




SU=sulfonylurea; UKPDS=UK Prospective Diabetes Study. 1. UK Prospective Diabetes Study (UKPDS) Group. *Lancet*. 1998;352(9131):837-853. 2. Holman RR, et al. *N Engl J Med*. 2008;359(15):1577-1589.

# Improved Glycaemic Control Lowers the Risk of Complications

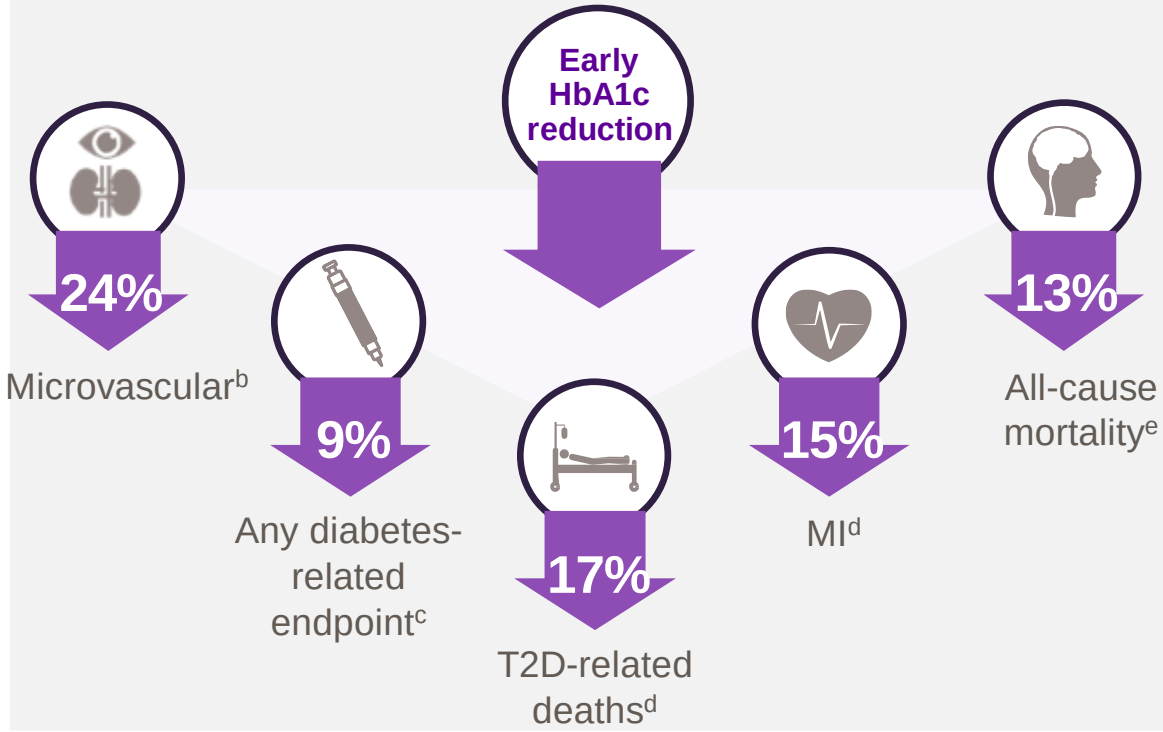
## UKPDS Legacy Effect: Complications in People With T2D

### Prospective RCT-enrolled People With Newly Diagnosed T2D From 1977-1991

### 10-year study of intensive glucose control[1]

- Median HbA1c:
  - Intensive therapy: 7.0%
  - Conventional therapy: 7.9%
- Macrovascular events:
  - No significant difference between in MI rates between therapy groups (P=.052)
- Microvascular events:
  - Intensive therapy resulted in a 25% risk reduction compared to conventional therapy (P<.01)

### A 10-year follow-up study of intensive glucose control[a] showed lasting risk reduction[2]:




[a]Intensive treatment consisted of an SU and insulin. [b]*P*=.001. [c]*P*=.04. [d]*P*=.01. [e]*P*=.007.
HbA1c = glycated haemoglobin; MI = myocardial infarction; RCT = randomised controlled trial; T2D = type 2 diabetes; UKPDS = United Kingdom Prospective Diabetes Study.
1. UKPDS Study Group. *Lancet*. 1998;352:837-853. 2. Holman RR, et al. *N Engl J Med*. 2008;359(15):1577-1589.

# Diabetes guidelines emphasize the importance of weight management in T2D

**Lifestyle intervention to achieve and maintain >5% weight loss is recommended for most people with T2D and excess weight[1]**

According to *ADA Standards of Medical Care in Diabetes—2022*,

**sustained weight loss of**

**10%-15%**

**can maximize outcomes[1]**

HbA1c | Lipids | Blood pressure

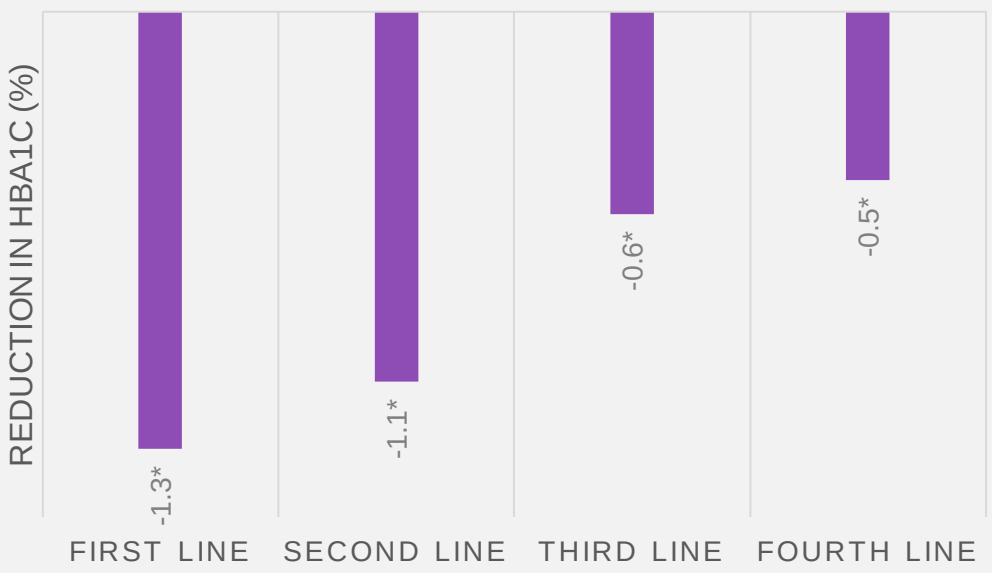
ADA 2024: When choosing glucose-lowering medications for people with type 2 diabetes and overweight or obesity, prioritize medications with beneficial effect on weight.[2]



ADA=American Diabetes Association; EASD=European Association for the Study of Diabetes.

**References: 1.** American Diabetes Association Professional Practice Committee. *Diabetes Care*. 2022;45(suppl 1):S60-S82. **2 .** Diabetes Care December 2023, Vol.47, S158-S178

# Earlier Initiation of GLP-1 RAs Is Associated With Significantly Greater HbA1c Reduction



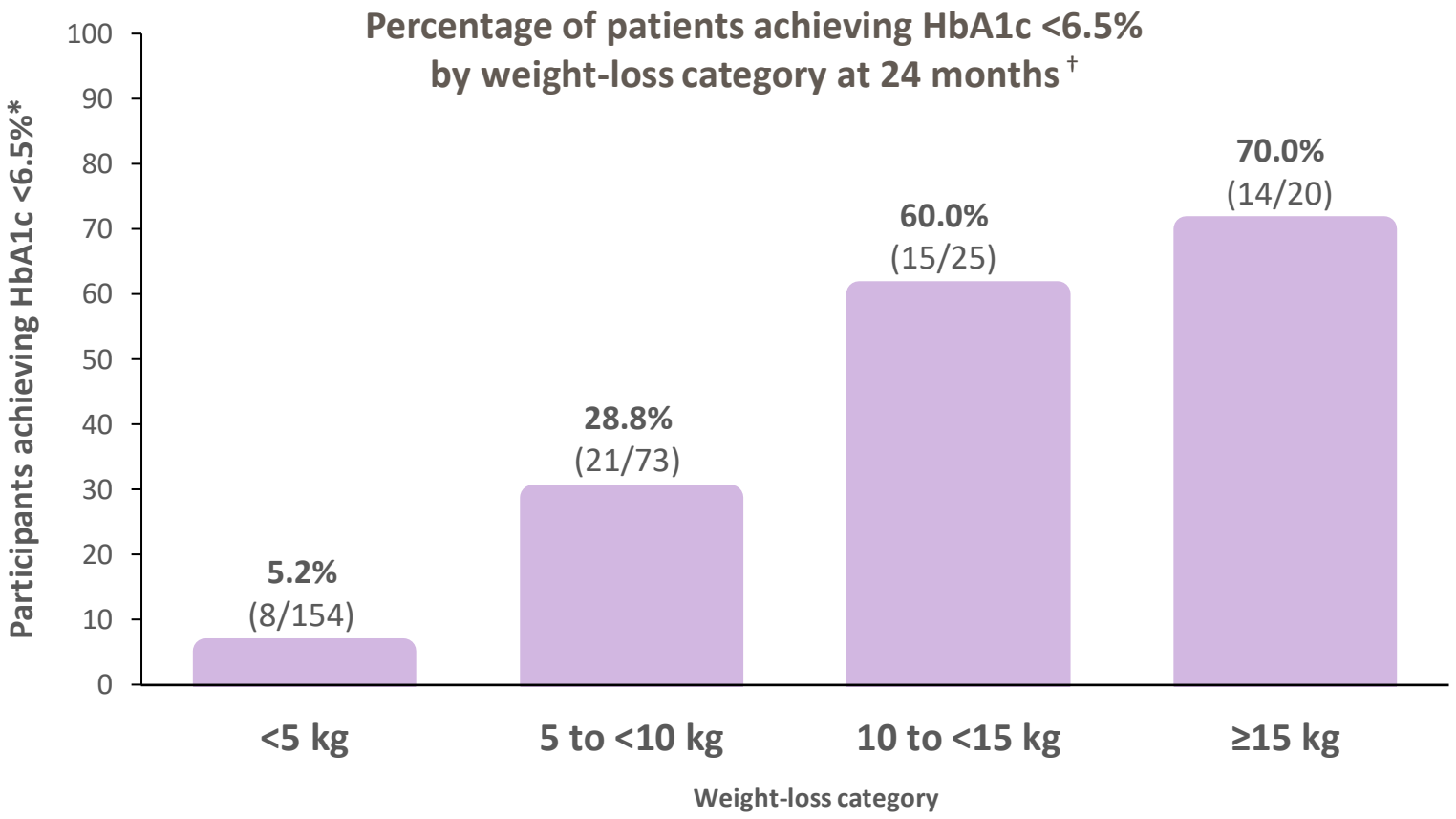

In 1122 patients with type 2 diabetes, the last HbA1c result prior to GLP-1 RA initiation was compared with the last HbA1c result 2 years after initiation

- At the end of the study, patients who initiated a GLP-1 RA first-line had an average HbA1c 1.3% lower than the reference group (*P*<0.0001)†
- First-line patients were 390% more likely than the reference group† to achieve an HbA1c <7%

*$P$<0.05 vs the reference group.
†Reference group was comprised of patients who took ≥4 classes of glucose-lowering therapies prior to GLP-1 RA initiation.
GLP-1 RA=Glucagon-like Peptide 1 Receptor Agonist; HbA1C=Glycated Hemoglobin.
Boye KS, et al. *Clin Ther*. 2020;42(9):1812-1817

DiRECT STUDY

# Weight Reduction Is Associated With Improvement in HbA1c Levels[1]

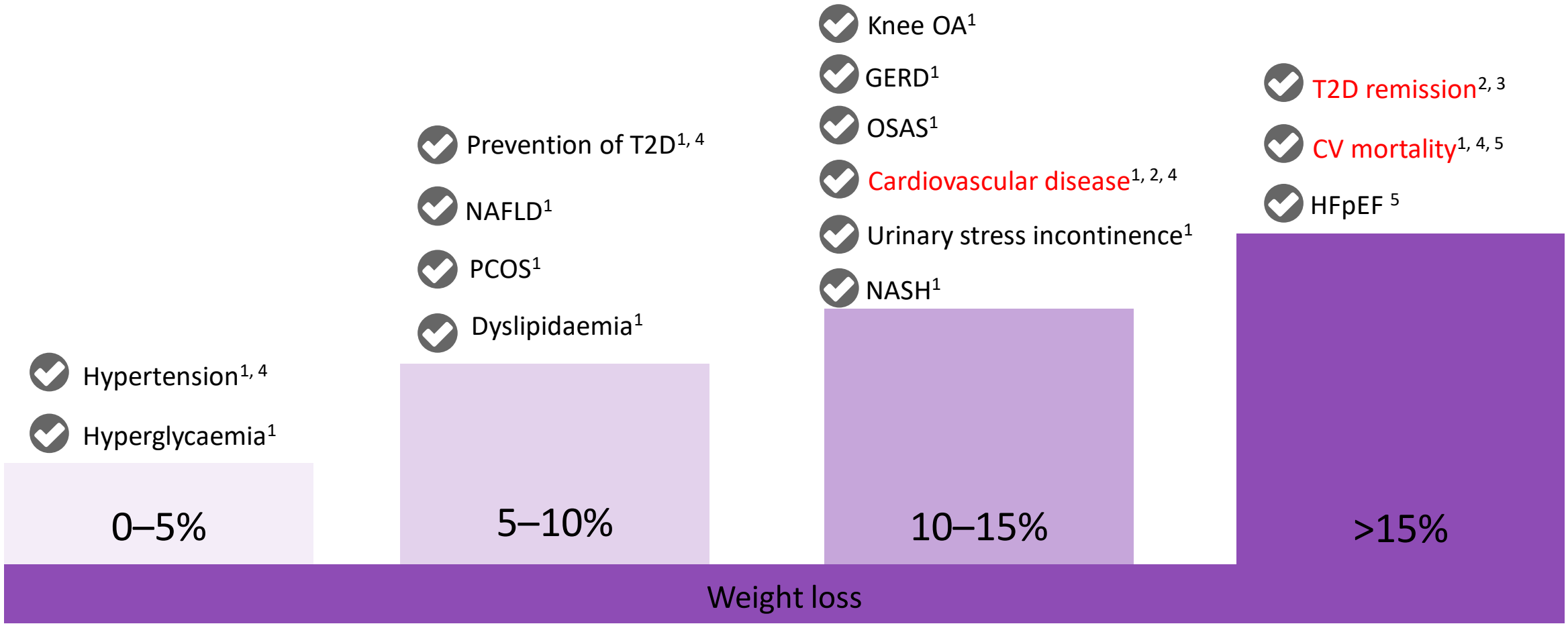



- 36% of patients in the weight-management intervention group achieved HbA1c <6.5% without use of antidiabetic medication
- 60% of patients in the intervention group were managing their T2D without use of antidiabetic medication at the 2 year follow up*
- There is a **25% increase in the odds of achieving HbA1c <6.5% per kilogram of weight loss**

**Odds ratio** (per kilogram of weight loss): 1.25 (95% CI, 1.16-1.35; *P*<0.0001)

†Participants from the weight management intervention and standard of care control group were pooled for this analysis by weight loss category
*After withdrawal of antidiabetes drugs at baseline. 1. Lean MEJ, et al. *Lancet Diabetes Endocrinol.* 2019;7(5):344-355.

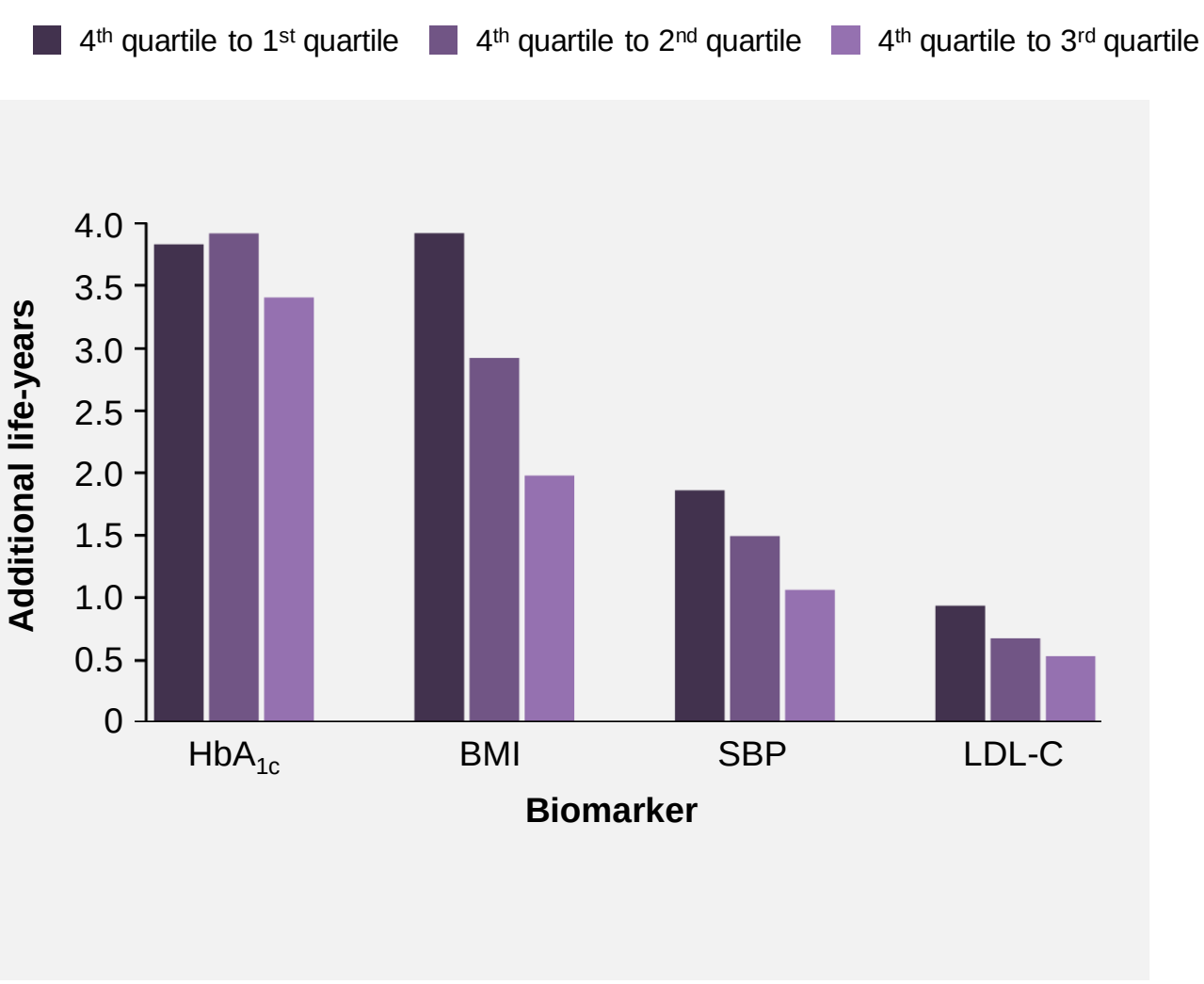
# Benefits of weight loss




CV = cardiovascular; GERD = gastro-oesophageal reflux disease; HFpEF = heart failure with preserved ejection fraction; NAFLD = non-alcoholic fatty liver disease; NASH = non-alcoholic steatohepatitis; OSAS = obstructive sleep apnoea syndrome; PCOS = polycystic ovary syndrome; TG = triglycerides.

[1]Garvey WT, et al. Endocr Pract. 2016;22(Suppl. 3): 1–203; [2]Look AHEAD Research Group. Lancet Diabetes Endocrinol. 2016;4(16): 913–921; [3]Lean ME, et al. Lancet. 2018;391(17): 541–551; [4]Benraoune F, Litwin SE. Curr Opin Cardiol. 2011;26(6): 555–561; [5]Sundström J, et al. Circulation. 2017;135(6): 1577–1585.

# **Gains in Life-Years** Associated With Different Levels of Biomarkers in Individuals With T2D




| Biomarker | 1st Quartile | 2nd Quartile | 3rd Quartile | 4th Quartile |
|---|---|---|---|---|
| HbA1c* (%) | <6.4 (5.9) | 6.4-7.2 (6.8) | 7.3-8.2 (7.7) | >8.2 (9.9) |
| BMI* | <27 (24.3) | 27-31 (28.6) | 32-36 (33.0) | >36 (41.4) |
| SBP* (mm Hg) | <122 (114.1) | 122-132 (128.1) | 133-134 (139.1) | >122 (160.4) |
| LDL-C* (mg/dL) | <73 (58.9) | 73-96 (84.0) | 97-122 (107.0) | >122 (146.0) |

- Life expectancy gained through lower BMI was the largest among the 4 modifiable biomarkers examined:
  - For people with T2D and a high BMI (fourth quartile), reduction in BMI to the first quartile was associated with an estimated LE gain of 3.9 years

*Values in () represent mean values.
BMI=body-mass index; HbA1c=glycated haemoglobin; LDL-C= low density lipoprotein-cholesterol; LE=life expectancy; SBP=systolic blood pressure; T2D=type 2 diabetes.
Kianmehr H, et al. *JAMA Netw Open*. 2022;5(4):e227705.

# Unsatisfied With her HbA1c and Weight, Concerned About Her Future Health

once weekly mounjaro™ (tirzepatide) injection

## Nadia

You know she's making the effort but not seeing results

- Recently diagnosed with type 2 diabetes
- Has not reached glycemic targets on metformin alone
- A1C >7% and BMI >25 kg/m$^2$
- Continues to struggle with her weight despite her efforts with diet and exercise

**Having excess weight contributes to her disease progression[1-3]**

A hypothetical patient.

1. National Heart, Lung, and Blood Institute. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf. Accessed February 25, 2022. 2. Van Gaal L, et al. *Diabetes Care*. 2015;38(6):1161-1172. 3. Wing RR, et al. *Obesity*. 2021;29(8):1246-1258.

# Introducing Once-Weekly Mounjaro:

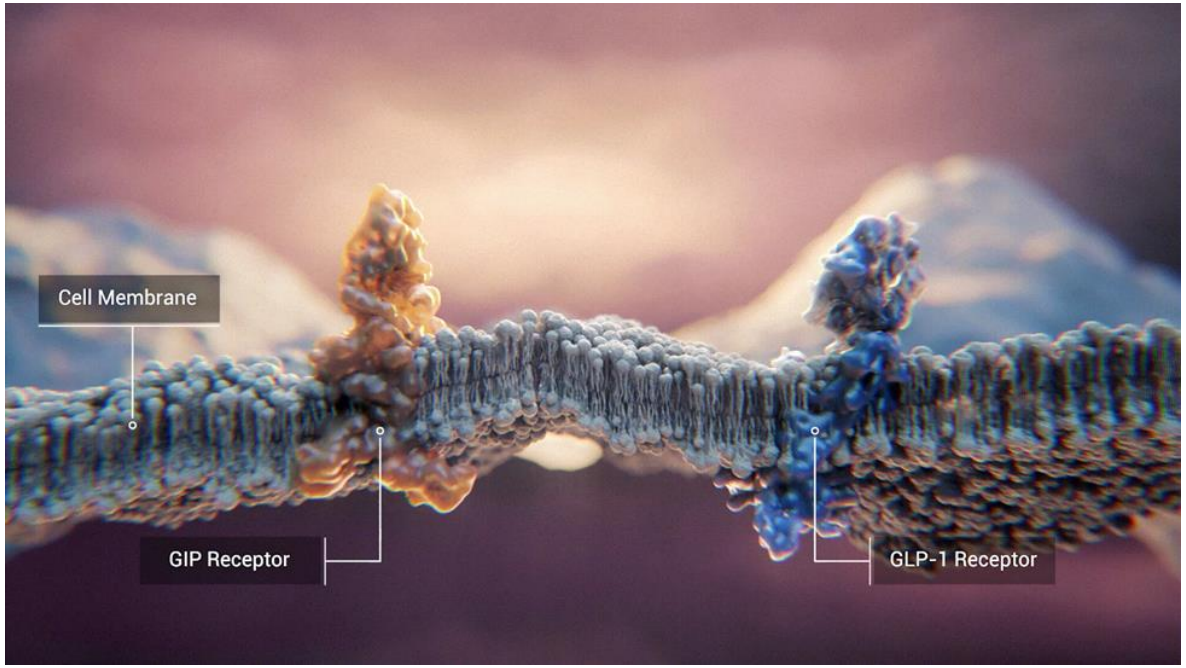
## The First in a New Class of Treatment for Adults With T2D

# **Mounjaro Is the First and Only Approved** GIP and GLP-1 Receptor Agonist

once weekly mounjaro™ (tirzepatide) injection

## Mounjaro is a single molecule that activates GIP and GLP-1 receptors in the body[1]

| | |
|---|---|
| **Structure** | Based on the **native GIP sequence**, but modified to also **bind to the GLP-1 receptor**[1,2] |
| **Mechanism of action** | Selectively binds to and activates both the **GIP and GLP-1 receptors**, the targets for native GIP and GLP-1[2] |
| **Mean half-life** | **Approximately 5 days,** enabling **once-weekly dosing**[1,2] |
| **Dose adjustment** | **No dose adjustment** of Mounjaro is recommended for patients with renal or hepatic impairment[1] |



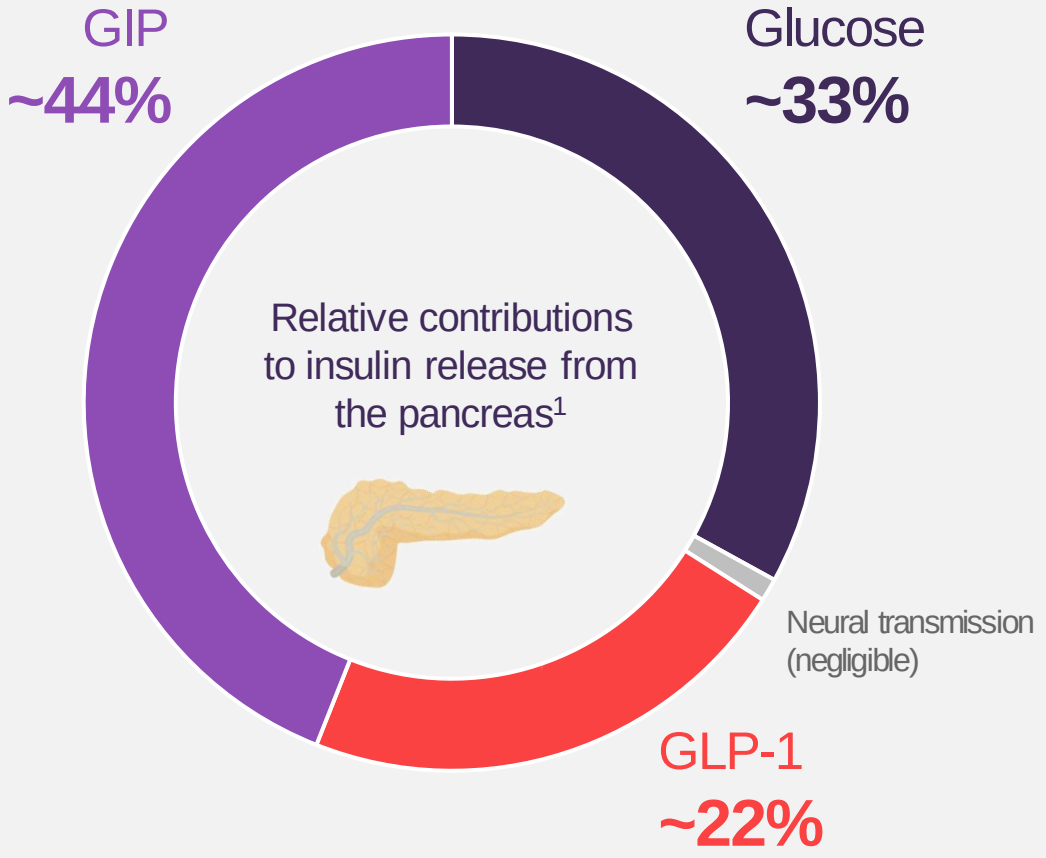

GIP=glucose-dependent insulinotropic polypeptide; GLP-1=glucagon-like peptide-1.

1. Mounjaro SmPC, UAE
2. Coskun T, et al. *Mol Metab*. 2018;18:3-14.

# GIP and GLP-1 Are Incretin Hormones Released From the Gut in Response to Food Intake[1,2]

once weekly mounjaro™ (tirzepatide) injection

## GIP Has Greater Impact on Insulin Secretion



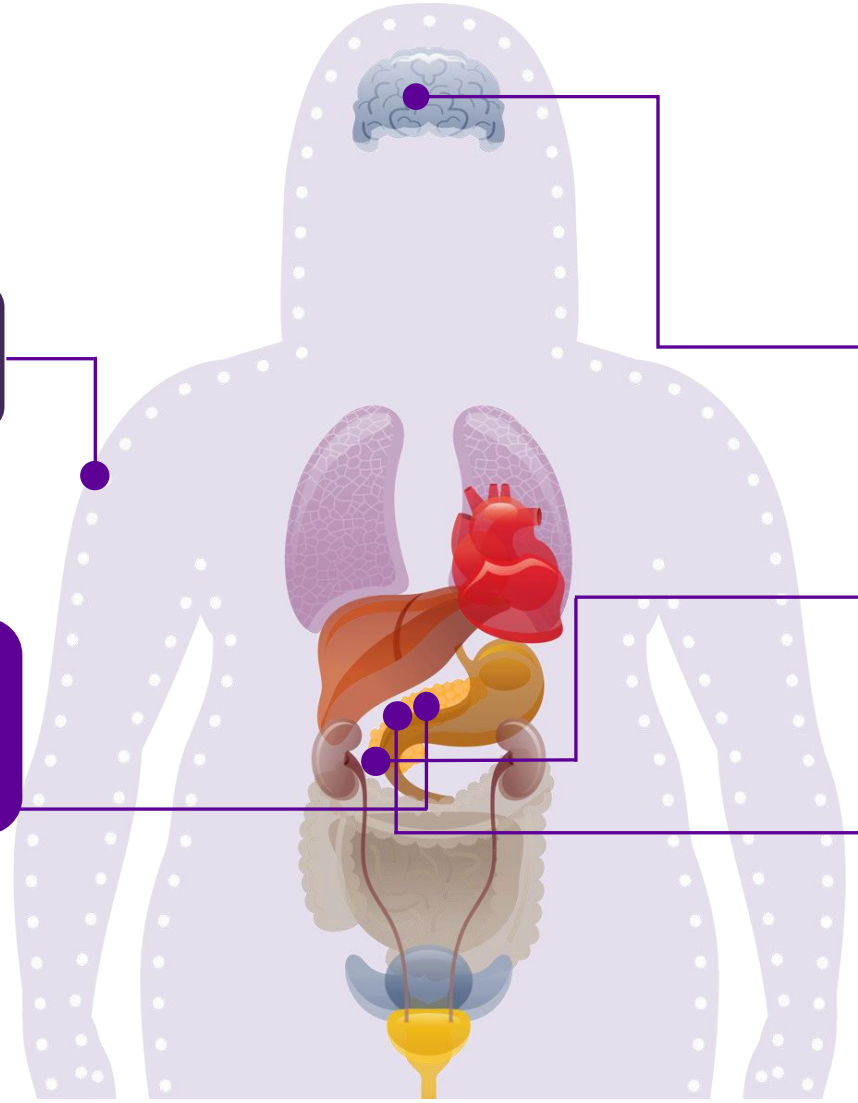

## Incretin Effect

- **GIP** is responsible for **two-thirds** of the incretin effect in healthy people, generating a more significant impact on insulin secretion than GLP-1[1,2]
- In people with T2D, the total incretin effect is diminished[1]

1. Nauck MA, et al. *Diabetes*. 2019;68(5):897-900.
2. Holst JJ. *Metabolism*. 2019;96:46-55.

# Mounjaro Works in the Following Ways[1]

once weekly mounjaro™ (tirzepatide) injection



- Increases insulin sensitivity
- Enhances first- and second-phase insulin secretion
- Decreases food intake
- Slows gastric emptying*
- Reduces glucagon levels

*This effect diminishes over time.1. Mounjaro SmPC, UAE

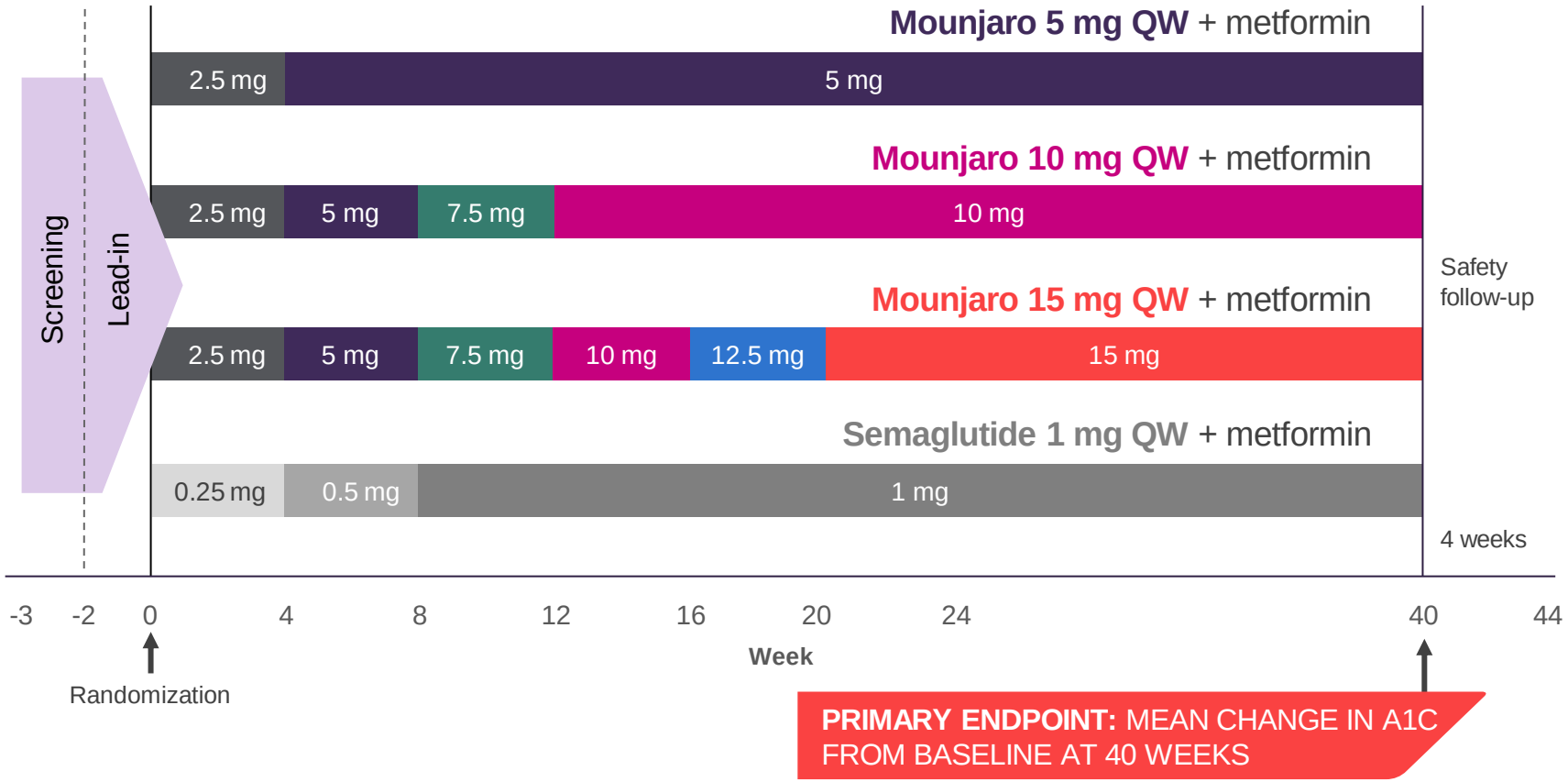
# Superior A1C and Weight Reduction With Tirzepatide vs Semaglutide 1.0 mg in patients with T2D

(SURPASS-2)

# SURPASS-2 Study Design

# Mounjaro 5 mg, 10 mg, and 15 mg vs Semaglutide 1 mg as the Only Add-on to Metformin in patients with T2D [1,2]

once weekly mounjaro™ (tirzepatide) injection




**Study Objectives[1,2]**

- The primary objective was to demonstrate noninferiority of Mounjaro 10 mg and/or 15 mg to Semaglutide in mean change from baseline in A1C at 40 weeks
- The key secondary objectives were assessed at 40 weeks: noninferiority of Mounjaro 5 mg to Semaglutide in mean change from baseline in A1C; superiority of Mounjaro to Semaglutide in mean change from baseline in A1C; superiority of proportion of patients with A1C <7%; superiority in mean change from baseline in weight; superiority of Mounjaro 10 mg and/or 15 mg to Semaglutide in proportion of patients with A1C <5.7%

**Select overall baseline demographics[1,2]**

- Mean A1C: 8.3%
- Mean BMI: 34.2 kg/m$^2$
- Mean duration of T2D: 8.6 years

**Number of Patients**

- Mounjaro 5 mg SC QW (n=470)
- Mounjaro 10 mg SC QW (n=469)
- Mounjaro 15 mg SC QW (n=469)
- Semaglutide 1 mg SC QW (n=468)

QW=once weekly; SC=subcutaneous.


1. Mounjaro SmPC, UAE
2. Frías JP, et al. *N Engl J Med*. 2021;385(6):503-515.

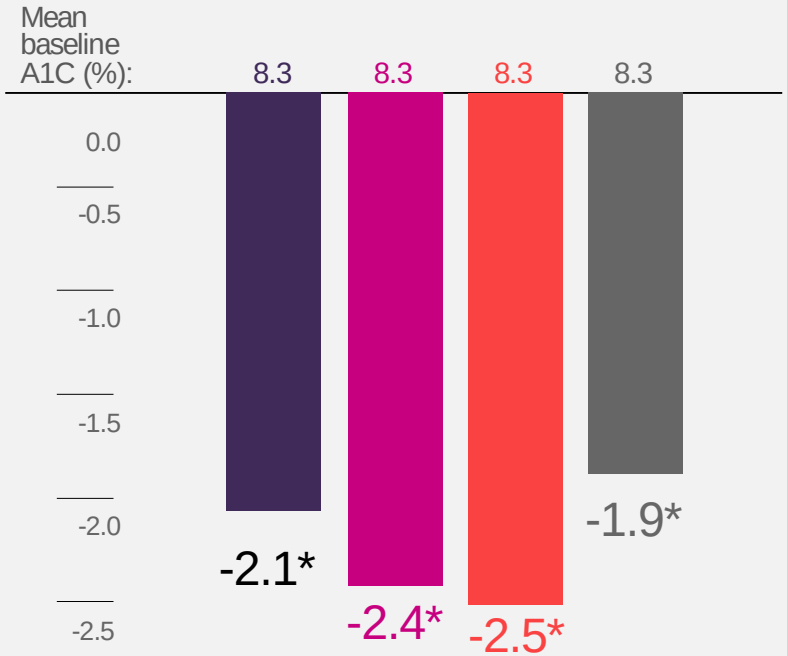
**SURPASS-2**

# Mounjaro Demonstrated **Superior A1C & Weight Reductions** Compared with Semaglutide 1mg in patients with T2D [1,2,*,†]

once weekly mounjaro™ (tirzepatide) injection

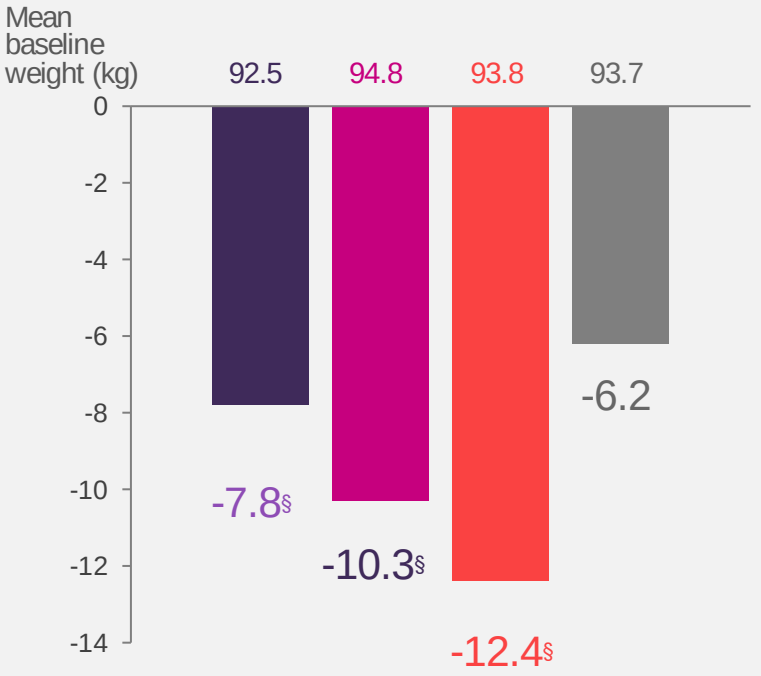
## Primary endpoint

Mean A1C change from baseline (40 weeks)[1,2]




## Key secondary endpoint

Mean weight change from baseline (40 weeks) [1,2]




Mounjaro 5 mg
Mounjaro 10 mg
Mounjaro 15 mg
Semaglutide 1mg

*$P$<0.001 vs baseline, not adjusted for multiplicity.[1,]
§$P$<0.001 vs semaglutide 1 mg for superiority, adjusted for multiplicity.[1,2]

1. Mounjaro SmPC, UAE 2. Frías JP, et al. *N Engl J Med*. 2021;385(6):503-515. * In SURPASS clinical trials, weight change was a secondary endpoint..

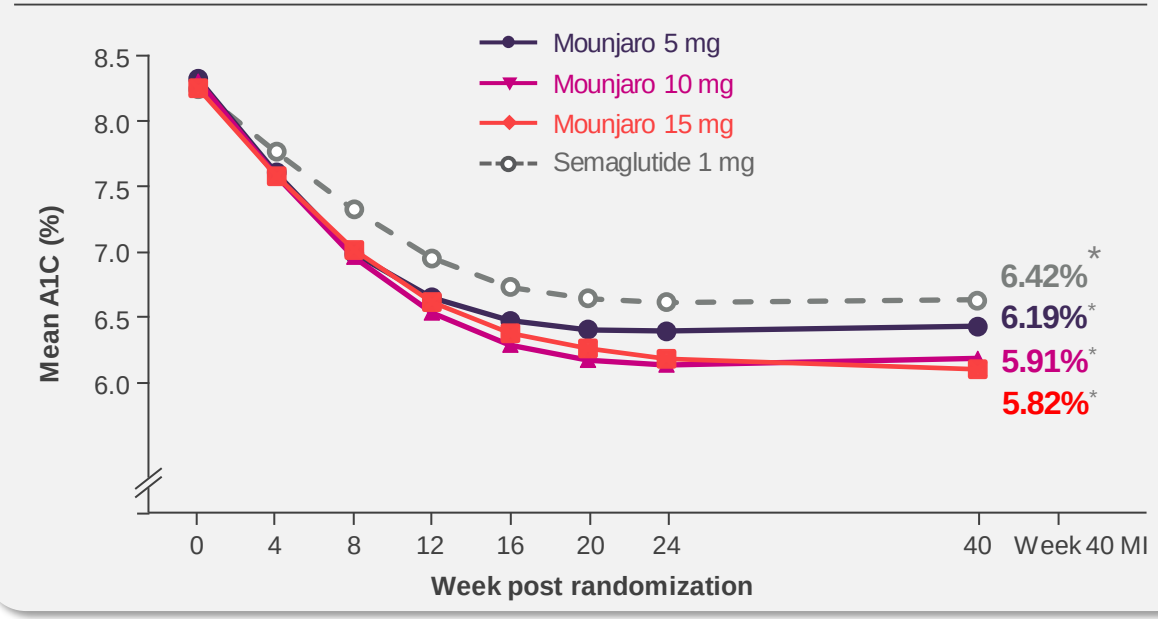
## SURPASS-2

# Mounjaro demonstrated **sustained** A1C[1] and Weight[1] Reductions in Patients with T2D [1,†]

once weekly mounjaro™ (tirzepatide) injection

### Observed mean A1C over time from baseline to 40 weeks*

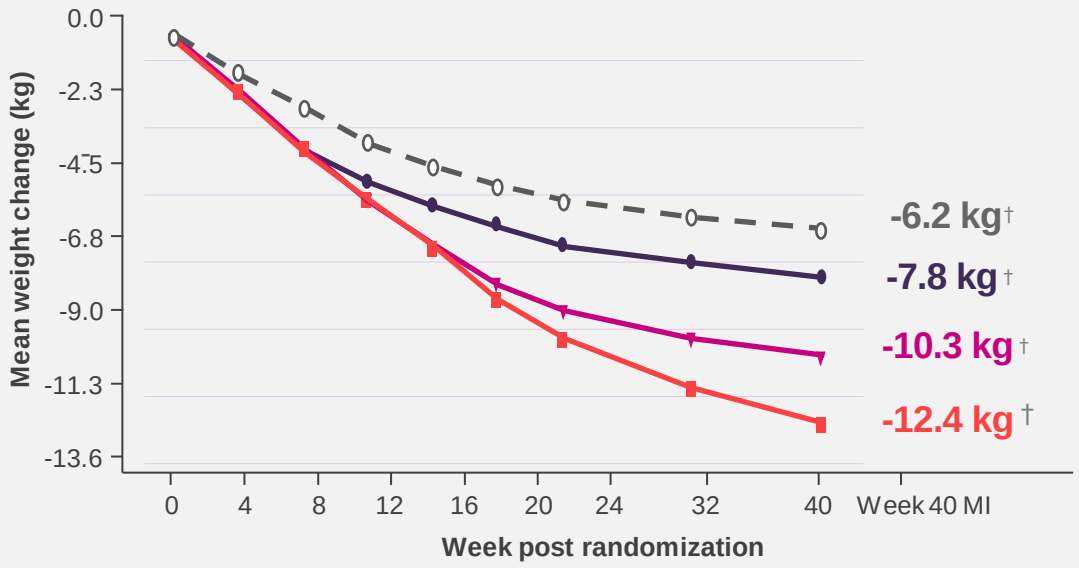
Mean baseline A1C for all treatment groups: 8.3%




*Data represent observed means from week 0 to week 40, and least-squares mean at week 40 MI. mITT population.

### Observed mean weight change over time from baseline to 40 weeks†

Mean baseline weight: Mounjaro 5 mg, 92.5 kg; Mounjaro 10 mg, 94.8 kg, Mounjaro 15 mg, 93.8 kg, Semaglutide 1 mg, 93.7 kg



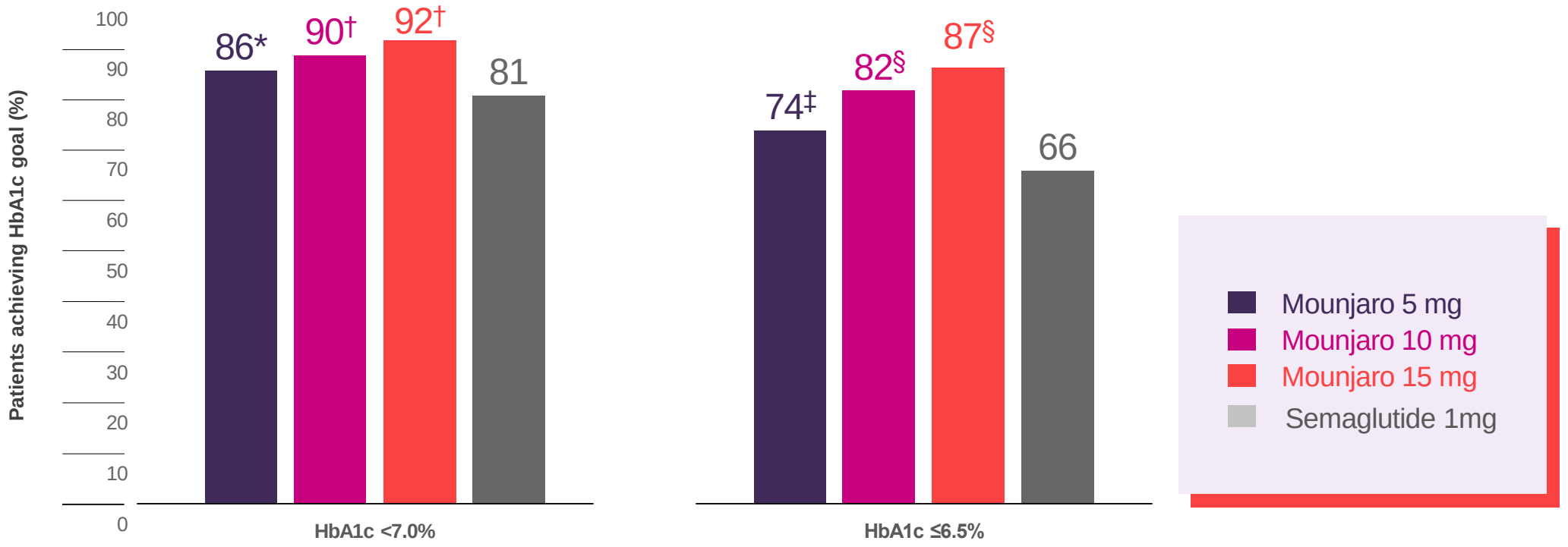

†Data represent observed mean changes from week 0 to week 40, and least-squares mean at week 40 MI. mITT

1. Frías JP, et al. *N Engl J Med*. 2021;385(6):503-515. † In SURPASS clinical trials, weight change was a secondary endpoint.

## SURPASS-2

# More Patients with T2D Achieved Glycemic Control vs Semaglutide 1mg[1] *

once weekly mounjaro™ (tirzepatide) injection




*$P$<0.05 for superiority, adjusted for multiplicity. †$P$<0.001 for superiority, adjusted for multiplicity.[1] ‡$P$<0.05 vs semaglutide 1 mg, not adjusted for multiplicity, §$P$<0.001 vs semaglutide 1 mg, not adjusted for multiplicity.[1]
‖Normoglycemia is defined by an HbA1c <5.7%.[2,3]

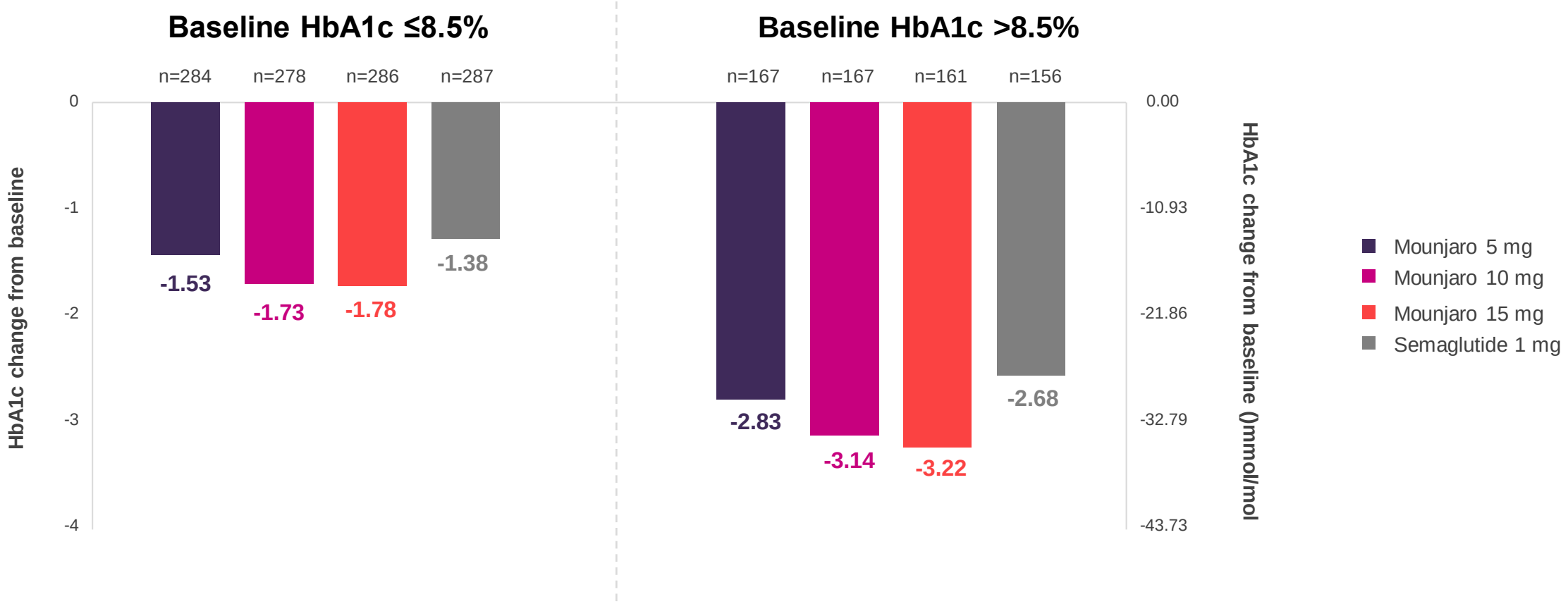
Efficacy estimand: estimated means, logistic regression, mITT population (efficacy analysis set). Mounjaro vs semaglutide 1 mg at 40 weeks.2

1. Frías JP, et al. N Engl J Med. 2021;385(6):503-515.

# SURPASS-2

# Mounjaro in T2D Patients with baseline HbA1c ≤8.5% and >8.5%

once weekly
mounjaro™
(tirzepatide) injection 0.5 mL
2.5 mg | 5 mg | 7.5 mg | 10 mg | 12.5 mg | 15 mg

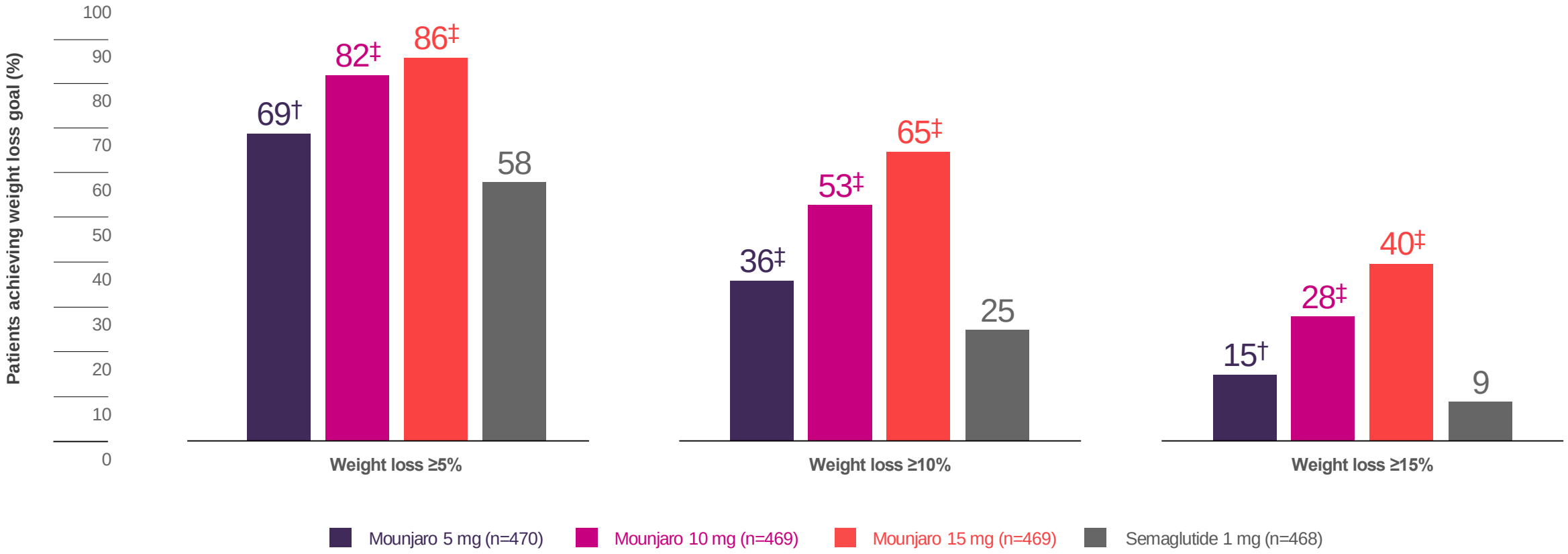



Note: Data are LSM at 40 weeks by baseline HbA1c (≤8.5%, >8.5%). Estimated treatment difference are LSM (95% confidence interval) at 40 weeks. ANCOVA with imputation method: retrieved dropout imputation, mITT population (treatment-regimen estimand). The widths of confidence intervals have not been adjusted for multiplicity and should not be used to infer definitive treatment effects.
ANCOVA=Analysis of Covariance; ETD=Estimated Treatment Difference; HbA1c=Glycated Haemoglobin; LSM=Least Squares Mean; mITT=Modified Intent-to-Treat.
Frias JP, et al. N Engl J Med. 2021;385(6):503-515.
Mounjaro SmPC, UAE

## SURPASS-2

# More Patients Achieved Weight Loss of ≥5%, ≥10%, and ≥15% vs Semaglutide 1 mg[1,2,*]

once weekly mounjaro™ (tirzepatide) injection




In SURPASS clinical trials, weight change was a secondary endpoint.[1]

†*P*<0.05 vs semaglutide 1mg, not adjusted for multiplicity, ‡*P*<0.001 vs semaglutide 1 mg, not adjusted for multiplicity.[1]

Efficacy estimand: estimated means, logistic regression, mITT population (efficacy analysis set). Mounjaro vs semaglutide 1 mg at 40 weeks.[2]


1. Mounjaro SmPC, UAE.
2. Data from Frías JP, et al. *N Engl J Med.* 2021;385(6):503-515.

## SURPASS-2

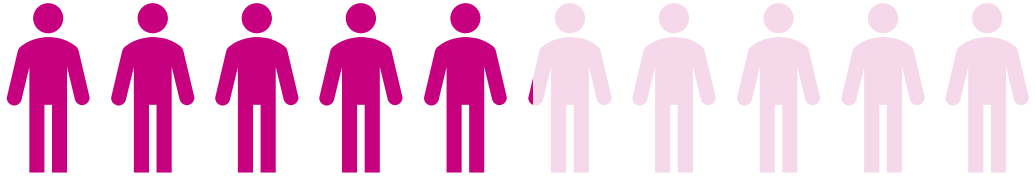
# Composite Endpoint: Tirzepatide Vs Semaglutide 1 mg[1]

once weekly
mounjaro™
(tirzepatide) injection

**Mounjaro 5 mg**
(n=470)

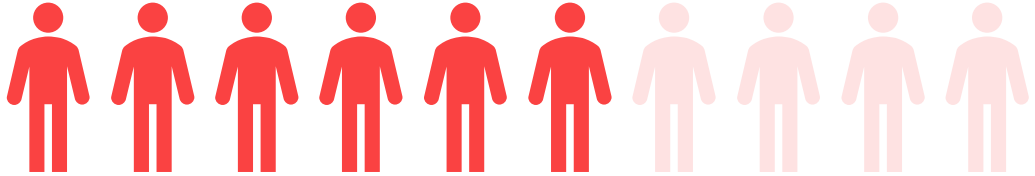
**32%**

**Mounjaro 10 mg**
(n=469)



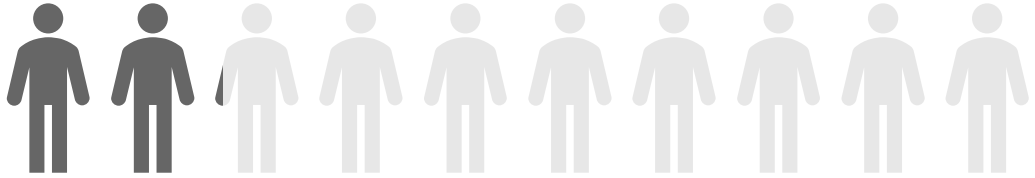
**51%**

**Mounjaro 15 mg**
(n=469)



**60%**

**Semaglutide 1 mg**
(n=468)



**22%**

**Mounjaro 15 mg Helped about 3 times as Many Patients as Semaglutide 1 mg Achieve a Composite Endpoint**

- ≤6.5% HbA1c
- Weight Reduction ≥10%*
- No clinically significant† or severe hypoglycemia‡

1. Frías JP, et al. N Engl J Med. 2021;385(6):503-515.

*†In SURPASS clinical trials, weight change was a secondary endpoint. † Hypoglycemia defined as plasma glucose <54 mg/dL (3.0 mmol/L). The incidence of hypoglycemia is uncommon when Mounjaro is used with metformin. ‡Severe event characterized by altered mental and/or physical status requiring assistance for treatment of hypoglycemia.

# Changes in Other Metabolic Parameters Observed in SURPASS Trials

# Blood Pressure[1-5] and Triglycerides[2]

## Pooled Analysis of 5, 10, and 15 mg[1-5]

**Observed reduction in blood pressure from phase 3 pooled placebo-controlled studies***

### Blood Pressure

**Systolic**

Decrease of
**6.0-9.0**
mm Hg

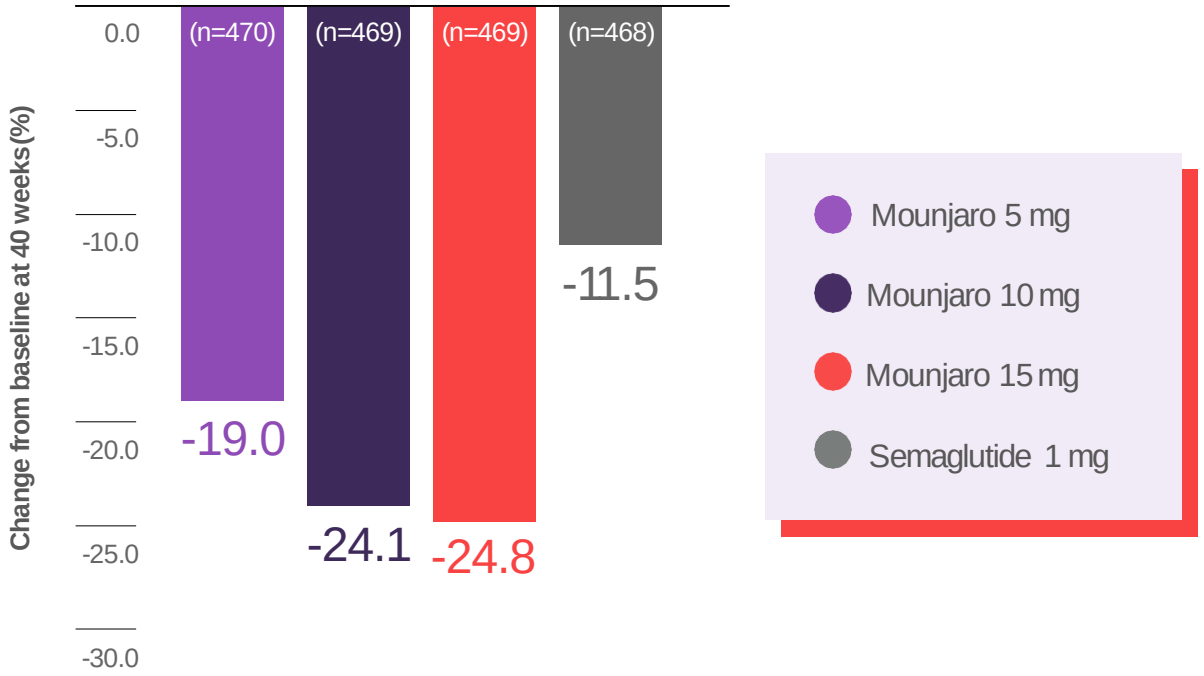
**Diastolic**

Decrease of
**3.0-4.0**
mm Hg

## SURPASS-2[2]

**Observed reductions in triglycerides †**

### Triglycerides




*Mounjaro is not indicated for the management of hypertension. † Mounjaro is not indicated for the management of hyperlipidemia.
Mounjaro is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus, and weight management in adults with BMI>30kg/m2 and BMI>27kg/m2 with weight-related comorbidities.
In SURPASS clinical trials, weight change was a secondary endpoint.


1. Rosenstock J, Wysham C, Frías JP, *Lancet*. 2021;398(10295):143-155. **2.** Frías JP, Davies MJ, Rosenstock J,. *N Engl J Med*. 2021;385(6):503-515. **3.** Ludvik B, Giorgino F, Jódar *Lancet*. 2021;398(10300):583-598. **4.** Del Prato S, Kahn SE, Pavo . *Lancet*. 2021;398(10313):1811-1824. **5.** Dahl D, Onishi Y, Norwood P, JAMA. 2022;327 (6): 534 – 545

# Mounjaro Safety Profile

(SURPASS-2)

## SURPASS-2

# The Most Common AEs for Mounjaro and Semaglutide Were GI-Related and Were Mostly **Mild to Moderate** in Severity[1,2]

once weekly mounjaro™ (tirzepatide) injection

| | Mounjaro 5 mg (n=470) | Mounjaro 10 mg (n=469) | Mounjaro 15 mg (n=469) | Semaglutide 1 mg (n=468) |
|---|---|---|---|---|
| AEs occurring in ≥5% of patients in the Mounjaro treatment groups, n (%)[1] | | | | |
| Nausea | 82 (17.4) | 90 (19.2) | 104 (22.1) | 84 (17.9) |
| Diarrhea | 62 (13.2) | 77 (16.4) | 65 (13.8) | 54 (11.5) |
| Vomiting | 27 (5.7) | 40 (8.5) | 46 (9.8) | 39 (8.3) |
| Dyspepsia | 34 (7.2) | 29 (6.2) | 43 (9.1) | 31 (6.6) |
| Decreased appetite | 35 (7.4) | 34 (7.2) | 42 (8.9) | 25 (5.3) |
| Abdominal pain | 14 (3.0) | 21 (4.5) | 24 (5.1) | 24 (5.1) |
| Constipation | 32 (6.8) | 21 (4.5) | 21 (4.5) | 27 (5.8) |
| All GI-related AEs, n (%)[1] | 188 (40.0) | 216 (46.1) | 211 (44.9) | 193 (41.2) |
| Discontinuation due to AEs, n (%)[1] | 28 (6.0) | 40 (8.5) | 40 (8.5) | 19 (4.1) |
| Discontinuation due to GI-related AEs, n (%) | 13 (2.8) | 20 (4.3) | 20 (4.3) | 15 (3.2) |

**Most cases of AEs occurred during the dose-escalation period in all groups.**

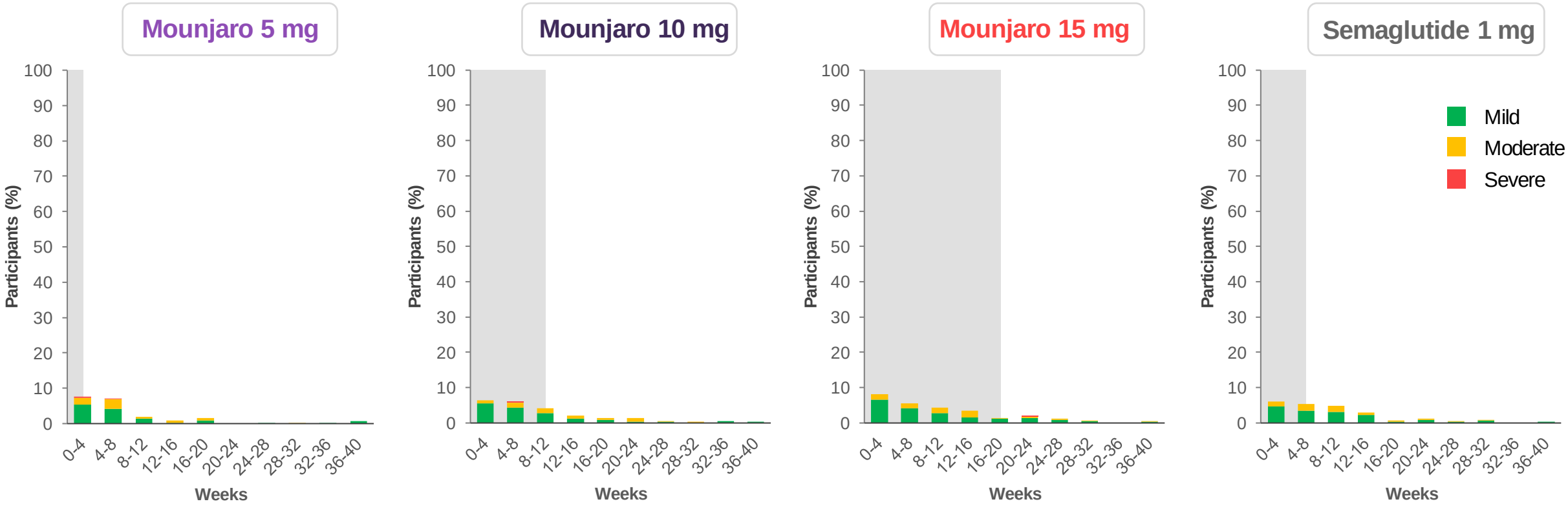
AE=adverse event; GI=gastrointestinal;

1. Frías JP, et al. *N Engl J Med*. 2021;385(6):503-515.
2. Mounjaro SmPC, November 2023

**SURPASS-2**

# Incidence of Nausea Over Time Through 40 Weeks[1,2,*]

once weekly mounjaro™ (tirzepatide) injection




*Shaded areas indicate the period of time before reaching the maintenance dose of the study treatments.[1]


1. Frías JP, et al. *N Engl J Med*. 2021;385(6):503-515.
2. Mounjaro SmPC, UAE

## SURPASS-2

# Mounjaro Demonstrated a **Low Risk of Hypoglycemia**[1,2]

once weekly
mounjaro™
(tirzepatide) injection

| **Mounjaro vs Semaglutide 1 mg** (add-on to MET)[1] | **Mounjaro 5 mg** (n=470) | **Mounjaro 10 mg** (n=469) | **Mounjaro 15 mg** (n=470) | **Semaglutide 1 mg** (n=469) |
|---|---|---|---|---|
| **Hypoglycemia (BG <54 mg/dL), %** | 0.6 | 0.2 | 1.7 | 0.4 |
| **Severe hypoglycemia, %** | 0.2 | 0 | 0.2* | 0 |

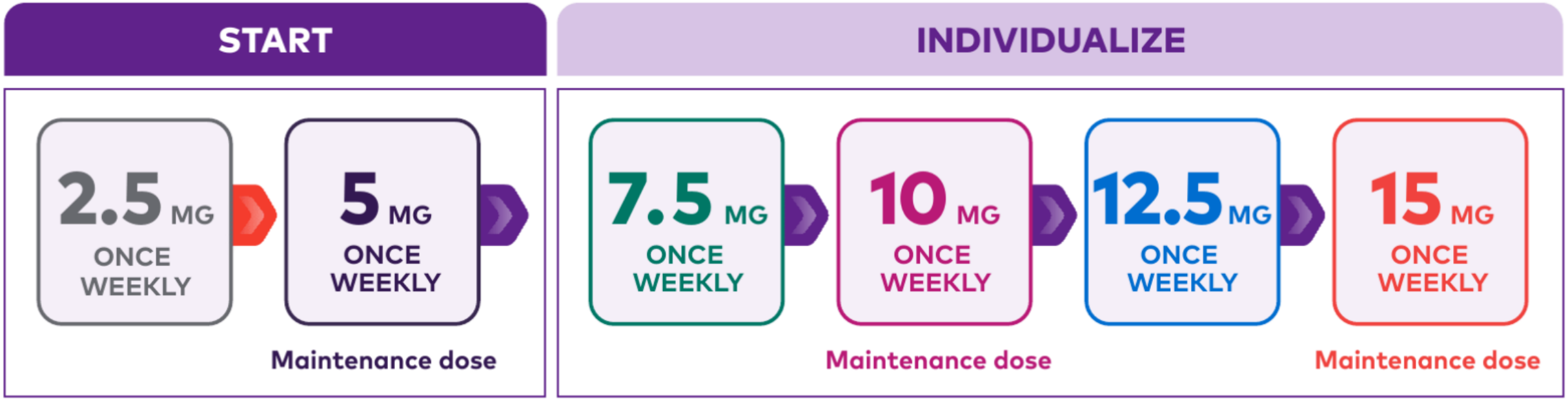
*This patient had a hypoglycemic event that was not considered by the investigator to be severe, but it was reported as a serious adverse event.
Hypoglycemia was more frequent when Mounjaro was used in combination with a sulfonylurea. In a clinical trial up to 104 weeks of treatment, when administered with a sulfonylurea, severe hypoglycemia occurred in 0.5%, 0%, and 0.6%, and hypoglycemia (glucose level <54 mg/dL) occurred in 13.8%, 9.9%, and 12.8% of patients treated with Mounjaro 5 mg, 10 mg, and 15 mg, respectively.[2]
BG=blood glucose.

1. Frías JP, et al. *N Engl J Med*. 2021;385(6):503-515.
2. Mounjaro SmPC, UAE

# Start and Continue with Confidence

## With Mounjaro Once Weekly[1]

once weekly
mounjaro™
(tirzepatide) injection




**Start Mounjaro with 2 steps**

1. Initiate with the 2.5-mg starting dose
2. After 4 weeks on the 2.5-mg dose, increase to the 5-mg dose

- If needed to achieve individual treatment goals, you can continue to increase the dose by 2.5 mg after at least 4 weeks at the current dose
- Recommended maintenance doses are 5 mg, 10 mg, and 15 mg (maximum dose)

1. Mounjaro SmPC, UAE

# Mounjaro:

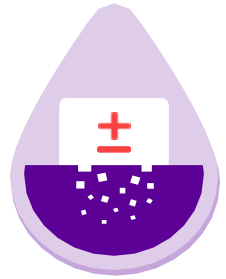
*A new class – with **UNSURPASSED** results!*

once weekly
mounjaro™
(tirzepatide) injection


**First and only** single-peptide GIP/GLP-1 RA[2]


**Superior HbA1c reduction of up to -2.6%[1,3,†]**

**Unmatched Weight reduction of up to -12.9 kg[1,4,‡]**



**Well-tolerated with low risk of hypoglycemia[1,5]**

**From This Day Forward The T2D Diabetes Treatment Landscape Has a New Look![1]**

*Mounjaro vs active comparators or placebo in 5 phase 3 studies (N=6271) ranging from 40 to 104 weeks in duration. Treatment was studied vs an active comparator or placebo and was added to diet and exercise or 1 to 3 background therapies, including metformin, SGLT2i, sulfonylureas, or basal insulin, depending on the study.[1] The primary endpoint was HbA1c change from baseline to Week 40 or 52 (study dependent).[1] †Mean reductions in HbA1c from baseline were -2.2% for the 5-mg dose, -2.6% for the 10-mg dose, -2.6% for the 15-mg dose, and -0.9% for placebo.[1,3] ‡Mean reductions in body weight were -7.5 kg for the 5-mg dose, -10.7 kg for the 10-mg dose, -12.9 kg for the 15-mg dose, and +2.3 kg for insulin degludec. Percentage of weight loss was an approximate calculation of the LS mean for change from baseline divided by the mean baseline value.[1,4] GIP=glucose-dependent insulinotropic polypeptide; GLP-1=glucagon-like peptide-1; HbA1c=glycated hemoglobin; LS=least squares; SGLT2i=sodium-glucose cotransporter 2 inhibitor.

1. Mounjaro SmPC, UAE
2. Willard FS, et al. JCI Insight. 2020;5(17): e140532.
3. Dahl D, et al. JAMA. 2022;327(6): 534–545.
4. Ludvik B, et al. Lancet. 2021;398(10300): 583–598.
5. Frías JP, et al. N Engl J Med. 2021;385(6): 503–515.

# Thank you

once weekly
mounjaro™
(tirzepatide) injection

Lilly