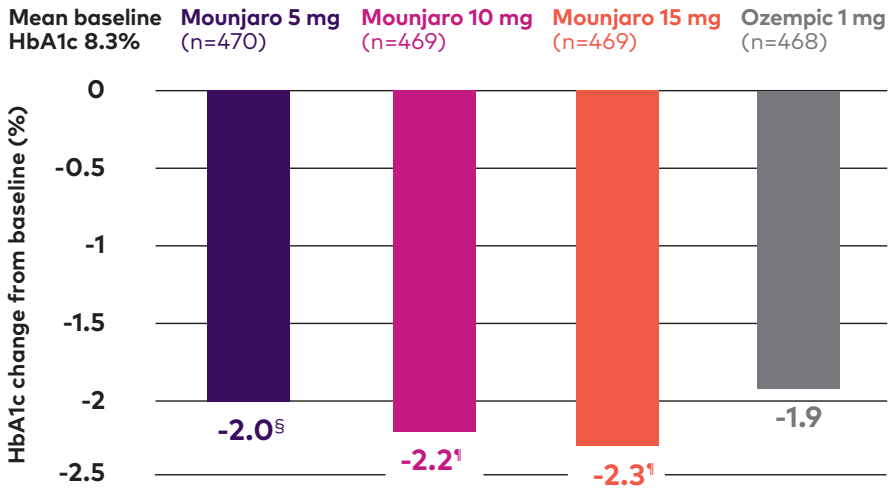
The world's FIRST and ONLY single molecule GIP/GLP-1 receptor agonist[1,2]*

once weekly
Pr mounjaro®
(tirzepatide) injection

SURPASS-2: In an open-label trial of adults with T2D in combination with metformin,

Mounjaro demonstrated superior HbA1c reductions across all 3 doses vs. Ozempic® 1 mg†

Mean HbA1c Reductions at Week 40[1,3‡]



§p=0.018. p<0.05 for superiority vs. Ozempic, controlled for multiplicity.
¶p<0.001 for superiority vs. Ozempic, controlled for multiplicity.
†1 mg is not the maximum dose of semaglutide.

Adapted from the Mounjaro Product Monograph.
Primary endpoint: HbA1c change from baseline at Week 40.
Treatment Regimen Estimand. LS mean from ANCOVA adjusted for baseline value and other stratification factors , mITT population (full analysis set).

Superior HbA1c reduction shown with Mounjaro 15 mg vs. Ozempic 1 mg† (up to a mean of 2.3% vs. 1.9%, p<0.001)[1,3]

See the last page for the SURPASS-2 study design.

DISCOVER MOUNJARO®

to help them rise to the challenge of glycemic control

FOR ONCE-WEEKLY TREATMENT OF ADULTS WITH T2D

Mounjaro (tirzepatide injection) is indicated for once-weekly administration as an adjunct to diet and exercise to improve glycemic control for the treatment of adult patients with type 2 diabetes mellitus.[1]

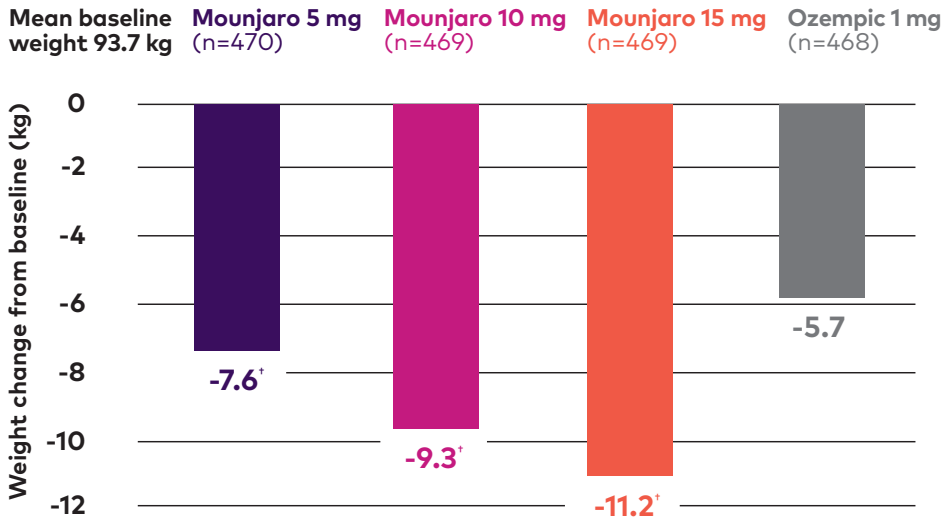
- As **monotherapy** when metformin is inappropriate due to contraindication or intolerance.
- In **combination with:**
  - metformin, or
  - metformin and a sulfonylurea, or
  - metformin and a sodium-glucose cotransporter 2 inhibitor (SGLT2i), or
  - basal insulin with or without metformin

ANCOVA= Analysis of Covariance; GIP=glucose-dependent insulinotropic polypeptide; GLP-1=glucagon-like peptide-1; HbA1c=glycated hemoglobin; LS=least squares; mITT=modified intent-to-treat; T2D=type 2 diabetes
*Comparative clinical significance has not been established.

SURPASS-2
In adults with T2D in combination with metformin,

Mounjaro demonstrated superior weight reductions across all 3 doses vs. Ozempic 1 mg (secondary endpoint)*

Mean Weight Change at Week 40[1,3‡]



†$p<0.01$ for superiority vs. Ozempic, controlled for multiplicity.
Mounjaro is not indicated for weight management.
*1 mg is not the maximum dose of semaglutide.

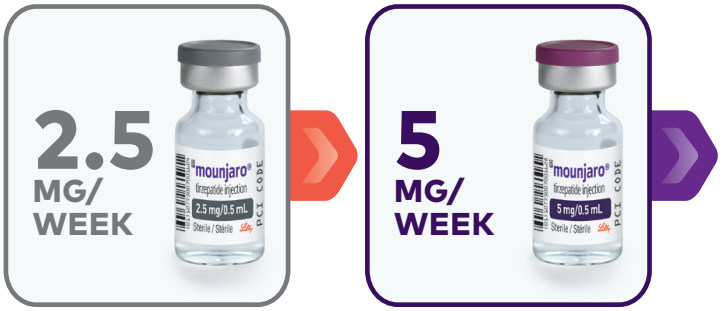
Adapted from the Mounjaro Product Monograph.
Treatment Regimen Estimand. LS mean from ANCOVA adjusted for baseline value and other stratification factors , mITT population (full analysis set).

Mounjaro 15 mg delivered
nearly double the weight reduction vs. Ozempic 1 mg*
(11.2 kg vs. 5.7 kg, $p<0.01$).[1,3]

See the last page for the SURPASS-2 study design.

THE MOUNJARO DOSING EXPERIENCE

START



Starting dose
(for 4 weeks)

For at least
4 weeks

INDIVIDUALIZE

For at least
4 weeks

For at least
4 weeks

For at least
4 weeks

Maximum
dose

Start once-weekly Mounjaro with 2 steps:[1]

1. Initiate with the 2.5 mg starting dose (not a therapeutic dose).
2. After 4 weeks, escalate to the 5 mg dose.

- If additional glycemic control is needed, you can continue to increase the dose by 2.5 mg increments after at least 4 weeks at the current dose
- The maximum dose is 15 mg once weekly
- No dose adjustment needed for patients with renal or hepatic insufficiency*

Syringes with a needle appropriate for SC injection should be dispensed with Mounjaro (for example, a 0.5 mL insulin syringe with a 6 mm (31G) or 8 mm (30 G) needle).

* There is limited clinical experience in patients with hepatic impairment. Please use Mounjaro with caution in this patient population. Mounjaro is not recommended in patients with end stage renal impairment.

Please refer to the Product Monograph for complete dosing and administration information.

SC=subcutaneous

FIRST IN CLASS:
A single molecule that binds to both GIP and GLP-1 receptors[1,2,4*]

once weekly
Pr**mounjaro®**
(tirzepatide) injection

COULD MOUNJARO BE AN OPTION FOR YOUR PATIENTS WITH T2D?

Superior HbA1c reductions shown across all 3 doses vs. Ozempic 1 mg[1,3†]

- At Week 40, Mounjaro 5 mg/10 mg/15 mg: -2.0%/-2.2%/-2.3% vs. Ozempic 1 mg: -1.9%; p=0.018, p<0.001, p<0.001 vs. Ozempic 1 mg, respectively

†1 mg is not the maximum dose of semaglutide.

Superior weight reductions shown across all 3 doses vs. Ozempic 1 mg (secondary endpoint)[1,3†]

- At Week 40, Mounjaro 5 mg/10 mg/15 mg: -7.6 kg/-9.3 kg/-11.2 kg vs. Ozempic 1 mg: -5.7 kg; p<0.01 vs. Ozempic 1 mg

Mounjaro is not indicated for weight management.

Demonstrated safety profile[1]

PRESCRIBING MOUNJARO

Mounjaro 2.5 mg x 4

Inject 0.5 mL (2.5 mg) SC once weekly for 4 weeks

Then increase to Mounjaro 5 mg

Inject 0.5 mL (5 mg) SC once weekly for a minimum of 4 weeks

+ supplies for injection, including, for example, 0.5 mL insulin syringes with a 6 mm (31G) or 8 mm (30G) needle‡

‡This is an example of a syringe with a needle appropriate for SC injection.

*Comparative clinical significance has not been established.

MOST COMMON ADVERSE EVENTS

The most common AEs were GI disorders including nausea, diarrhea, and vomiting. In general, these reactions were mild or moderate in severity. The majority of reports of nausea, vomiting, and/or diarrhea occurred during dose escalation and decreased over time.[1]

	AEs occurring in Phase 3 Trials in ≥ 4% of Mounjaro-Treated Patients						
	Placebo-Controlled Trials				All Phase 3 Trials		
	Mounjaro 5 mg (N=237) n (%)	Mounjaro 10 mg (N=240) n (%)	Mounjaro 15 mg (N=241) n (%)	Placebo (N=235) n (%)	Mounjaro 5 mg (N=1701) n (%)	Mounjaro 10 mg (N=1702) n (%)	Mounjaro 15 mg (N=1716) n (%)
Gastrointestinal Disorders							
Nausea	29 (12.2)	37 (15.4)	44 (18.3)	10 (4.3)	224 (13.2)	312 (18.3)	381 (22.2)
Diarrhea	28 (11.8)	32 (13.3)	40 (16.6)	21 (8.9)	224 (13.2)	269 (15.8)	275 (16.0)
Vomiting	12 (5.1)	12 (5.0)	22 (9.1)	5 (2.1)	93 (5.5)	132 (7.8)	167 (9.7)
Dyspepsia	19 (8.0)	18 (7.5)	13 (5.4)	6 (2.6)	101 (5.9)	125 (7.3)	115 (6.7)
Constipation	14 (5.9)	14 (5.8)	16 (6.6)	3 (1.3)	111 (6.5)	112 (6.6)	112 (6.5)
Abdominal pain	14 (5.9)	11 (4.6)	13 (5.4)	10 (4.3)	123 (7.2)	137 (8.0)	170 (9.9)
General Disorders and Administration Site Conditions							
Fatigue	7 (3.0)	6 (2.5)	10 (4.1)	0	57 (3.3)	66 (3.9)	104 (6.1)
Injection site reaction	7 (3.0)	6 (2.5)	10 (4.1)	1 (0.4)	33 (1.9)	46 (2.7)	60 (3.5)
Metabolism and Nutrition Disorders							
Decreased appetite	13 (5.5)	23 (9.6)	27 (11.2)	3 (1.3)	132 (7.8)	166 (9.8)	200 (11.7)

Adapted from the Mounjaro Product Monograph.

Treatment discontinuation due to GI AEs occurred in 4.2% of patients.[1]

AE=adverse event; GI=gastrointestinal

Clinical use:
Mounjaro is not a substitute for insulin.

Mounjaro should not be used in patients with type 1 diabetes mellitus (formerly known as insulin-dependent diabetes mellitus or IDDM).

Mounjaro has not been studied in combination with short-acting, medium-acting, or dual formulation insulins.

Mounjaro should not be used to treat diabetic ketoacidosis.

The safety and efficacy of Mounjaro have not been studied in pediatric patients. Mounjaro is not indicated for use in pediatric patients.

Contraindications:
- Personal or family history of Medullary Thyroid Carcinoma (MTC), or Multiple Endocrine Neoplasia Syndrome Type 2 (MEN 2)
- Pregnancy or breastfeeding

Most serious warnings and precautions:
Risk of thyroid C-cell tumours: In both genders of rats, tirzepatide causes dose-dependent and treatment-dependent thyroid C-cell tumours. Patients should be counselled regarding the risk and symptoms of thyroid tumours.

Other relevant warnings and precautions:
- Should not be administered intramuscularly
- CV effects: Increased heart rate
- Hypoglycemia with concomitant use of insulin secretagogues or insulin
- Use with other incretin drugs
- Cholelithiasis or cholecystitis
- Pancreatitis
- Hepatic insufficiency
- Hypersensitivity
- Anaphylaxis/angioedema
- Diabetic retinopathy: In patients with history of disease, monitor for progression
- Acute kidney injury: Severe GI adverse reactions warrant monitoring of renal function when initiating or escalating doses
- Women of childbearing potential

For more information:
Please consult the Product Monograph at http://pi.lilly.com/ca/mounjaro-ca-pm.pdf for more information relating to adverse reactions, drug interactions, and dosing information, which have not been discussed in this advertisement.

The Product Monograph is also available by calling us at 1-888-545-5972.

*SURPASS-2 was a 40-week, open-label (double-blind with respect to Mounjaro dose assignment), active-comparator-controlled, phase 3 trial that randomized 1879 adult patients with T2D who had inadequate glycemic control on stable doses of metformin alone to receive once-weekly SC Mounjaro 5 mg, 10 mg, 15 mg, or once-weekly SC semaglutide 1 mg (1:1:1:1 ratio), all in combination with metformin 1500 mg/day. The primary endpoint was HbA1c change from baseline at Week 40.

References: 1. Current Mounjaro Product Monograph. Eli Lilly Canada Inc. **2.** Data on File (First & Only). January 12, 2023. **3.** Frias JP, *et al. N Engl J Med*. 2021;385:503-515. **4.** El-Sayed NA, *et al. Diabetes Care*. 2023;46(Suppl. 1):S140–S157.

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REVIEWED BY PAAB

MEMBER OF INNOVATIVE MEDICINES CANADA

Lilly