NHS

Patient Guide: Understanding Mounjaro & Ozempic

A Reference Summary for Patients in England Primary Care (GP Surgeries)

Important Notice: This document outlines the clinical differences, licensing, and strict NHS England eligibility pathways for these medications. It highlights that **Ozempic is strictly for Type 2 Diabetes**, while **Mounjaro can be prescribed for either Type 2 Diabetes or Weight Management** under explicit, phased criteria.

1. Core Summary Comparison

Both medications belong to a family of treatments called incretin mimetics, which mimic natural gut hormones to regulate blood glucose and signal fullness to the brain. However, they contain different active ingredients, target different receptors, and carry entirely distinct NHS funding pathways.

Feature	Ozempic®	Mounjaro®
Active Ingredient	Semaglutide	Tirzepatide
How It Works	**Single Hormone Action:** Mimics GLP-1 to improve insulin secretion and suppress appetite.	**Dual Hormone Action:** Mimics both GLP-1 and GIP, providing a stronger synergistic effect on satiety.
Primary NHS License	**Strictly Type 2 Diabetes**	**Type 2 Diabetes** AND **Weight Management**
Administration	Once-weekly injection (Pre-filled multi-dose pen)	Once-weekly injection (Single-use KwikPen)
Weight Loss Efficacy	Approx. 10–15% average reduction (Wegovy brand)	Approx. 20–22.5% average reduction

2. Strict NHS Eligibility Pathways (England)

A. Type 2 Diabetes Pathway (Both Ozempic & Mounjaro)

In accordance with NICE Guideline NG28, either medication can be prescribed on the NHS to manage blood sugar if you meet the following conditions:

- Your HbA1c remains insufficiently controlled (usually 58 mmol/mol or higher) on standard treatments (like Metformin).
- You have a Body Mass Index (BMI) of 30.0 or higher (adjusted lower to 27.5 for individuals of South Asian, Chinese, Black African, or African-Caribbean descent), **AND** standard clinical criteria for GLP-1 intensification are met.
- *Note on Ozempic:* Per NICE guidelines, subcutaneous semaglutide (Ozempic up to 1mg) is strongly recommended as a first-line triple therapy option specifically for patients with established cardiovascular disease (such as a history of heart attack, stroke, or angina) due to its proven cardioprotective benefits.

B. Weight Management Pathway (Mounjaro ONLY)

Ozempic is **never** prescribed for weight loss on the NHS. Under the phased NHS England rollout for weight management, Mounjaro is available directly through participating GP surgeries, but access is tightly controlled to balance capacity and prioritise those at highest risk:

- **Cohort 1:** You must have a BMI of 40.0 or above (or 37.5+ for minority ethnic backgrounds) **AND** suffer from at least 4 of the 5 qualifying conditions listed below.
- **Cohort 2:** Expanded to include individuals with a BMI of 35.0 to 39.9 (or 32.5–37.4 for minority ethnic backgrounds) **AND** at least 4 of the 5 qualifying conditions.

The 5 Qualifying Conditions for Weight Management:
1. Type 2 Diabetes | 2. High Blood Pressure (Hypertension) | 3. High Cholesterol (Dyslipidaemia)
4. Established Heart/Vascular Disease | 5. Diagnosed Obstructive Sleep Apnoea

3. Key Patient Information & Practical Use

How to Inject & Store

- **When:** Inject on the exact same day each week, at any time, with or without food.
- **Where:** Subcutaneously into the fat layer of your stomach (abdomen), front of thighs, or upper outer arm. Rotate sites weekly.
- **Storage:** Keep unused pens in their box in the fridge (2°C–8°C). Never freeze. Once in use, the pen can be kept at room temperature (below 30°C) for up to 30 days, then discarded safely.

Mandatory Lifestyle Support

These medications are not passive "magic cures." To receive and maintain an NHS prescription, you must actively engage with an NHS-commissioned **wraparound care package** provided via your GP surgery or local ICB.

This includes structured guidance on nutrition (managing reduced portion sizes while meeting basic macro/micronutrient needs) and committing to physical activity, with a particular emphasis on strength and resistance exercises to safeguard against muscle loss.

4. Side Effects & Crucial Warnings

Common Side Effects

The vast majority of side effects are gastrointestinal and occur when first starting or when increasing the dosage. They typically improve within a few weeks as your body adapts:

- Nausea, vomiting, or diarrhea
- Constipation, indigestion, or acid reflux
- Mild abdominal pain or bloating

Management Tips: Eat smaller meals, stop eating immediately when you feel full, sip water continuously to avoid dehydration, and avoid rich, fatty, or highly fried foods.

Crucial Safety Warnings & Contraindications:
- **Pancreatitis:** If you develop severe, persistent, or radiating abdominal pain that spreads to your back, stop the medication immediately and seek emergency medical attention.
- **Contraception Alert:** Both Mounjaro and Ozempic can delay stomach emptying, which may temporarily reduce the absorption and effectiveness of oral contraceptive pills. If you are a female patient of childbearing age, you

must switch to or add a non-oral barrier method (e.g., condoms, implant, or IUD) during treatment and for 4 weeks following dose increases.

- **Pregnancy & Breastfeeding:** These treatments are strictly unsafe during pregnancy and breastfeeding. Women must discontinue these medications at least 2 months before planning a pregnancy.

5. Frequently Asked Questions in the GP Surgery

Q: Can the NHS take over my private weight loss prescription?
A: No. The NHS will not take over the prescribing or clinical monitoring of private weight-loss treatments. To receive these medications via the NHS, you must independently qualify under the strict, multi-condition NHS England eligibility criteria through your GP surgery.

Q: What happens if I miss a dose?
A: If it has been **5 days or less** since your scheduled day, take the missed dose immediately. If **more than 5 days** have passed, skip the missed dose entirely and take your next dose on your usual scheduled day. Never take a double dose to make up for a missed one.

Q: How long will I need to stay on this medication?
A: Clinical studies indicate that weight management and glucose control rely heavily on ongoing treatment. If you stop the medication, your natural appetite will return, and weight regain is common unless profound, lifelong lifestyle habits have been permanently established. Your GP will regularly review your clinical progress.