

ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. See section 4.8 for how to report adverse reactions.

1. NAME OF THE MEDICINAL PRODUCT

Mounjaro 2.5 mg solution for injection in pre-filled pen
Mounjaro 5 mg solution for injection in pre-filled pen
Mounjaro 7.5 mg solution for injection in pre-filled pen
Mounjaro 10 mg solution for injection in pre-filled pen
Mounjaro 12.5 mg solution for injection in pre-filled pen
Mounjaro 15 mg solution for injection in pre-filled pen
Mounjaro 2.5 mg solution for injection in vial
Mounjaro 5 mg solution for injection in vial
Mounjaro 7.5 mg solution for injection in vial
Mounjaro 10 mg solution for injection in vial
Mounjaro 12.5 mg solution for injection in vial
Mounjaro 15 mg solution for injection in vial
Mounjaro 2.5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 7.5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 10 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 12.5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 15 mg/dose KwikPen solution for injection in pre-filled pen

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Pre-filled pen, single-dose

Mounjaro 2.5 mg solution for injection in pre-filled pen

Each pre-filled pen contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml).

Mounjaro 5 mg solution for injection in pre-filled pen

Each pre-filled pen contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml).

Mounjaro 7.5 mg solution for injection in pre-filled pen

Each pre-filled pen contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml).

Mounjaro 10 mg solution for injection in pre-filled pen

Each pre-filled pen contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml).

Mounjaro 12.5 mg solution for injection in pre-filled pen

Each pre-filled pen contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml).

Mounjaro 15 mg solution for injection in pre-filled pen

Each pre-filled pen contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml).

Vial, single-dose

Mounjaro 2.5 mg solution for injection in vial

Each vial contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml).

Mounjaro 5 mg solution for injection in vial

Each vial contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml).

Mounjaro 7.5 mg solution for injection in vial

Each vial contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml).

Mounjaro 10 mg solution for injection in vial

Each vial contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml).

Mounjaro 12.5 mg solution for injection in vial

Each vial contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml).

Mounjaro 15 mg solution for injection in vial

Each vial contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml).

Pre-filled pen (KwikPen), multi-dose

Mounjaro 2.5 mg/dose KwikPen solution for injection in pre-filled pen

Each dose contains 2.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 10 mg of tirzepatide in 2.4 ml (4.17 mg/ml). Each pen delivers 4 doses of 2.5 mg.

Mounjaro 5 mg/dose KwikPen solution for injection in pre-filled pen

Each dose contains 5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 20 mg of tirzepatide in 2.4 ml (8.33 mg/ml). Each pen delivers 4 doses of 5 mg.

Mounjaro 7.5 mg/dose KwikPen solution for injection in pre-filled pen

Each dose contains 7.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 30 mg of tirzepatide in 2.4 ml (12.5 mg/ml). Each pen delivers 4 doses of 7.5 mg.

Mounjaro 10 mg/dose KwikPen solution for injection in pre-filled pen

Each dose contains 10 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 40 mg of tirzepatide in 2.4 ml (16.7 mg/ml). Each pen delivers 4 doses of 10 mg.

Mounjaro 12.5 mg/dose KwikPen solution for injection in pre-filled pen

Each dose contains 12.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 50 mg of tirzepatide in 2.4 ml (20.8 mg/ml). Each pen delivers 4 doses of 12.5 mg.

Mounjaro 15 mg/dose KwikPen solution for injection in pre-filled pen

Each dose contains 15 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 60 mg of tirzepatide in 2.4 ml (25 mg/ml). Each pen delivers 4 doses of 15 mg.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Solution for injection (injection).

Clear, colourless to slightly yellow solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Type 2 diabetes mellitus

Mounjaro is indicated for the treatment of adults, adolescents and children aged 10 years and above 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.

For study results with respect to combinations, effects on glycaemic control and the populations studied, see sections 4.4, 4.5 and 5.1.

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

- $\geq 30 \text{ kg/m}^2$ (obesity) or
- $\geq 27 \text{ kg/m}^2$ to $< 30 \text{ kg/m}^2$ (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).

For trial results with respect to obstructive sleep apnoea (OSA) and heart failure with preserved ejection fraction (HFpEF), see section 5.1.

4.2 Posology and method of administration

Posology

The starting dose of tirzepatide is 2.5 mg once weekly. After 4 weeks, the dose should be increased to 5 mg once weekly. If needed, dose increases can be made in 2.5 mg increments after a minimum of 4 weeks on the current dose.

Adults

The recommended maintenance doses are 5 mg, 10 mg and 15 mg.

The maximum dose is 15 mg once weekly.

Paediatric population aged 10 years and above (treatment of type 2 diabetes mellitus)

The recommended maintenance doses are 5 mg and 10 mg.

The maximum dose is 10 mg once weekly.

Combination therapy

When tirzepatide is added to existing metformin and/or sodium-glucose co-transporter 2 inhibitor (SGLT2i) therapy, the current dose of metformin and/or SGLT2i can be continued.

When tirzepatide is added to existing therapy of a sulphonylurea and/or insulin, a reduction in the dose of sulphonylurea or insulin may be considered to reduce the risk of hypoglycaemia. Blood glucose self-monitoring is necessary to adjust the dose of sulphonylurea and insulin. A stepwise approach to insulin reduction is recommended (see sections 4.4 and 4.8).

Missed doses

If a dose is missed, it should be administered as soon as possible within 4 days after the missed dose. If more than 4 days have passed, skip the missed dose and administer the next dose on the regularly scheduled day. In each case, patients can then resume their regular once weekly dosing schedule.

Changing the dosing schedule

The day of weekly administration can be changed, if necessary, as long as the time between two doses is at least 3 days.

Special populations

Elderly, gender, race, ethnicity or body weight

No dose adjustment is needed based on age, gender, race, ethnicity or body weight (see sections 5.1 and 5.2). Only very limited data are available from patients aged ≥ 85 years.

Renal impairment

No dose adjustment is required for patients with renal impairment including end stage renal disease (ESRD). Experience with the use of tirzepatide in patients with severe renal impairment and ESRD is limited. Caution should be exercised when treating these patients with tirzepatide (see section 5.2).

Hepatic impairment

No dose adjustment is required for patients with hepatic impairment. Experience with the use of tirzepatide in patients with severe hepatic impairment is limited. Caution should be exercised when treating these patients with tirzepatide (see section 5.2).

Paediatric population

No dose adjustment is needed based on age, gender, race, ethnicity or body weight in children and adolescents aged 10 to less than 18 years treated for type 2 diabetes mellitus. No data are available for children and adolescents with type 2 diabetes mellitus with a body weight < 50 kg or BMI below the 85th percentile at treatment initiation. In children weighing < 60 kg, caution is advised when escalating to the 10 mg dose, since safety data are limited.

The safety and efficacy of tirzepatide have not been established in children aged less than 10 years for treatment of type 2 diabetes mellitus and in children and adolescents aged less than 18 years for weight management.

Method of administration

Mounjaro is to be injected subcutaneously in the abdomen, thigh or another person should inject in the back of the upper arm.

The dose can be administered at any time of day, with or without meals.

Injection sites should be rotated with each dose. If a patient also injects insulin, they should inject Mounjaro into a different injection site.

Patients and caregivers should be advised to carefully read the instructions for use included with the package leaflet before administering the medicinal product. In paediatric patients, a caregiver may give injections or a patient may self-inject if a healthcare provider determines that it is appropriate.

Before using Mounjaro KwikPen, the instructions for use must be read carefully.

Vial

Patients and their caregivers should be trained in subcutaneous injection technique before administering Mounjaro.

For further information before administration see section 6.6.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Acute pancreatitis

Tirzepatide has not been studied in patients with a history of pancreatitis, and should be used with caution in these patients.

Acute pancreatitis has been reported in patients treated with tirzepatide.

Patients should be informed of the symptoms of acute pancreatitis. If pancreatitis is suspected, tirzepatide should be discontinued. If the diagnosis of pancreatitis is confirmed, tirzepatide should not be restarted. In the absence of other signs and symptoms of acute pancreatitis, elevations in pancreatic enzymes alone are not predictive of acute pancreatitis (see section 4.8).

Hypoglycaemia

Patients receiving tirzepatide in combination with an insulin secretagogue (for example, a sulphonylurea) or insulin may have an increased risk of hypoglycaemia. The risk of hypoglycaemia may be lowered by a reduction in the dose of the insulin secretagogue or insulin (see sections 4.2 and 4.8).

Gastrointestinal effects

Tirzepatide has been associated with gastrointestinal adverse reactions, which include nausea, vomiting, and diarrhoea (see section 4.8). These adverse reactions may lead to dehydration, which could lead to a deterioration in renal function including acute renal failure. Patients treated with tirzepatide should be advised of the potential risk of dehydration, due to the gastrointestinal adverse reactions and take precautions to avoid fluid depletion and electrolyte disturbances. This should particularly be considered in the elderly, who may be more susceptible to such complications.

Severe gastrointestinal disease

Tirzepatide has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis, and should be used with caution in these patients.

Diabetic retinopathy

Tirzepatide has not been studied in patients with non-proliferative diabetic retinopathy requiring acute therapy, proliferative diabetic retinopathy or diabetic macular oedema, and should be used with caution in these patients with appropriate monitoring.

Aspiration in association with general anaesthesia or deep sedation

Cases of pulmonary aspiration have been reported in patients receiving GLP-1 receptor agonists undergoing general anaesthesia or deep sedation. Therefore, the increased risk of residual gastric content due to delayed gastric emptying (see section 4.8) should be considered prior to performing procedures with general anaesthesia or deep sedation.

Sodium content

This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.

Benzyl alcohol

This medicinal product contains 5.4 mg benzyl alcohol in each 0.6 ml dose of Mounjaro KwikPen.

4.5 Interaction with other medicinal products and other forms of interaction

Tirzepatide delays gastric emptying and thereby has the potential to impact the rate of absorption of concomitantly administered oral medicinal products. This effect, resulting in decreased C_{max} and a delayed t_{max} , is most pronounced at the time of tirzepatide treatment initiation.

Based on the results from a study with paracetamol, which was used as a model medicinal product to evaluate the effect of tirzepatide on gastric emptying, no dose adjustments are expected to be required for most concomitantly administered oral medicinal products. However, it is recommended to monitor patients on oral medicinal products with a narrow therapeutic index (e.g., warfarin, digoxin), especially at initiation of tirzepatide treatment and following dose increase. The risk of delayed effect should also be considered for oral medicinal products for which a rapid onset of effect is of importance.

Paracetamol

Following a 5 mg single dose of tirzepatide, the maximum plasma concentration (C_{max}) of paracetamol was reduced by 50 %, and the median (t_{max}) was delayed by 1 hour. The effect of tirzepatide on the oral absorption of paracetamol is dose and time dependent. At low doses (0.5 and 1.5 mg), there was only a minor change in paracetamol exposure. After four consecutive weekly doses of tirzepatide (5/5/8/10 mg), no effect on the paracetamol C_{max} and t_{max} was observed. The overall exposure (AUC) was not influenced. No dose adjustment of paracetamol is necessary when administered with tirzepatide.

Oral contraceptives

Administration of a combination oral contraceptive (0.035 mg ethinyl estradiol plus 0.25 mg norgestimate, a prodrug of norelgestromin) in the presence of a single dose of tirzepatide (5 mg) resulted in a reduction of oral contraceptive C_{max} and area under the curve (AUC). Ethinyl estradiol C_{max} was reduced by 59 % and AUC by 20 % with a delay in t_{max} of 4 hours. Norelgestromin C_{max} was reduced by 55 % and AUC by 23 % with a delay in t_{max} of 4.5 hours. Norgestimate C_{max} was reduced by 66 %, and AUC by 20 % with a delay in t_{max} of 2.5 hours. This reduction in exposure after a single dose of tirzepatide is not considered clinically relevant. No dose adjustment of oral contraceptives is required.

4.6 Fertility, pregnancy and lactation

Women of childbearing potential

Women of childbearing potential are recommended to use contraception when treated with tirzepatide.

Pregnancy

There are no or a limited amount of data from the use of tirzepatide in pregnant women. Studies in animals have shown reproductive toxicity (see section 5.3). Tirzepatide is not recommended during pregnancy and in women of childbearing potential not using contraception. If a patient wishes to

become pregnant, or pregnancy occurs, tirzepatide should be discontinued. Tirzepatide should be discontinued at least 1 month before a planned pregnancy due to the long half-life (see section 5.2).

Breast-feeding

Following a single 5 mg dose, the concentration of tirzepatide in breast milk was found to be undetectable to very low compared to plasma concentrations. As tirzepatide is an amino acid sequence, any low amount present in breast milk is expected to be degraded and not orally absorbed as intact drug by the breastfed infant. It is not known whether the reduced maternal food intake caused by tirzepatide affects composition or nutrient content of the breast milk. Overall, tirzepatide could be considered for use during breast-feeding.

Fertility

The effect of tirzepatide on fertility in humans is unknown.

Animal studies with tirzepatide did not indicate direct harmful effects with respect to fertility (see section 5.3).

4.7 Effects on ability to drive and use machines

Tirzepatide has no or negligible influence on the ability to drive or use machines. When tirzepatide is used in combination with a sulphonylurea or insulin, patients should be advised to take precautions to avoid hypoglycaemia while driving and using machines (see section 4.4).

4.8 Undesirable effects

Summary of safety profile

In 13 completed phase 3 studies, 8 522 adult patients were exposed to tirzepatide alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders and these were mostly mild or moderate in severity. The incidence of nausea, diarrhoea and vomiting was higher during the dose escalation period and decreased over time (see sections 4.2, and 4.4).

Tabulated list of adverse reactions

The following related adverse reactions from clinical studies are listed below by system organ class and in order of decreasing incidence (very common: $\geq 1/10$; common: $\geq 1/100$ to $< 1/10$; uncommon: $\geq 1/1\ 000$ to $< 1/100$; rare: $\geq 1/10\ 000$ to $< 1/1\ 000$; very rare: $< 1/10\ 000$). Within each incidence grouping, adverse reactions are presented in order of decreasing frequency.

Table 1. Adverse reactions

System organ class	Very common	Common	Uncommon	Rare
Immune system disorders		Hypersensitivity reactions		Anaphylactic reaction [#] , Angioedema [#]
Metabolism and nutrition disorders	Hypoglycaemia ^{1*} when used with sulphonylurea or insulin	Hypoglycaemia ^{1*} when used with metformin and SGLT2i, Decreased appetite ¹	Hypoglycaemia ^{1*} when used with metformin ⁶ , Weight decreased ¹	
Nervous system disorders		Dizziness ²	Dysgeusia, Dysaesthesia	

Vascular disorders		Hypotension ²		
Gastrointestinal disorders	Nausea, Diarrhoea, Vomiting ³ , Abdominal pain ³ , Constipation ⁴	Dyspepsia, Abdominal distention, Eructation, Flatulence, Gastroesophageal reflux disease	Cholelithiasis, Cholecystitis, Acute pancreatitis, Delayed gastric emptying	
Skin and subcutaneous tissue disorders		Hair loss ²		
General disorders and administration site conditions		Fatigue [†] , Injection site reactions	Injection site pain	
Investigations		Heart rate increased, Lipase increased, Amylase increased, Blood calcitonin increased ⁵		

[#]From post-marketing reports

^{*}Hypoglycaemia defined below.

[†]Fatigue includes the terms fatigue, asthenia, malaise, and lethargy.

¹ Adverse reaction that only applies to patients with type 2 diabetes mellitus (T2DM).

² Adverse reaction that mainly applies to patients with overweight or obesity, with or without T2DM.

³ Frequency was very common in weight management, OSA, HFpEF and paediatric T2DM trials, and common in adult T2DM trials.

⁴ Frequency was very common in weight management, OSA and HFpEF trials, and common in adult and paediatric T2DM trials.

⁵ Frequency was common in weight management and HFpEF trials, uncommon in adult T2DM and OSA trials, and very rare in the paediatric T2DM trial.

⁶ Frequency was common in the paediatric T2DM trial.

Description of selected adverse reactions

Hypersensitivity reactions

Hypersensitivity reactions have been reported with tirzepatide in pooled adult T2DM placebo-controlled trials, pooled placebo-controlled weight management trials, pooled placebo-controlled OSA trials, and the placebo-controlled HFpEF trial, sometimes severe (e.g., urticaria, eczema, rash, dermatitis). Hypersensitivity reactions were reported in 3.2 %, 5.0 %, 3.0 %, and 4.7 % of tirzepatide-treated patients, respectively, compared to 1.7 %, 3.8 %, 2.1 %, and 3.5 % of placebo-treated patients, respectively.

Cases of anaphylactic reaction and angioedema have been rarely reported with marketed use of tirzepatide.

Hypoglycaemia in patients with type 2 diabetes mellitus

Type 2 diabetes studies in adults

Clinically significant hypoglycaemia (blood glucose < 3.0 mmol/L (< 54 mg/dL)) or severe hypoglycaemia (requiring the assistance of another person) occurred in 10 to 14 % (0.14 to 0.16 events/patient year) of patients when tirzepatide was added to sulphonylurea and in 14 to 19 % (0.43 to 0.64 events/patient year) of patients when tirzepatide was added to basal insulin.

The rate of clinically significant hypoglycaemia when tirzepatide was used as monotherapy or when added to other oral antidiabetic medicinal products was up to 0.04 events/patient year (see table 1 and sections 4.2, 4.4 and 5.1).

In phase 3 clinical studies, 10 (0.2 %) patients reported 12 episodes of severe hypoglycaemia. Of these 10 patients, 5 (0.1 %) were on a background of insulin glargine or sulphonylurea who reported 1 episode each.

Weight management study

In a placebo-controlled weight management phase 3 trial in patients with T2DM, hypoglycaemia (blood glucose < 3.0 mmol/L (< 54 mg/dL)) was reported in 4.2 % of tirzepatide-treated patients versus 1.3 % of placebo-treated patients. In this trial, patients taking tirzepatide in combination with an insulin secretagogue (e.g., sulphonylurea) had a higher incidence of hypoglycaemia (10.3 %) compared to tirzepatide-treated patients not taking a sulphonylurea (2.1 %). No severe hypoglycaemia episodes were reported.

Gastrointestinal adverse reactions

In pooled adult placebo-controlled T2DM phase 3 studies, gastrointestinal disorders were dose-dependently increased for tirzepatide 5 mg (37.1 %), 10 mg (39.6 %) and 15 mg (43.6 %) compared with placebo (20.4 %). Nausea occurred in 12.2 %, 15.4 % and 18.3 % versus 4.3 % and diarrhoea in 11.8 %, 13.3 % and 16.2 % versus 8.9 % for tirzepatide 5 mg, 10 mg and 15 mg versus placebo. Gastrointestinal adverse reactions were mostly mild (74 %) or moderate (23.3 %) in severity. The incidence of nausea, vomiting, and diarrhoea was higher during the dose escalation period and decreased over time.

More patients in the tirzepatide 5 mg (3.0 %), 10 mg (5.4 %) and 15 mg (6.6 %) groups compared to the placebo group (0.4 %) discontinued permanently due to the gastrointestinal event.

In a placebo-controlled weight management phase 3 study in patients without T2DM, gastrointestinal disorders were increased for tirzepatide 5 mg (55.6 %), 10 mg (60.8 %) and 15 mg (59.2 %) compared with placebo (30.3 %). Nausea occurred in 24.6 %, 33.3 % and 31.0 % versus 9.5 % and diarrhoea in 18.7 %, 21.2 % and 23.0 % versus 7.3 % for tirzepatide 5 mg, 10 mg and 15 mg respectively versus placebo. Gastrointestinal adverse reactions were mostly mild (60.8 %) or moderate (34.6 %) in severity. The incidence of nausea, vomiting, and diarrhoea was higher during the dose escalation period and decreased over time.

More patients in the tirzepatide 5 mg (1.9 %), 10 mg (4.4 %) and 15 mg (4.1 %) groups compared to the placebo group (0.5 %) discontinued study treatment permanently due to the gastrointestinal event.

Gallbladder-related events

In pooled placebo-controlled weight management phase 3 studies, the overall incidence of cholecystitis and cholecystitis acute was 0.6 % and 0.2 % for tirzepatide- and placebo-treated patients, respectively.

In pooled placebo-controlled weight management phase 3 studies, in pooled placebo-controlled OSA phase 3 studies, and in a placebo-controlled HFpEF phase 3 study, acute gallbladder disease was

reported in 2.0 %, 0.9 %, and 4.4 % of tirzepatide-treated patients, respectively, and in 1.6 %, 0.9 %, and 2.7 % of placebo-treated patients, respectively.

In the weight management phase 3 studies, acute gallbladder events were positively associated with weight reduction.

Immunogenicity

In phase 3 clinical studies, a total of 9 094 tirzepatide-treated patients were assessed for anti-drug antibodies (ADA). Across these studies, 45.1-65.1 % developed treatment-emergent (TE) ADA during the on-treatment period. In 29.8-51.3 % of the assessed patients, TE ADA were persistent (that is TE ADA present for a period of 16 weeks or greater). Up to 3 % and 2.3 % had neutralising antibodies against tirzepatide activity on the glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptors, respectively and up to 1.2 % and 0.4 % had neutralising antibodies against native GIP and native GLP-1, respectively.

There was no evidence of an altered pharmacokinetic profile or an impact on efficacy of tirzepatide associated with the development of ADA or neutralising antibodies.

Heart rate

In pooled placebo-controlled T2DM phase 3 studies in adult patients, treatment with tirzepatide resulted in a maximum mean increase in heart rate of 3 to 5 beats per minute across doses. The maximum mean increase in heart rate in placebo-treated patients was 1 beat per minute.

The percentage of patients who had a change of baseline heart rate of > 20 bpm for 2 or more consecutive visits was 2.1 %, 3.8 % and 2.9 %, for tirzepatide 5 mg, 10 mg and 15 mg, respectively, compared with 2.1 % for placebo.

Small mean increases in PR interval were observed with tirzepatide when compared to placebo (mean increase of 1.4 to 3.2 msec and mean decrease of 1.4 msec respectively). No difference in arrhythmia and cardiac conduction disorder treatment emergent events were observed between tirzepatide 5 mg, 10 mg, 15 mg and placebo (3.8 %, 2.1 %, 3.7 % and 3 % respectively).

In pooled placebo-controlled weight management phase 3 studies, in pooled placebo-controlled OSA phase 3 studies, and in a placebo-controlled HFpEF phase 3 study, treatment with tirzepatide resulted in a mean increase in heart rate of 3, 2 and 3 beats per minute, respectively. There was a mean increase in heart rate of <1, <1 and 1 beat per minute, respectively, in placebo-treated patients

In a placebo-controlled weight management study in patients without T2DM, the percentage of patients who had a change in baseline heart rate of > 20 bpm for 2 or more consecutive visits was 2.4 %, 4.9 % and 6.3 %, for tirzepatide 5 mg, 10 mg and 15 mg, respectively, compared with 1.2 % for placebo. Small mean increases in PR interval were observed with tirzepatide and placebo (mean increase of 0.3 to 1.4 msec and of 0.5 msec respectively). No difference in arrhythmia and cardiac conduction disorder treatment emergent events were observed between tirzepatide 5 mg, 10 mg, 15 mg and placebo (3.7 %, 3.3 %, 3.3 % and 3.6 % respectively).

Injection site reactions

In pooled placebo-controlled T2DM phase 3 studies in adult patients, in pooled placebo-controlled weight management phase 3 studies, in pooled placebo-controlled OSA phase 3 studies, and in a placebo-controlled HFpEF phase 3 study, injection site reactions were increased for tirzepatide (3.2 %, 8.0 %, 8.2 %, and 6.0 %, respectively) compared with placebo (0.4 %, 1.8 %, 2.6 %, and 1.6 %, respectively).

Overall, in phase 3 studies, the most common signs and symptoms of injection site reactions were erythema and pruritus. The maximum severity of injection site reactions for patients was mild (91 %) or moderate (9 %). No injection site reactions were serious.

Pancreatic enzymes

In pooled placebo-controlled T2DM phase 3 studies, treatment in adult patients with tirzepatide resulted in mean increases from baseline in pancreatic amylase of 33 % to 38 % and lipase of 31 % to 42 % across doses. Placebo treated patients had an increase from baseline in amylase of 4 % and no changes were observed in lipase.

In pooled placebo-controlled weight management phase 3 studies, in pooled placebo-controlled OSA phase 3 studies, and in a placebo-controlled HFpEF phase 3 study, treatment with tirzepatide resulted in mean increases from baseline in pancreatic amylase of 23 %, 25 %, and 28 %, respectively, and lipase of 34 %, 39 %, and 32 %, respectively. Placebo treated patients had an increase from baseline in amylase of 2 %, 1 %, and 4 %, respectively, and in lipase of 6 %, 4 %, and 1 %, respectively.

Paediatric Population

The safety and immunogenicity profiles in children and adolescents aged 10 to less than 18 years with T2DM treated with tirzepatide 5 mg and 10 mg once-weekly were consistent with those described above for adult patients with T2DM with the exception of a higher frequency of vomiting, abdominal pain, and hypoglycaemia when added to metformin alone.

No severe hypoglycaemic episodes occurred during the paediatric T2DM trial. During the placebo-controlled phase, clinically significant hypoglycaemia (blood glucose < 3.0 mmol/L (< 54 mg/dL)) occurred in 28.6 % (1.98 events/patient year) of patients treated with tirzepatide and in 10.0 % (0.35 events/patient year) of patients treated with placebo, when added to basal insulin with or without metformin. The rate was 9.1 % (0.28 events/patient year) and 4.2 % (0.07 events/patient year) for tirzepatide- and placebo-treated patients, respectively, when added to metformin alone.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

In the event of overdose, appropriate supportive treatment should be initiated according to the patient's clinical signs and symptoms. Patients may experience gastrointestinal adverse reactions including nausea. There is no specific antidote for overdose of tirzepatide. A prolonged period of observation and treatment of these symptoms may be necessary, taking into account the half-life of tirzepatide (approximately 5 days).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Drugs used in diabetes, blood glucose lowering drugs, excl. insulins, ATC code: A10BX16

Mechanism of action

Tirzepatide is a long acting GIP and GLP-1 receptor agonist, highly selective to human GIP and GLP-1 receptors. Tirzepatide has high affinity to both the GIP and GLP-1 receptors. The activity of tirzepatide on the GIP receptor is similar to native GIP hormone. The activity of tirzepatide on the GLP-1 receptor is lower compared to native GLP-1 hormone. Both receptors are present on the pancreatic α and β endocrine cells, heart, vasculature, immune cells (leukocytes), gut and kidney. GIP receptors are also present on adipocytes.

In addition, both GIP and GLP-1 receptors are expressed in the areas of the brain important to appetite regulation. Animal studies show that tirzepatide distributes to and activates neurons in brain regions involved in regulation of appetite and food intake. Animal studies show that tirzepatide can modulate fat utilization through the GIP receptor. In human adipocytes cultured in vitro, tirzepatide acts on GIP receptors to regulate glucose uptake and modulate lipid uptake and lipolysis.

Glycaemic control

Tirzepatide improves glycaemic control by lowering fasting and postprandial glucose concentrations in patients with type 2 diabetes through several mechanisms.

Appetite regulation and energy metabolism

Tirzepatide lowers body weight and body fat mass. The body weight reduction is mostly due to reduced fat mass. The mechanisms associated with body weight and body fat mass reduction involve decreased food intake through the regulation of appetite. Clinical studies show that tirzepatide reduces energy intake and appetite by increasing feelings of satiety and fullness, and decreasing feelings of hunger. Tirzepatide also reduces the intensity of food cravings and preferences for high sugar and high fat foods. Tirzepatide modulates fat utilisation.

Pharmacodynamic effects

Insulin secretion

Tirzepatide increases pancreatic β -cell glucose sensitivity. It enhances first- and second-phase insulin secretion in a glucose dependent manner.

In a hyperglycaemic clamp study in adult patients with type 2 diabetes, tirzepatide was compared to placebo and the selective GLP-1 receptor agonist semaglutide 1 mg for insulin secretion. Tirzepatide 15 mg enhanced the first and second-phase insulin secretion rate by 466 % and 302 % from baseline, respectively. There was no change in first- and second-phase insulin secretion rate for placebo.

Insulin sensitivity

Tirzepatide improves insulin sensitivity.

In adults, tirzepatide 15 mg improved whole body insulin sensitivity by 63 %, as measured by M-value, a measure of glucose tissue uptake using hyperinsulinemic euglycaemic clamp. The M-value was unchanged for placebo.

Tirzepatide lowers body weight in patients with obesity and overweight, and in patients with type 2 diabetes (irrespective of body weight), which may contribute to improvement in insulin sensitivity.

Glucagon concentration

Tirzepatide reduced the fasting and postprandial glucagon concentrations in a glucose dependent manner. In adults, tirzepatide 15 mg reduced fasting glucagon concentration by 28 % and glucagon AUC after a mixed meal by 43 %, compared with no change for placebo.

Gastric emptying

Tirzepatide delays gastric emptying which may slow post meal glucose absorption and can lead to a beneficial effect on postprandial glycaemia. Tirzepatide induced delay in gastric emptying diminishes over time.

Effect on cardiac structure

In a cardiac magnetic resonance imaging substudy in patients with HFpEF and obesity, a reduction in left ventricular (LV) mass and paracardial fat was observed with tirzepatide treatment.

Clinical efficacy and safety

Type 2 diabetes mellitus in adults

The safety and efficacy of tirzepatide were evaluated in five global randomised, controlled, phase 3 studies (SURPASS 1-5) assessing glycaemic control as the primary objective. The studies involved 6 263 treated patients with type 2 diabetes (4 199 treated with tirzepatide). The secondary objectives included body weight, percentage of patients achieving weight reduction targets, fasting serum glucose (FSG) and percentage of patients reaching target HbA1c. All five phase 3 studies assessed tirzepatide 5 mg, 10 mg and 15 mg. All patients treated with tirzepatide started with 2.5 mg for 4 weeks. Then the dose of tirzepatide was increased by 2.5 mg every 4 weeks until they reached their assigned dose.

Across all studies, treatment with tirzepatide demonstrated sustained, statistically significant and clinically meaningful reductions from baseline in HbA1c as the primary objective compared to either placebo or active control treatment (semaglutide, insulin degludec and insulin glargine) for up to 1 year. In 1 study these effects were sustained for up to 2 years. Statistically significant and clinically meaningful reductions from baseline in body weight were also demonstrated. Results from the phase 3 studies are presented below based on the on-treatment data without rescue therapy in the modified intent-to-treat (mITT) population consisting of all randomly assigned patients who were exposed to at least 1 dose of study treatment, excluding patients discontinuing study treatment due to inadvertent enrolment.

SURPASS-1 – Monotherapy

In a 40 week double-blind placebo-controlled study, 478 patients with inadequate glycaemic control with diet and exercise, were randomised to tirzepatide 5 mg, 10 mg or 15 mg once weekly or placebo. Patients had a mean age of 54 years and 52 % were men. At baseline the patients had a mean duration of diabetes of 5 years and the mean BMI was 32 kg/m².

Table 2. SURPASS-1: Results at week 40

		Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide 15 mg	Placebo
mITT population (n)		121	121	120	113
HbA_{1c} (%)	Baseline (mean)	7.97	7.88	7.88	8.08
	Change from baseline	-1.87 ^{##}	-1.89 ^{##}	-2.07 ^{##}	+0.04
	Difference from placebo [95 % CI]	-1.91 ^{**} [-2.18, -1.63]	-1.93 ^{**} [-2.21, -1.65]	-2.11 ^{**} [-2.39, -1.83]	-
HbA_{1c} (mmol/mol)	Baseline (mean)	63.6	62.6	62.6	64.8
	Change from baseline	-20.4 ^{##}	-20.7 ^{##}	-22.7 ^{##}	+0.4
	Difference from placebo [95 % CI]	-20.8 ^{**} [-23.9, -17.8]	-21.1 ^{**} [-24.1, -18.0]	-23.1 ^{**} [-26.2, -20.0]	-
Patients (%) achieving HbA_{1c}	< 7 %	86.8 ^{**}	91.5 ^{**}	87.9 ^{**}	19.6
	≤ 6.5 %	81.8 ^{††}	81.4 ^{††}	86.2 ^{††}	9.8
	< 5.7 %	33.9 ^{**}	30.5 ^{**}	51.7 ^{**}	0.9
FSG (mmol/L)	Baseline (mean)	8.5	8.5	8.6	8.6
	Change from baseline	-2.4 ^{##}	-2.6 ^{##}	-2.7 ^{##}	+0.7 [#]
	Difference from placebo [95 % CI]	-3.13 ^{**} [-3.71, -2.56]	-3.26 ^{**} [-3.84, -2.69]	-3.45 ^{**} [-4.04, -2.86]	-
FSG (mg/dL)	Baseline (mean)	153.7	152.6	154.6	155.2
	Change from baseline	-43.6 ^{##}	-45.9 ^{##}	-49.3 ^{##}	+12.9 [#]
	Difference from placebo [95 % CI]	-56.5 ^{**} [-66.8, -46.1]	-58.8 ^{**} [-69.2, -48.4]	-62.1 ^{**} [-72.7, -51.5]	-
Body weight (kg)	Baseline (mean)	87.0	85.7	85.9	84.4
	Change from baseline	-7.0 ^{##}	-7.8 ^{##}	-9.5 ^{##}	-0.7
	Difference from placebo [95 % CI]	-6.3 ^{**} [-7.8, -4.7]	-7.1 ^{**} [-8.6, -5.5]	-8.8 ^{**} [-10.3, -7.2]	-
Patients (%) achieving weight loss	≥ 5 %	66.9 ^{††}	78.0 ^{††}	76.7 ^{††}	14.3
	≥ 10 %	30.6 ^{††}	39.8 ^{††}	47.4 ^{††}	0.9
	≥ 15 %	13.2 [†]	17.0 [†]	26.7 [†]	0.0

* p < 0.05, ** p < 0.001 for superiority, adjusted for multiplicity.

† p < 0.05, †† p < 0.001 compared to placebo, not adjusted for multiplicity.

p < 0.05, ## p < 0.001 compared to baseline, not adjusted for multiplicity.

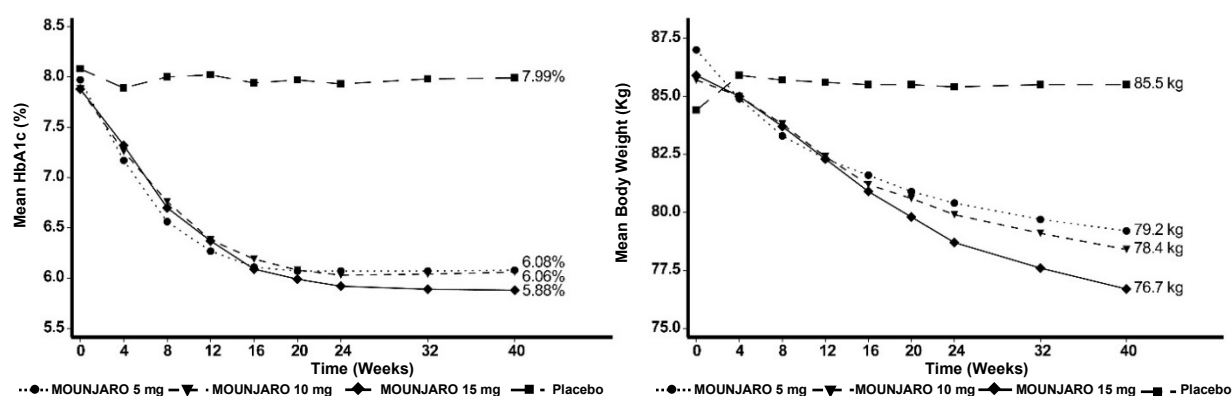


Figure 1. Mean HbA_{1c} (%) and mean body weight (kg) from baseline to week 40

SURPASS-2 – Combination therapy with metformin

In a 40 week active-controlled open-label study, (double-blind with respect to tirzepatide dose assignment) 1879 patients were randomised to tirzepatide 5 mg, 10 mg or 15 mg once weekly or

semaglutide 1 mg once weekly, all in combination with metformin. Patients had a mean age of 57 years and 47 % were men. At baseline the patients had a mean duration of diabetes of 9 years and the mean BMI was 34 kg/m².

Table 3. SURPASS-2: Results at week 40

		Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide 15 mg	Semaglutide 1 mg
mITT population (n)		470	469	469	468
HbA_{1c} (%)	Baseline (mean)	8.33	8.31	8.25	8.24
	Change from baseline	-2.09 ^{##}	-2.37 ^{##}	-2.46 ^{##}	-1.86 ^{##}
	Difference from semaglutide [95 % CI]	-0.23** [-0.36, -0.10]	-0.51** [-0.64, -0.38]	-0.60** [-0.73, -0.47]	-
HbA_{1c} (mmol/mol)	Baseline (mean)	67.5	67.3	66.7	66.6
	Change from baseline	-22.8 ^{##}	-25.9 ^{##}	-26.9 ^{##}	-20.3 ^{##}
	Difference from semaglutide [95 % CI]	-2.5** [-3.9, -1.1]	-5.6** [-7.0, -4.1]	-6.6** [-8.0, -5.1]	N/A
Patients (%) achieving HbA_{1c}	< 7 %	85.5*	88.9**	92.2**	81.1
	≤ 6.5 %	74.0 [†]	82.1 ^{††}	87.1 ^{††}	66.2
	< 5.7 %	29.3 ^{††}	44.7**	50.9**	19.7
FSG (mmol/L)	Baseline (mean)	9.67	9.69	9.56	9.49
	Change from baseline	-3.11 ^{##}	-3.42 ^{##}	-3.52 ^{##}	-2.70 ^{##}
	Difference from semaglutide [95 % CI]	-0.41 [†] [-0.65, -0.16]	-0.72 ^{††} [-0.97, -0.48]	-0.82 ^{††} [-1.06, -0.57]	-
FSG (mg/dL)	Baseline (mean)	174.2	174.6	172.3	170.9
	Change from baseline	-56.0 ^{##}	-61.6 ^{##}	-63.4 ^{##}	-48.6 ^{##}
	Difference from semaglutide [95 % CI]	-7.3 [†] [-11.7, -3.0]	-13.0 ^{††} [-17.4, -8.6]	-14.7 ^{††} [-19.1, -10.3]	-
Body weight (kg)	Baseline (mean)	92.6	94.9	93.9	93.8
	Change from baseline	-7.8 ^{##}	-10.3 ^{##}	-12.4 ^{##}	-6.2 ^{##}
	Difference from semaglutide [95 % CI]	-1.7** [-2.6, -0.7]	-4.1** [-5.0, -3.2]	-6.2** [-7.1, -5.3]	-
Patients (%) achieving weight loss	≥ 5 %	68.6 [†]	82.4 ^{††}	86.2 ^{††}	58.4
	≥ 10 %	35.8 ^{††}	52.9 ^{††}	64.9 ^{††}	25.3
	≥ 15 %	15.2 [†]	27.7 ^{††}	39.9 ^{††}	8.7

*p < 0.05, **p < 0.001 for superiority, adjusted for multiplicity.

[†]p < 0.05, ^{††}p < 0.001 compared to semaglutide 1 mg, not adjusted for multiplicity.

[#]p < 0.05, ^{##}p < 0.001 compared to baseline, not adjusted for multiplicity.

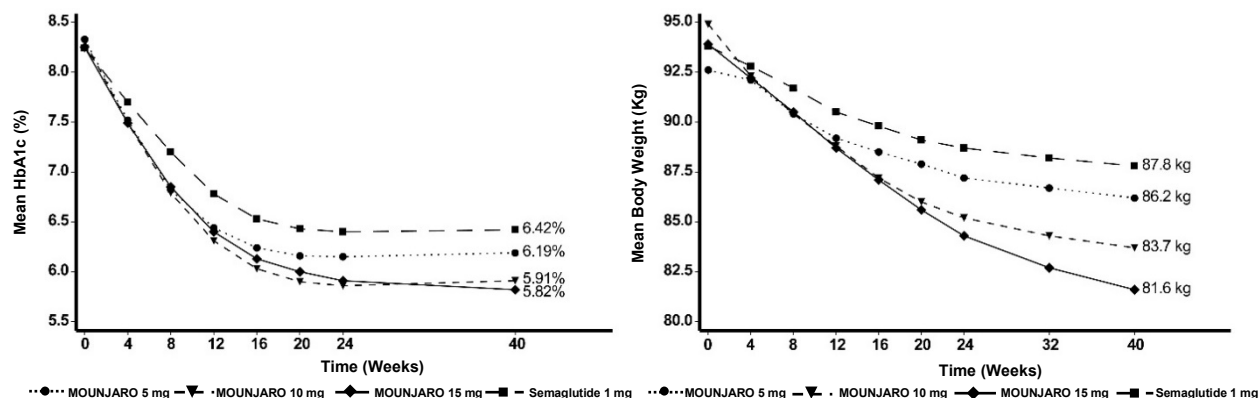


Figure 2. Mean HbA_{1c} (%) and mean body weight (kg) from baseline to week 40

SURPASS-3 – Combination therapy with metformin, with or without SGLT2i

In a 52 week active-controlled open-label study, 1 444 patients were randomised to tirzepatide 5 mg, 10 mg or 15 mg once weekly or insulin degludec, all in combination with metformin with or without a SGLT2i. 32 % of patients were using SGLT2i at baseline. At baseline the patients had a mean duration of diabetes of 8 years, a mean BMI of 34 kg/m², a mean age of 57 years and 56 % were men.

Patients treated with insulin degludec started at a dose of 10 U/day which was adjusted using an algorithm for a target fasting blood glucose of < 5 mmol/L. The mean dose of insulin degludec at week 52 was 49 units/day.

Table 4. SURPASS-3: Results at week 52

		Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide 15 mg	Titrated insulin degludec
mITT population (n)		358	360	358	359
HbA_{1c} (%)	Baseline (mean)	8.17	8.19	8.21	8.13
	Change from baseline	-1.93 ^{##}	-2.20 ^{##}	-2.37 ^{##}	-1.34 ^{##}
	Difference from insulin degludec [95 % CI]	-0.59 ^{**} [-0.73, -0.45]	-0.86 ^{**} [-1.00, -0.72]	-1.04 ^{**} [-1.17, -0.90]	-
HbA_{1c} (mmol/mol)	Baseline (mean)	65.8	66.0	66.3	65.4
	Change from baseline	-21.1 ^{##}	-24.0 ^{##}	-26.0 ^{##}	-14.6 ^{##}
	Difference from insulin degludec [95 % CI]	-6.4 ^{**} [-7.9, -4.9]	-9.4 ^{**} [-10.9, -7.9]	-11.3 ^{**} [-12.8, -9.8]	-
Patients (%) achieving HbA_{1c}	< 7 %	82.4 ^{**}	89.7 ^{**}	92.6 ^{**}	61.3
	≤ 6.5 %	71.4 ^{††}	80.3 ^{††}	85.3 ^{††}	44.4
	< 5.7 %	25.8 ^{††}	38.6 ^{††}	48.4 ^{††}	5.4
FSG (mmol/L)	Baseline (mean)	9.54	9.48	9.35	9.24
	Change from baseline	-2.68 ^{##}	-3.04 ^{##}	-3.29 ^{##}	-3.09 ^{##}
	Difference from insulin degludec [95 % CI]	0.41 [†] [0.14, 0.69]	0.05 [-0.24, 0.33]	-0.20 [-0.48, 0.08]	-
FSG (mg/dL)	Baseline (mean)	171.8	170.7	168.4	166.4
	Change from baseline	-48.2 ^{##}	-54.8 ^{##}	-59.2 ^{##}	-55.7 ^{##}
	Difference from insulin degludec [95 % CI]	7.5 [†] [2.4, 12.5]	0.8 [-4.3, 5.9]	-3.6 [-8.7, 1.5]	-
Body weight (kg)	Baseline (mean)	94.5	94.3	94.9	94.2
	Change from baseline	-7.5 ^{##}	-10.7 ^{##}	-12.9 ^{##}	+2.3 ^{##}
	Difference from insulin degludec [95 % CI]	-9.8 ^{**} [-10.8, -8.8]	-13.0 ^{**} [-14.0, -11.9]	-15.2 ^{**} [-16.2, -14.2]	-
Patients (%) achieving weight loss	≥ 5 %	66.0 ^{††}	83.7 ^{††}	87.8 ^{††}	6.3
	≥ 10 %	37.4 ^{††}	55.7 ^{††}	69.4 ^{††}	2.9
	≥ 15 %	12.5 ^{††}	28.3 ^{††}	42.5 ^{††}	0.0

*p < 0.05, **p < 0.001 for superiority, adjusted for multiplicity.

†p < 0.05, ††p < 0.001 compared to insulin degludec, not adjusted for multiplicity.

#p < 0.05, ##p < 0.001 compared to baseline, not adjusted for multiplicity.

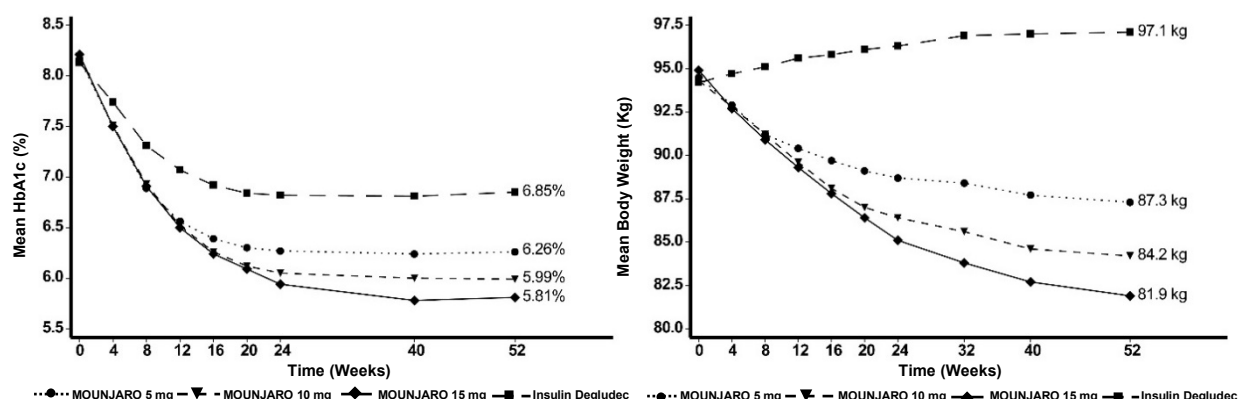


Figure 3. Mean HbA_{1c} (%) and mean body weight (kg) from baseline to week 52

Continuous glucose monitoring (CGM)

A subset of patients (N = 243) participated in an evaluation of the 24 hour glucose profiles captured with blinded CGM. At 52 weeks, patients treated with tirzepatide (10 mg and 15 mg pooled) spent significantly more time with glucose values in the euglycaemic range defined as 71 to 140 mg/dL (3.9

to 7.8 mmol/L) compared to patients treated with insulin degludec, with 73 % and 48 % of the 24 hour period in range, respectively.

SURPASS-4 – Combination therapy with 1-3 oral antidiabetic medicinal products: metformin, sulphonylureas or SGLT2i

In an active-controlled open-label study of up to 104 weeks (primary endpoint at 52 weeks), 2 002 patients with type 2 diabetes and increased cardiovascular risk were randomised to tirzepatide 5 mg, 10 mg or 15 mg once weekly or insulin glargine once daily on a background of metformin (95 %) and/or sulphonylureas (54 %) and/or SGLT2i (25 %). At baseline the patients had a mean duration of diabetes of 12 years, a mean BMI of 33 kg/m², a mean age of 64 years and 63 % were men. Patients treated with insulin glargine started at a dose of 10 U/day which was adjusted using an algorithm with a fasting blood glucose target of < 5.6 mmol/L. The mean dose of insulin glargine at week 52 was 44 units/day.

Table 5. SURPASS-4: Results at week 52

		Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide 15 mg	Titrated insulin glargine
mITT population (n)		328	326	337	998
52 weeks					
HbA_{1c} (%)	Baseline (mean)	8.52	8.60	8.52	8.51
	Change from baseline	-2.24 ^{##}	-2.43 ^{##}	-2.58 ^{##}	-1.44 ^{##}
	Difference from insulin glargine [95 % CI]	-0.80 ^{**} [-0.92, -0.68]	-0.99 ^{**} [-1.11, -0.87]	-1.14 ^{**} [-1.26, -1.02]	-
HbA_{1c} (mmol/mol)	Baseline (mean)	69.6	70.5	69.6	69.5
	Change from baseline	-24.5 ^{##}	-26.6 ^{##}	-28.2 ^{##}	-15.7 ^{##}
	Difference from insulin glargine [95 % CI]	-8.8 ^{**} [-10.1, -7.4]	-10.9 ^{**} [-12.3, -9.6]	-12.5 ^{**} [-13.8, -11.2]	-
Patients (%) achieving HbA_{1c}	< 7 %	81.0 ^{**}	88.2 ^{**}	90.7 ^{**}	50.7
	≤ 6.5 %	66.0 ^{††}	76.0 ^{††}	81.1 ^{††}	31.7
	< 5.7 %	23.0 ^{††}	32.7 ^{††}	43.1 ^{††}	3.4
FSG (mmol/L)	Baseline (mean)	9.57	9.75	9.67	9.37
	Change from baseline	-2.80 ^{##}	-3.06 ^{##}	-3.29 ^{##}	-2.84 ^{##}
	Difference from insulin glargine [95 % CI]	0.04 [-0.22, 0.30]	-0.21 [-0.48, 0.05]	-0.44 ^{††} [-0.71, -0.18]	-
FSG (mg/dL)	Baseline (mean)	172.3	175.7	174.2	168.7
	Change from baseline	-50.4 ^{##}	-54.9 ^{##}	-59.3 ^{##}	-51.4 ^{##}
	Difference from insulin glargine [95 % CI]	1.0 [-3.7, 5.7]	-3.6 [-8.2, 1.1]	-8.0 ^{††} [-12.6, -3.4]	-
Body weight (kg)	Baseline (mean)	90.3	90.7	90.0	90.3
	Change from baseline	-7.1 ^{##}	-9.5 ^{##}	-11.7 ^{##}	+1.9 ^{##}
	Difference from insulin glargine [95 % CI]	-9.0 ^{**} [-9.8, -8.3]	-11.4 ^{**} [-12.1, -10.6]	-13.5 ^{**} [-14.3, -12.8]	-
Patients (%) achieving weight loss	≥ 5 %	62.9 ^{††}	77.6 ^{††}	85.3 ^{††}	8.0
	≥ 10 %	35.9 ^{††}	53.0 ^{††}	65.6 ^{††}	1.5
	≥ 15 %	13.8 ^{††}	24.0 ^{††}	36.5 ^{††}	0.5

* p < 0.05, ** p < 0.001 for superiority, adjusted for multiplicity.

† p < 0.05, †† p < 0.001 compared to insulin glargine, not adjusted for multiplicity.

p < 0.05, ## p < 0.001 compared to baseline, not adjusted for multiplicity.

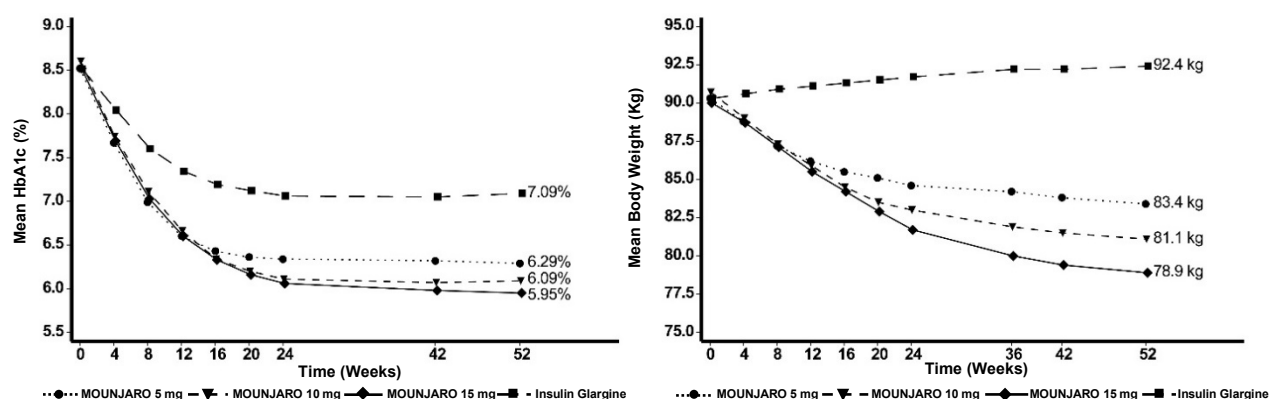


Figure 4. Mean HbA_{1c} (%) and mean body weight (kg) from baseline to week 52

SURPASS-5 – Combination therapy with titrated basal insulin, with or without metformin

In a 40 week double-blind placebo-controlled study, 475 patients with inadequate glycaemic control using insulin glargine with or without metformin were randomised to tirzepatide 5 mg, 10 mg or

15 mg once weekly or placebo. Insulin glargine doses were adjusted utilizing an algorithm with a fasting blood glucose target of < 5.6 mmol/L. At baseline the patients had a mean duration of diabetes of 13 years, a mean BMI of 33 kg/m², a mean age of 61 years and 56 % were men. The overall estimated median dose of insulin glargine at baseline was 34 units/day. The median dose of insulin glargine at week 40 was 38, 36, 29 and 59 units/day for tirzepatide 5 mg, 10 mg, 15 mg and placebo respectively.

Table 6. SURPASS-5: Results at week 40

		Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide 15 mg	Placebo
mITT population (n)		116	118	118	119
HbA_{1c} (%)	Baseline (mean)	8.29	8.34	8.22	8.39
	Change from baseline	-2.23 ^{##}	-2.59 ^{##}	-2.59 ^{##}	-0.93 ^{##}
	Difference from placebo [95 % CI]	-1.30 ^{**} [-1.52, -1.07]	-1.66 ^{**} [-1.88, -1.43]	-1.65 ^{**} [-1.88, -1.43]	-
HbA_{1c} (mmol/mol)	Baseline (mean)	67.1	67.7	66.4	68.2
	Change from baseline	-24.4 ^{##}	-28.3 ^{##}	-28.3 ^{##}	-10.2 ^{##}
	Difference from placebo [95 % CI]	-14.2 ^{**} [-16.6, -11.7]	-18.1 ^{**} [-20.6, -15.7]	-18.1 ^{**} [-20.5, -15.6]	-
Patients (%) achieving HbA_{1c}	< 7 %	93.0 ^{**}	97.4 ^{**}	94.0 ^{**}	33.9
	≤ 6.5 %	80.0 ^{††}	94.7 ^{††}	92.3 ^{††}	17.0
	< 5.7 %	26.1 ^{††}	47.8 ^{††}	62.4 ^{††}	2.5
FSG (mmol/L)	Baseline (mean)	9.00	9.04	8.91	9.13
	Change from baseline	-3.41 ^{##}	-3.77 ^{##}	-3.76 ^{##}	-2.16 ^{##}
	Difference from placebo [95 % CI]	-1.25 ^{**} [-1.64, -0.86]	-1.61 ^{**} [-2.00, -1.22]	-1.60 ^{**} [-1.99, -1.20]	-
FSG (mg/dL)	Baseline (mean)	162.2	162.9	160.4	164.4
	Change from baseline	-61.4 ^{##}	-67.9 ^{##}	-67.7 ^{##}	-38.9 ^{##}
	Difference from placebo [95 % CI]	-22.5 ^{**} [-29.5, -15.4]	-29.0 ^{**} [-36.0, -22.0]	-28.8 ^{**} [-35.9, -21.6]	-
Body weight (kg)	Baseline (mean)	95.5	95.4	96.2	94.1
	Change from baseline	-6.2 ^{##}	-8.2 ^{##}	-10.9 ^{##}	+1.7 [#]
	Difference from placebo [95 % CI]	-7.8 ^{**} [-9.4, -6.3]	-9.9 ^{**} [-11.5, -8.3]	-12.6 ^{**} [-14.2, -11.0]	-
Patients (%) achieving weight loss	≥ 5 %	53.9 ^{††}	64.6 ^{††}	84.6 ^{††}	5.9
	≥ 10 %	22.6 ^{††}	46.9 ^{††}	51.3 ^{††}	0.9
	≥ 15 %	7.0 [†]	26.6 [†]	31.6 ^{††}	0.0

*p < 0.05, **p < 0.001 for superiority, adjusted for multiplicity.

†p < 0.05, ††p < 0.001 compared to placebo, not adjusted for multiplicity.

#p < 0.05, ##p < 0.001 compared to baseline, not adjusted for multiplicity.

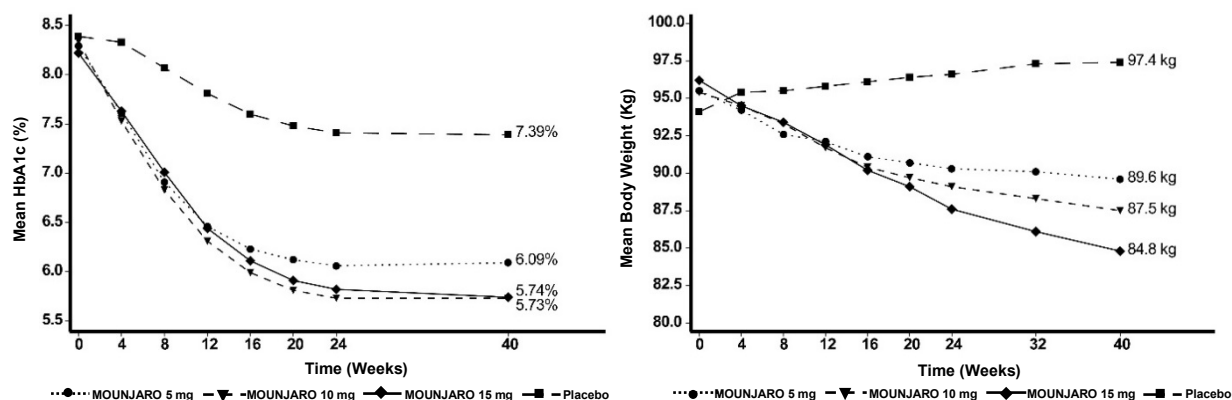


Figure 5. Mean HbA_{1c} (%) and mean body weight (kg) from baseline to week 40

Type 2 diabetes mellitus in children and adolescents aged 10 to less than 18 years

The safety and efficacy of tirzepatide 5 mg and 10 mg once weekly was evaluated in 99 patients aged 10 to below 18 years with type 2 diabetes on metformin (68.7 %) or basal insulin (8.1 %), or both (23.2 %), in a 30-week double-blind, placebo-controlled phase 3 study, followed by a 22-week open-label extension (SURPASS-PEDS). In the open-label period, all participants on placebo were switched to tirzepatide at a maintenance dose of 5 mg while participants randomized to tirzepatide continued their treatment at the same dose of 5 or 10 mg.

At baseline, patients had a mean age of 14.7 years and 61 % were female. The mean duration of type 2 diabetes was 2.4 years. All participants had overweight or obesity, since a BMI above the 85th percentile of the general age and gender-matched population for the country or region was an inclusion criterion. At 30 weeks, tirzepatide 5 mg and 10 mg, both pooled and individually, were superior to placebo in lowering HbA_{1c}, FSG and BMI. Glycaemic efficacy was sustained and BMI reductions continued through Week 52.

Table 7. SURPASS-PEDS: Results at week 30

		Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide Pooled	Placebo
mITT population (n)		32	33	65	34
HbA_{1c} (%)	Baseline (mean)	8.22	7.92	8.07	8.02
	Change from baseline	-2.16	-2.30	-2.23	0.049
	Difference from placebo [95 % CI]	-2.21** [-2.89, -1.53]	-2.35** [-3.03, -1.66]	-2.28** [-2.87, -1.69]	-
HbA_{1c} (mmol/mol)	Baseline (mean)	66.3	63.1	64.7	64.2
	Change from baseline	-23.6	-25.1	-24.4	0.53
	Difference from placebo [95 % CI]	-24.2** [-31.6, -16.8]	-25.6** [-33.1, -18.2]	-24.9** [-31.4, -18.4]	-
Patients (%) achieving HbA_{1c}	< 7 %	84.2	91.5	87.9	34.3
	≤ 6.5 %	70.8**	86.1**	78.6**	27.8
	< 5.7 %	46.9	59.6	53.4	14.4
BMI (kg/m²)	Baseline (mean)	33.9	37.3	35.6	34.7
	Change (%) from baseline	-7.4	-11.2	-9.3	-0.4
	Difference (%) from placebo [95 % CI]	-7.0** [-10.48, -3.60]	-10.8** [-14.25, -7.39]	-8.9** [-11.91, -5.95]	-

*p < 0.05, ** p < 0.001 for superiority, adjusted for multiplicity.

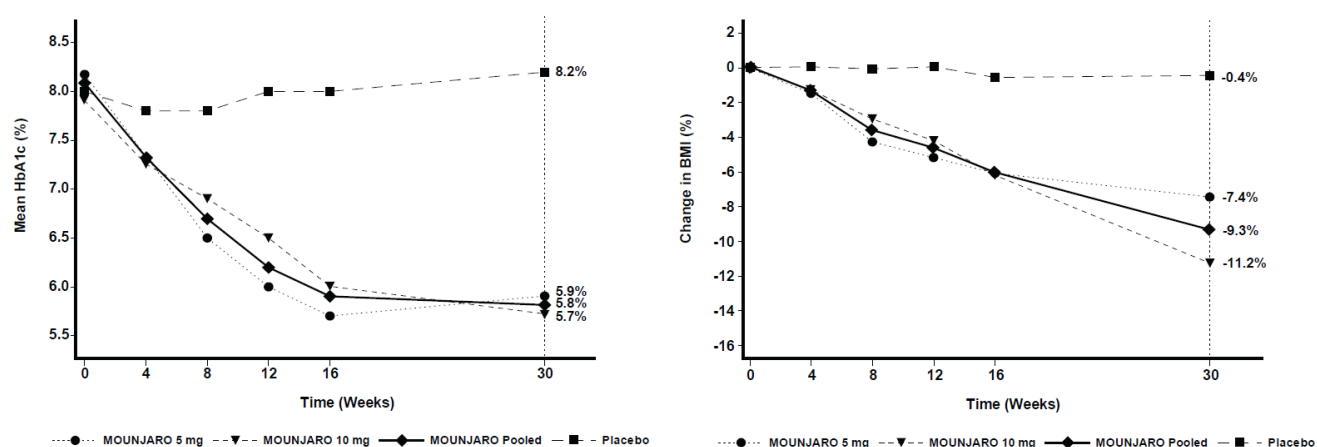


Figure 6. Mean HbA_{1c} (%) and change in BMI (%) from baseline to week 30

Weight management

The efficacy and safety of tirzepatide for weight management, in combination with a reduced caloric intake and increased physical activity, in patients with obesity (BMI ≥ 30 kg/m²), or overweight (BMI ≥ 27 kg/m² to < 30 kg/m²) and at least one weight-related comorbidity (such as treated or untreated dyslipidaemia, hypertension, obstructive sleep apnoea, or cardiovascular disease), and with prediabetes or normoglycaemia, but without type 2 diabetes mellitus, were evaluated in three randomised double-blinded, placebo-controlled phase 3 studies (SURMOUNT-1, SURMOUNT-3, SURMOUNT-4). A total of 3 900 adult patients (2 518 randomised to tirzepatide) were included in these studies.

Treatment with tirzepatide demonstrated clinically meaningful and sustained weight reduction compared with placebo. Furthermore, a higher percentage of patients achieved $\geq 5\%$, $\geq 10\%$, $\geq 15\%$ and $\geq 20\%$ weight loss with tirzepatide compared with placebo.

The efficacy and safety of tirzepatide for weight management in patients with type 2 diabetes were evaluated in a randomised double-blinded, placebo-controlled phase 3 study (SURMOUNT-2), and in a subpopulation of patients with BMI ≥ 27 kg/m² in five randomised phase 3 studies (SURPASS-1 to -5). A total of 6 330 patients with BMI ≥ 27 kg/m² (4 249 randomised to treatment with tirzepatide) were included in these studies. In SURMOUNT-2 treatment with tirzepatide demonstrated clinically meaningful and sustained weight reduction compared with placebo. Furthermore, a higher percentage of patients achieved $\geq 5\%$, $\geq 10\%$, $\geq 15\%$ and $\geq 20\%$ weight loss with tirzepatide compared with placebo. Subgroup analyses of patients with obesity or overweight in the SURPASS studies (amounting to 86 % of the overall SURPASS-1 to -5 population) showed sustained weight reduction, and a higher percentage of patients achieving weight reduction targets compared to active comparator/placebo.

In all SURMOUNT studies, the same tirzepatide dose escalation scheme was used as in the SURPASS programme (starting with 2.5 mg for 4 weeks, followed by increases in 2.5 mg increments every 4 weeks until the assigned dose was reached).

SURMOUNT-1

In a 72 week double-blind placebo-controlled study, 2 539 adult patients with obesity (BMI ≥ 30 kg/m²) or with overweight (BMI ≥ 27 kg/m² to < 30 kg/m²) and at least one weight-related comorbid condition, were randomised to tirzepatide 5 mg, 10 mg or 15 mg once weekly or placebo. All patients were counselled on a reduced-calorie diet and increased physical activity throughout the trial. At baseline, patients had a mean age of 45 years, 67.5 % were women and 40.6 % of patients had prediabetes. Mean BMI at baseline was 38 kg/m².

Table 8. SURMOUNT-1: Results at week 72

	Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide 15 mg	Placebo
mITT population (n)	630	636	630	643
Body weight				
Baseline (kg)	102.9	105.9	105.5	104.8
Change (%) from baseline	-16.0 ^{††}	-21.4 ^{††}	-22.5 ^{††}	-2.4
Difference (%) from placebo [95 % CI]	-13.5 ^{**} [-14.6, -12.5]	-18.9 ^{**} [-20.0, -17.8]	-20.1 ^{**} [-21.2, -19.0]	-
Change (kg) from baseline	-16.1 ^{††}	-22.2 ^{††}	-23.6 ^{††}	-2.4 ^{††}
Difference (kg) from placebo [95 % CI]	-13.8 ^{##} [-15.0, -12.6]	-19.8 ^{##} [-21.0, -18.6]	-21.2 ^{##} [-22.4, -20.0]	-
Patients (%) achieving body weight reduction				
≥ 5 %	89.4 ^{**}	96.2 ^{**}	96.3 ^{**}	27.9
≥ 10 %	73.4 ^{##}	85.9 ^{**}	90.1 ^{**}	13.5
≥ 15 %	50.2 ^{##}	73.6 ^{**}	78.2 ^{**}	6.0
≥ 20 %	31.6 ^{##}	55.5 ^{**}	62.9 ^{**}	1.3
Waist circumference (cm)				
Baseline	113.2	114.9	114.4	114.0
Change from baseline	-14.6 ^{††}	-19.4 ^{††}	-19.9 ^{††}	-3.4 ^{††}
Difference from placebo [95 % CI]	-11.2 ^{##} [-12.3, -10.0]	-16.0 ^{**} [-17.2, -14.9]	-16.5 ^{**} [-17.7, -15.4]	-

^{††}p < 0.001 versus baseline.

^{**}p < 0.001 versus placebo, adjusted for multiplicity.

^{##}p < 0.001 versus placebo, not adjusted for multiplicity.

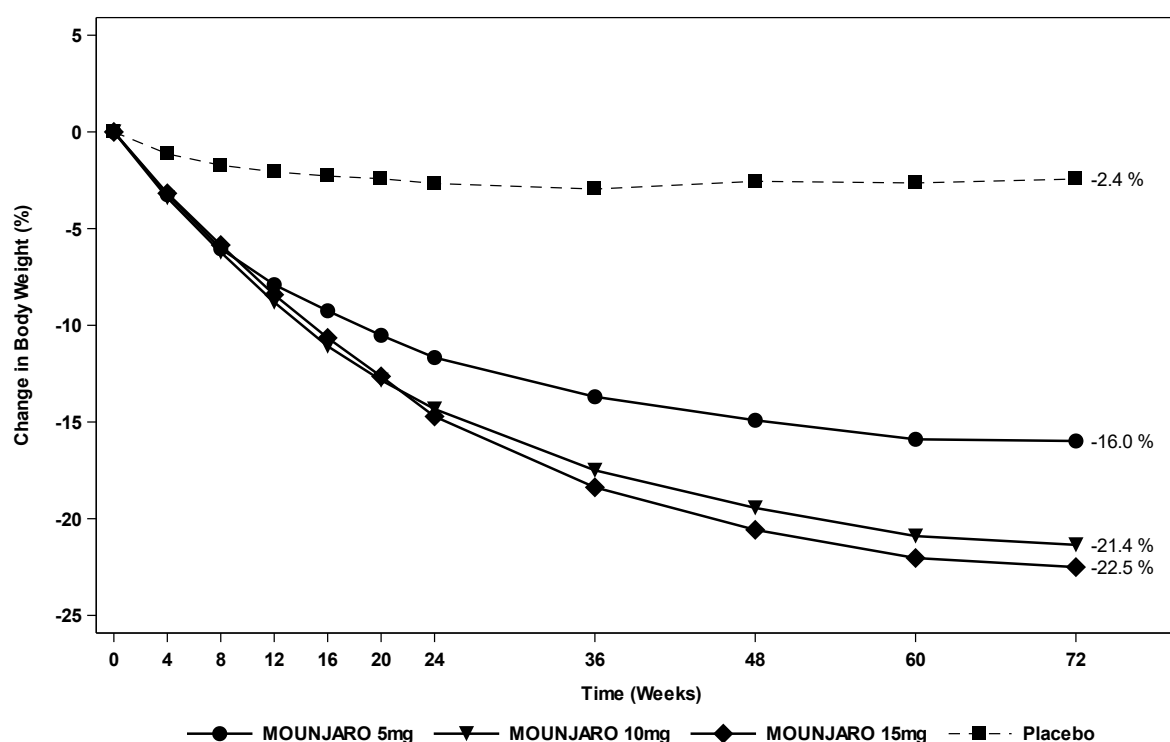


Figure 7. Mean change in body weight (%) from baseline to week 72

In SURMOUNT-1, pooled doses of tirzepatide 5 mg, 10 mg, and 15 mg led to a significant improvement compared to placebo in systolic blood pressure (-8.1 mmHg vs. -1.3 mmHg), triglycerides (-27.6 % vs. -6.3 %), non-HDL-C (-11.3 % vs. -1.8 %), HDL-C (7.9 % vs. 0.3 %), and fasting insulin (-46.9 % vs. -9.7 %).

Patients with prediabetes at baseline continued for up to 176 weeks of treatment to evaluate long term effects on body weight and onset of adjudication-confirmed type 2 diabetes mellitus.

Table 9. SURMOUNT-1: Results at week 176 (patients with prediabetes at baseline)

	Tirzepatide 5 mg	Tirzepatide 10 mg	Tirzepatide 15 mg	Placebo
mITT population (n)	247	262	253	270
Body weight				
Baseline (kg)	104.6	108.9	108.5	107.4
Change (%) from baseline	-15.4 ^{††}	-19.9 ^{††}	-22.9 ^{††}	-2.1 [†]
Difference (%) from placebo [95 % CI]	-13.2 ^{##} [-15.3, -11.1]	-17.7 ^{**} [-19.8, -15.7]	-20.7 ^{**} [-22.8, -18.6]	-
Change (kg) from baseline	-15.7 ^{††}	-21.4 ^{††}	-24.6 ^{††}	-2.3 [†]
Difference (kg) from placebo [95 % CI]	-13.4 ^{##} [-15.9, -11.0]	-19.1 ^{##} [-21.5, -16.7]	-22.3 ^{##} [-24.7, -19.9]	-

[†]p < 0.05, ^{††}p < 0.001 versus baseline.

^{**}p < 0.001 versus placebo, adjusted for multiplicity.

^{##}p < 0.001 versus placebo, not adjusted for multiplicity.

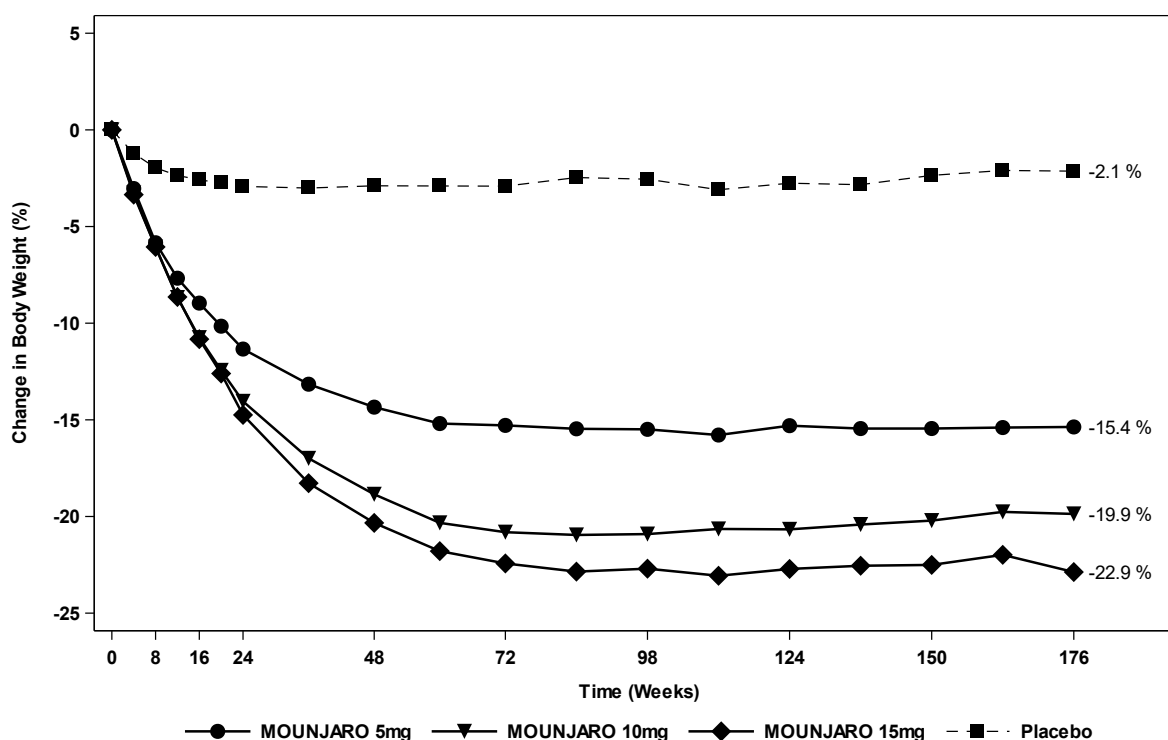


Figure 8. Mean change in body weight (%) from baseline to week 176 (patients with prediabetes at baseline)

Among the patients in SURMOUNT-1 with prediabetes at baseline (N = 1032), 95.3 % of patients treated with tirzepatide reverted to normoglycaemia at week 72, as compared with 61.9 % of patients in the placebo group. At the end of 176 weeks, 94.5 % of patients treated with tirzepatide reverted to normoglycaemia, as compared with 60.4 % of patients in the placebo group, and 1.2% of patients treated with tirzepatide progressed to type 2 diabetes mellitus, as compared with 12.6% of patients in the placebo group.

SURMOUNT-2

In a 72 week double-blind placebo-controlled study, 938 adult patients with obesity (BMI ≥ 30 kg/m²) or with overweight (BMI ≥ 27 kg/m² to < 30 kg/m²) and type 2 diabetes, were randomised to tirzepatide 10 mg or 15 mg once weekly or placebo. Patients included in the trial had HbA1c 7-10 % and were treated with either diet and exercise alone, or with one or more oral anti-hyperglycaemic agent . All patients were counselled on a reduced calorie diet and increased physical activity throughout the trial. Patients had a mean age of 54 years and 51 % were women. Mean BMI at baseline was 36.1 kg/m².

Table 10. SURMOUNT-2: Results at week 72

	Tirzepatide 10 mg	Tirzepatide 15 mg	Placebo
mITT population (n)	312	311	315
Body weight			
Baseline (kg)	101.1	99.5	101.7
Change (%) from baseline	-13.4 ^{††}	-15.7 ^{††}	-3.3 ^{††}
Difference (%) from placebo [95 % CI]	-10.1 ^{**} [-11.5, -8.8]	-12.4 ^{**} [-13.7, -11.0]	-
Change (kg) from baseline	-13.5 ^{††}	-15.6 ^{††}	-3.2
Difference (kg) from placebo [95 % CI]	-10.3 ^{##} [-11.7, -8.8]	-12.4 ^{##} [-13.8, -11.0]	-
Patients (%) achieving body weight reduction			
≥ 5 %	81.6 ^{**}	86.4 ^{**}	30.5
≥ 10 %	63.4 ^{**}	69.6 ^{**}	8.7
≥ 15 %	41.4 ^{**}	51.8 ^{**}	2.6
≥ 20 %	23.0 ^{**}	34.0 ^{**}	1.0
Waist circumference (cm)			
Baseline	114.3	114.6	116.1
Change from baseline	-11.2 ^{††}	-13.8 ^{††}	-3.4 ^{††}
Difference from placebo [95 % CI]	-7.8 ^{**} [-9.2, -6.4]	-10.4 ^{**} [-11.8, -8.9]	-
HbA_{1c} (mmol/mol)			
Baseline	64.1	64.7	63.4
Change from baseline	-23.4 ^{††}	-24.3 ^{††}	-1.8 [†]
Difference from placebo [95 % CI]	-21.6 ^{**} [-23.5, -19.6]	-22.5 ^{**} [-24.4, -20.6]	-
HbA_{1c} (%)			
Baseline	8.0	8.1	8.0
Change from baseline	-2.1 ^{††}	-2.2 ^{††}	-0.2 [†]
Difference from placebo [95 % CI]	-2.0 ^{**} [-2.2, -1.8]	-2.1 ^{**} [-2.2, -1.9]	-
Patients (%) achieving HbA_{1c}			
< 7 %	90.0 ^{**}	90.7 ^{**}	29.3
≤ 6.5 %	84.1 ^{**}	86.7 ^{**}	15.5
< 5.7 %	50.2 ^{**}	55.3 ^{**}	2.8
FSG (mmol/L)			
Baseline	8.8	9.0	8.7
Change from baseline	-2.7 ^{††}	-2.9 ^{††}	-0.1
Difference from placebo [95 % CI]	-2.6 ^{**} [-2.9, -2.3]	-2.7 ^{**} [-3.1, -2.4]	-
FSG (mg/dL)			
Baseline	157.8	161.5	156.7
Change from baseline	-49.2 ^{††}	-51.7 ^{††}	-2.4
Difference from placebo [95 % CI]	-46.8 ^{**} [-52.7, -40.9]	-49.3 ^{**} [-55.2, -43.3]	-

[†]p < 0.05 versus baseline

^{††}p < 0.001 versus baseline.

^{**}p < 0.001 versus placebo, adjusted for multiplicity.

^{##}p < 0.001 versus placebo, not adjusted for multiplicity.

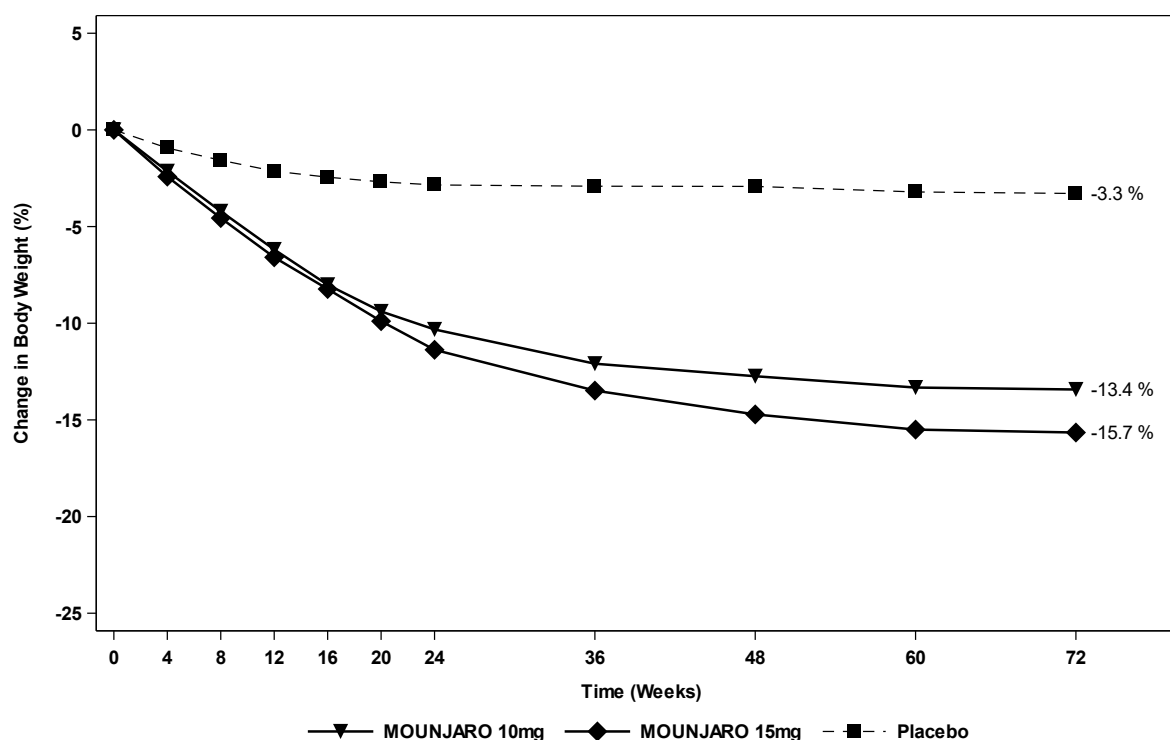


Figure 9. Mean change in body weight (%) from baseline to week 72

In SURMOUNT-2, pooled doses of tirzepatide 10 mg and 15 mg led to a significant improvement compared to placebo in systolic blood pressure (-7.2 mmHg vs. -1.0 mmHg), triglycerides (-28.6 % vs. -5.8 %), non-HDL-C (-6.6 % vs. 2.3 %), and HDL-C (8.2 % vs. 1.1 %).

SURMOUNT-3

In an 84 week study, 806 adult patients with obesity ($\text{BMI} \geq 30 \text{ kg/m}^2$) or with overweight ($\text{BMI} \geq 27 \text{ kg/m}^2$ to $< 30 \text{ kg/m}^2$) and at least one weight related comorbid condition, entered a 12 week intensive lifestyle intervention lead-in period consisting of a low calorie diet (1 200-1 500 kcal/day), increased physical activity and frequent behavioural counselling. At the end of the 12 week lead-in period, 579 patients who achieved $\geq 5.0 \%$ weight reduction were randomised to tirzepatide maximum tolerated dose (MTD) of 10 mg or 15 mg once weekly or to placebo, for 72 weeks (double-blind phase). Patients were on a reduced-calorie diet and increased physical activity throughout the double-blind phase of the study. At randomisation patients had a mean age of 46 years and 63 % were women. Mean BMI at randomisation was 35.9 kg/m^2 .

Table 11. SURMOUNT-3: Results at week 72

	Tirzepatide MTD	Placebo
mITT population (n)	287	292
Body weight		
Baseline ¹ (kg)	102.3	101.3
Change (%) from baseline ¹	-21.1 ^{††}	3.3 ^{††}
Difference (%) from placebo [95 % CI]	-24.5 ^{**} [-26.1, -22.8]	-
Change (kg) from baseline ¹	-21.5 ^{††}	3.5 ^{††}
Difference (kg) from placebo [95 % CI]	-25.0 ^{##} [-26.9, -23.2]	-
Patients (%) achieving body weight reduction		
≥ 5 %	94.4 ^{**}	10.7
≥ 10 %	88.0 ^{**}	4.8
≥ 15 %	73.9 ^{**}	2.1
≥ 20 %	54.9 ^{**}	1.0
Patients (%) who maintain ≥80% of the body weight lost during the 12-week lead-in period	98.6 ^{**}	37.8
Waist circumference (cm)		
Baseline ¹	109.2	109.6
Change from baseline ¹	-16.8 ^{††}	1.1
Difference from placebo [95 % CI]	-17.9 ^{**} [-19.5, -16.3]	-

¹Randomisation (Week 0)

^{††}p < 0.001 versus baseline¹.

^{**}p < 0.001 versus placebo, adjusted for multiplicity.

^{##}p < 0.001 versus placebo, not adjusted for multiplicity.

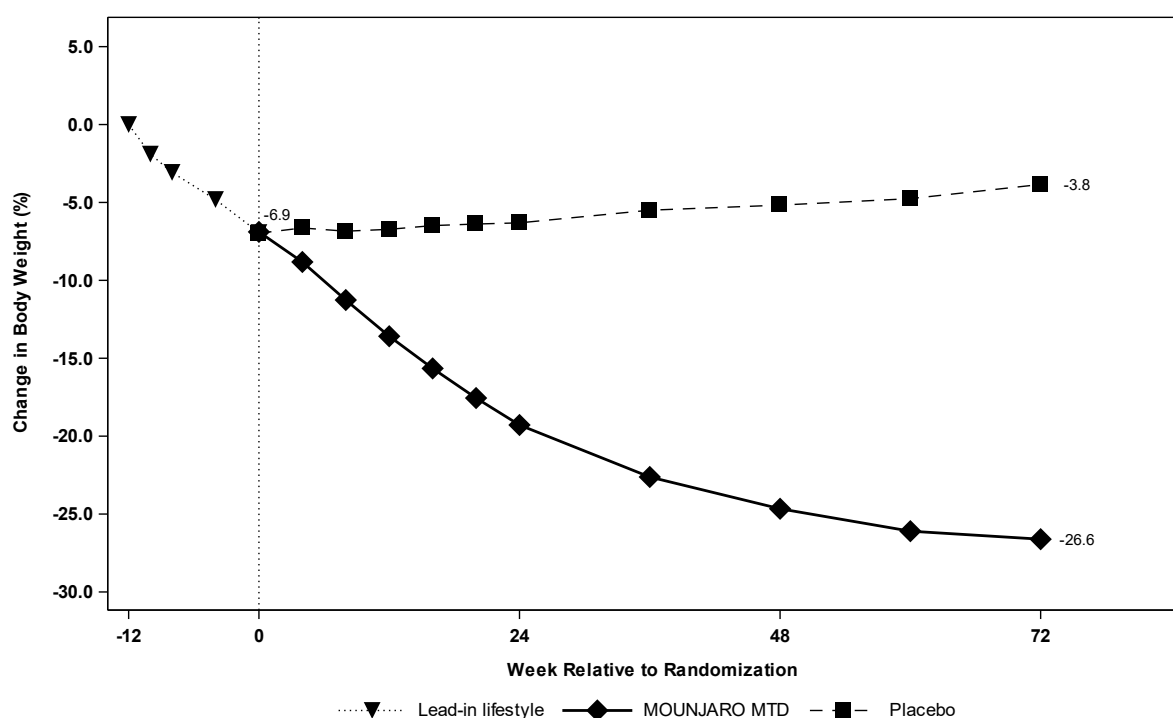


Figure 10. Mean change in body weight (%) from Week -12 to week 72

SURMOUNT-4

In an 88 week study, 783 adult patients with obesity ($\text{BMI} \geq 30 \text{ kg/m}^2$) or with overweight ($\text{BMI} \geq 27 \text{ kg/m}^2$ to $< 30 \text{ kg/m}^2$) and at least one weight related comorbid condition, were enrolled in a 36 week open label tirzepatide lead-in phase. At the start of lead-in period, the enrolled patients had a mean body weight of 107.0 kg and a mean BMI of 38.3 kg/m^2 . At the end of the lead-in period, 670 patients who achieved tirzepatide MTD of 10 mg or 15 mg dose were randomised to continue treatment with tirzepatide once weekly or to switch to placebo for 52 weeks (double-blind phase). Patients were counselled on a reduced calorie diet and increased physical activity throughout the trial. At randomisation (week 36), patients had a mean age of 49 years and 71 % were women. Mean body weight at randomisation was 85.2 kg and mean BMI was 30.5 kg/m^2 .

Patients who continued treatment with tirzepatide for an additional 52 weeks (up to 88 weeks in total) maintained and experienced further weight loss after the initial weight reduction achieved during the 36 week lead-in phase. The weight reduction was superior and clinically meaningful compared to the placebo group, in which a substantial regain of body weight lost during the lead-in phase was observed (see Table 12 and Figure 11). Nevertheless, the observed mean body weight for placebo-treated patients was lower at week 88 than at the start of the lead-in phase (see Figure 11).

Table 12. SURMOUNT-4: Results at week 88

	Tirzepatide MTD	Placebo
mITT population (n) only patients at Week 36	335	335
Body weight		
Weight (kg) at Week 0 (baseline)	106.7	107.8
Weight (kg) at Week 36 (randomisation)	84.5	85.9
Change (%) from Week 36 at Week 88	-6.7 ^{††}	14.8 ^{††}
Difference (%) from placebo at Week 88 [95 % CI]	-21.4 ^{**} [-22.9, -20.0]	-
Change (kg) from Week 36 at Week 88	-5.7 ^{††}	11.9 ^{††}
Difference (kg) from placebo at Week 88 [95 % CI]	-17.6 ^{##} [-18.8, -16.4]	-
Patients (%) achieving body weight reduction from Week 0 to Week 88		
≥ 5 %	98.5 ^{**}	69.0
≥ 10 %	94.0 ^{**}	44.4
≥ 15 %	87.1 ^{**}	24.0
≥ 20 %	72.6 ^{**}	11.6
Patients (%) who maintain ≥80% of the body weight lost during the 36-week lead-in period at Week 88	93.4 ^{**}	13.5
Waist circumference (cm)		
Baseline (Week 0)	114.9	115.6
Randomisation (Week 36)	96.7	98.2
Change from randomisation (Week 36)	-4.6 ^{††}	8.3 ^{††}
Difference from placebo [95 % CI]	-12.9 ^{**} [-14.1, -11.7]	-

^{††}p < 0.001 versus baseline.

^{**}p < 0.001 versus placebo, adjusted for multiplicity.

^{##}p < 0.001 versus placebo, not adjusted for multiplicity.

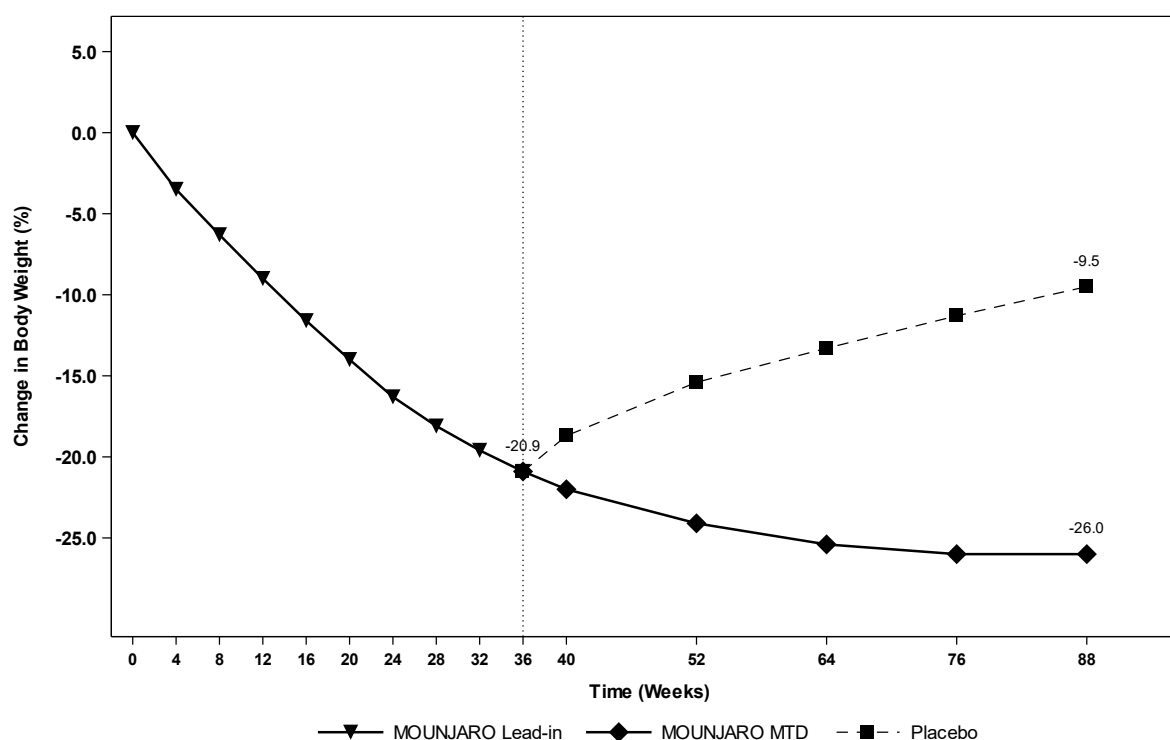


Figure 11. Mean change in body weight (%) from baseline (Week 0) to week 88

Risk of weight regain to > 95 % of study baseline (Week 0) weight at week 88

Time to event analysis showed that continued tirzepatide treatment during the double-blind period reduced the risk of returning to greater than 95 % body weight observed at Week 0, for those who had already lost at least 5 % since week 0 by approximately 99 % compared with placebo (hazard ratio, 0.013 [95 % CI, 0.004 to 0.046]; $p < 0.001$).

SURMOUNT-5

In a 72-week study, 751 adult patients with obesity ($\text{BMI} \geq 30 \text{ kg/m}^2$) or overweight ($\text{BMI} \geq 27 \text{ kg/m}^2$ to $< 30 \text{ kg/m}^2$) with at least 1 weight-related comorbid condition were randomised to tirzepatide 15 mg or semaglutide 2.4 mg once weekly. When patients did not tolerate this dose, the dose was reduced to tirzepatide 10 mg or semaglutide 1.7 mg once weekly. Patients were counselled on a reduced calorie diet and increased physical activity throughout the trial. Participants had a mean age of 44.7 years and a mean BMI of 39.4 kg/m^2 . Overall, 64.7 % were female.

Treatment with tirzepatide for 72 weeks resulted in a superior and clinically meaningful reduction in body weight compared to semaglutide. The percent change from baseline at week 72 (primary endpoint) was -21.6 % for tirzepatide and -15.4 % for semaglutide (difference from semaglutide: -6.2 %; 95 % CI [-7.8, -4.6]; $p < 0.001$). Tirzepatide also achieved superiority compared with semaglutide for the key secondary endpoints, i.e. proportion of patients achieving $\geq 10 \%$, $\geq 15 \%$, $\geq 20 \%$, and $\geq 25 \%$ body weight reduction at week 72 as well as reduction of waist circumference at week 72.

Effect on body composition

Changes in body composition were evaluated in a sub-study in SURMOUNT-1 using dual energy X-ray absorptiometry (DEXA). The results of the DEXA assessment showed that treatment with tirzepatide was accompanied by greater reduction in fat mass than in lean body mass leading to an improvement in body composition compared to placebo after 72 weeks. Furthermore, this reduction in

total fat mass was accompanied by a reduction in visceral fat. These results suggest that most of the total weight loss was attributable to a reduction in fat tissue, including visceral fat.

Improvement in physical functioning

Patients with obesity or overweight without diabetes who received tirzepatide showed small improvements in health-related quality of life, including physical functioning. The improvements were greater in the tirzepatide-treated patients than in those who received placebo. Health-related quality of life was assessed using the generic questionnaire Short Form-36v2 Health Survey Acute, Version (SF-36v2).

Obstructive sleep apnoea

The efficacy and safety of tirzepatide for the treatment of moderate to severe (AHI>15) obstructive sleep apnoea (OSA), in combination with diet and exercise, in patients with obesity were evaluated in two randomized double-blinded, placebo-controlled phase 3 studies (SURMOUNT-OSA Study 1 and Study 2). A total of 469 adult patients with moderate to severe OSA and obesity (234 randomised to treatment with tirzepatide) were included in these studies. Patients with T2DM were excluded. Study 1 enrolled patients unable or unwilling to use Positive Airway Pressure (PAP) therapy. Study 2 enrolled patients on PAP therapy. Study 2 does not allow any conclusion about a potentially added benefit of tirzepatide on top of PAP therapy, since PAP use was suspended 7 days prior to endpoint measurement. All patients were treated with the maximum tolerated dose (MTD; 10 mg or 15 mg) of tirzepatide or placebo, once weekly for 52 weeks.

In both studies, treatment with tirzepatide demonstrated statistically significant and clinically meaningful reduction in the apnoea-hypopnoea index (AHI) compared with placebo (see Table 13). Among tirzepatide treated patients, greater proportion of patients achieved at least 50 % AHI reduction compared to placebo.

SURMOUNT-OSA, Study 1 and Study 2

In two 52 week double-blind placebo-controlled studies, 469 adult patients with moderate to severe OSA and obesity, were randomised to tirzepatide MTD of 10 mg or 15 mg once weekly, or to placebo, once weekly. In Study 1 patients had a mean age of 48 years, 33 % were female, 35 % had moderate OSA, 63 % had severe OSA, 65 % had pre-diabetes, 76 % had hypertension, 10 % had cardiac disorders, and 81 % had dyslipidemia. Patients had a mean Epworth Sleepiness Scale (ESS) of 10.5. In Study 2 patients had a mean age of 52 years, 28 % were female, 31 % had moderate OSA, 68 % had severe OSA, 57 % had pre-diabetes, 77 % had hypertension, 11 % had cardiac disorders, and 84 % had dyslipidemia. Patients had a mean ESS of 10.0.

Table 13. SURMOUNT-OSA, Study 1 and Study 2: Results at week 52

	OSA Study 1		OSA Study 2	
	Tirzepatide MTD	Placebo	Tirzepatide MTD	Placebo
mITT population (n)	114	120	119	114
AHI (events/hr)				
Baseline mean	54.3	50.9	45.8	53.1
Change from baseline	-27.4 ^{††}	-4.8 [†]	-30.4 ^{††}	-6.0 [†]
Difference from placebo [95 % CI]	-22.5 ^{**} [-28.7, -16.4]	-	-24.4 ^{**} [-30.3, -18.6]	-
% Change in AHI				
% Change from baseline	-55.0 ^{††}	-5.0	-62.8 ^{††}	-6.4
% Difference from placebo [95% CI]	-49.9 ^{**} [-62.8, -37.0]	-	-56.4 ^{**} [-70.7, -42.2]	-

Patients (%) achieving reduction in AHI				
≥50%	62.3	19.2	74.3	22.9
% Difference from placebo [95% CI]	43.6** [31.1, 56.2]	-	50.8** [38.6, 62.9]	-
Sleep apnoea-specific hypoxic burden (% min/h)^a				
Baseline geometric mean	156.6	148.2	129.9	139.1
Change from baseline	-103.1 ^{††}	-21.1	-103.0 ^{††}	-40.7 [†]
Difference from placebo [95% CI]	-82.0** [-107.0, -57.1]	-	-62.4** [-87.1, -37.6]	-
Body weight (kg)				
Baseline mean	117.0	112.7	115.8	115.0
% Change from baseline	-18.1 ^{††}	-1.3	-20.1 ^{††}	-2.3 [†]
% Difference from placebo [95% CI]	-16.8** [-18.8, -14.7]	-	-17.8** [-19.9, -15.7]	-
Systolic Blood Pressure (mmHg)^b				
Baseline mean	128.2	130.3	130.7	130.5
Change from baseline	-9.6 ^{††}	-1.7	-7.6 ^{††}	-3.3 [†]
Difference from placebo [95% CI]	-7.9** [-11.0, -4.9]	-	-4.3* [-7.3, -1.2]	-
hsCRP (mg/L)^a				
Baseline geometric mean	3.6	3.8	3.0	2.7
Change from baseline	-1.6 ^{††}	-0.8 [†]	-1.4 ^{††}	-0.3
Difference from placebo [95% CI]	-0.8* [-1.4, -0.3]	-	-1.1** [-1.7, -0.5]	-

[†] p < 0.05, ^{††} p < 0.001 versus baseline.

* p < 0.05, ** p < 0.001 versus placebo, adjusted for multiplicity.

^a Analysed using log transformed data.

^b Blood pressure was assessed at Week 48 because PAP withdrawal at Week 52 may confound blood pressure assessment.

Heart failure with preserved ejection fraction

The efficacy and safety of tirzepatide for the treatment of chronic heart failure (New York Heart Association [NYHA] II-IV) with left ventricular ejection fraction ≥50% were evaluated in a randomized, double-blinded, placebo-controlled phase 3 study (SUMMIT) including 731 adults with obesity (364 randomized to tirzepatide treatment). The dual primary endpoints were the composite of adjudication-confirmed cardiovascular death or heart failure events, analyzed as time to first event, and the change from baseline to week 52 in the Kansas City Cardiomyopathy Questionnaire Clinical Summary Score (KCCQ-CSS). Patients were treated with the MTD up to 15 mg of tirzepatide or placebo, once weekly, and followed for a median duration of 104 weeks.

Patients had a mean age of 65.2 years, 21.0 % were 75 years of age or older, and 53.8 % were women. At randomization, 72.5 % of patients were classified as NYHA Class II, 27.5 % as Class III/IV, and 48.2 % had T2DM. Mean BMI at baseline was 38.2 kg/m², and median eGFR was 62.0 mL/min/1.73 m². Baseline heart failure therapy included renin-angiotensin-system inhibitors (80.4 %), diuretics (73.6 %), beta blockers (69.5 %), mineralocorticoid receptor antagonists (35.0 %), and 17.2 % used SGLT2i.

Tirzepatide demonstrated superiority compared with placebo in reducing the risk of worsening heart failure assessed as the composite of cardiovascular death or heart failure event, defined as heart failure hospitalization, urgent heart failure visits, or oral diuretic intensification for worsening heart failure (see Figure 12 and Table 14).

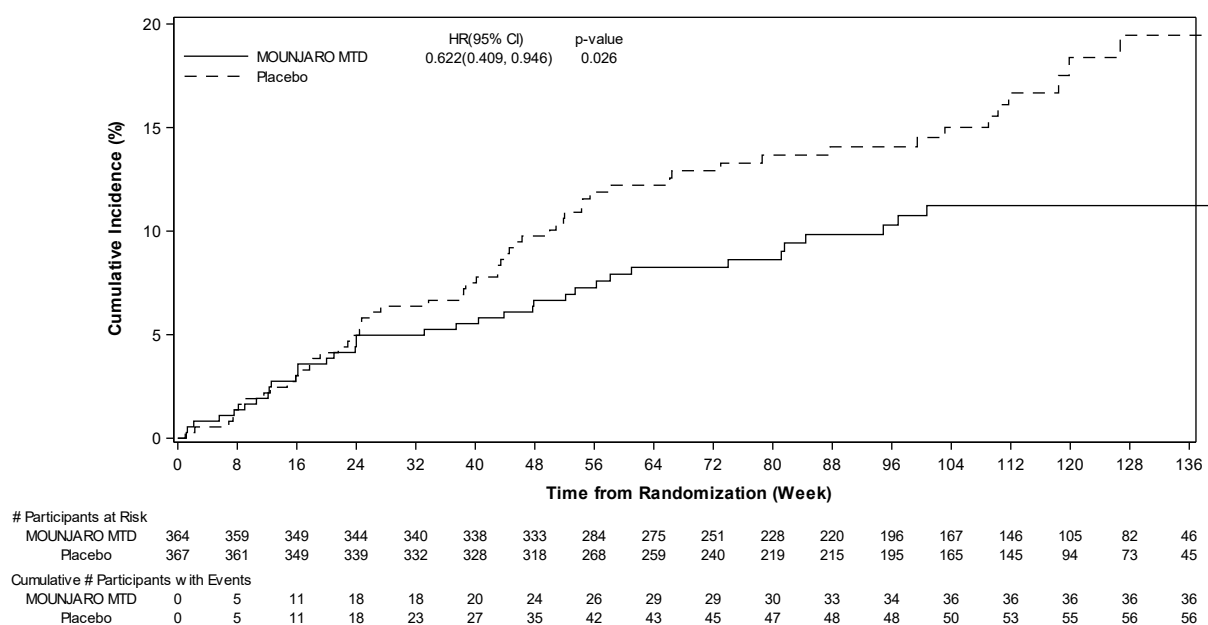


Figure 12: Time-to-first event analysis for the composite of adjudication-confirmed cardiovascular death or heart failure events over a median follow up of 104 weeks

Table 14. SUMMIT: The composite and its components over a median follow up of 104 weeks

	Tirzepatide MTD	Placebo
ITT population (n)	364	367
Composite of adjudication-confirmed cardiovascular death or heart failure event^a, n (%)	36 (9.9)	56 (15.3)
Hazard ratio vs placebo (95% CI)	0.62 (0.41, 0.95)	-
p-value for superiority	0.026	-
Cardiovascular death, n (%)	10 (2.7)	5 (1.4)
Hazard ratio vs placebo (95% CI)	1.99 (0.68, 5.81)	-
Heart failure event^a, n (%)	29 (8.0)	52 (14.2)
Hazard ratio vs placebo (95% CI)	0.54 (0.34, 0.85)	-
Hospitalization for heart failure, n (%)	12 (3.3)	26 (7.1)
Hazard ratio vs placebo (95% CI)	0.44 (0.22, 0.87)	-
Urgent visit for heart failure, n (%)	5 (1.4)	12 (3.3)
Hazard ratio vs placebo (95% CI)	0.41 (0.14, 1.16)	-
ODI for worsening heart failure, n (%)	17 (4.7)	21 (5.7)
Hazard ratio vs placebo (95% CI)	0.80 (0.42, 1.52)	-

^a Heart failure events were defined as heart failure hospitalization, urgent visit for heart failure or oral diuretic intensification (ODI) for worsening heart failure.

Based on time-to-first event analysis for all randomized patients regardless of adherence to the study drug; a patient may be counted in multiple components.

Tirzepatide treatment resulted in a statistically significant improvement in heart failure symptoms and physical limitations compared with placebo, as assessed by the KCCQ-CSS. Treatment with tirzepatide also significantly improved exercise capacity compared with placebo, as assessed by the 6-minute walk distance (6MWD) (see Table 15).

Table 15. SUMMIT: Results at week 52

	Tirzepatide MTD	Placebo
ITT population (n)	364	367
KCCQ-CSS (points)		
Baseline mean	54.2	53.0
LS mean change from baseline	24.8	15.0
Difference from placebo [95% CI]	9.8** [7.1, 12.5]	-
Patients (%) experiencing meaningful change ¹	56.6 ^{##}	38.7
6MWD (metres)		
Baseline mean	309.4	303.9
LS mean change from baseline	38.2	7.9
Difference from placebo [95% CI]	30.3** [20.3, 40.3]	-
Patients (%) experiencing meaningful change ²	59.9 ^{##}	30.4
Body Weight (kg)		
Baseline mean	103.1	103.3
LS mean % change from baseline	-15.7	-2.2
% Difference from placebo [95% CI]	-13.5** [-14.6, -12.4]	-
hsCRP (mg/L)		
Baseline mean	5.5	5.6
% Change from baseline	-43.4	-3.5
% Difference from placebo [95% CI]	-41.4** [-49.5, -31.9]	-

** p < 0.001 versus placebo, adjusted for multiplicity.

^{##} p < 0.001 versus placebo, not adjusted for multiplicity.

¹ Meaningful within patient change threshold of ≥20 points improvement.

² Meaningful within patient change threshold of ≥25 metres improvement.

Cardiovascular evaluation

Cardiovascular (CV) risk was assessed via a meta-analysis of patients with at least one adjudication confirmed major adverse cardiovascular event (MACE). The composite endpoint of MACE-4 included CV death, non-fatal myocardial infarction, non-fatal stroke, or hospitalisation for unstable angina.

In a primary meta-analysis of phase 2 and 3 registration studies in patients with type 2 diabetes, a total of 116 patients (tirzepatide: 60 [n = 4 410]; all comparators: 56 [n = 2 169]) experienced at least one adjudication confirmed MACE-4: The results showed that tirzepatide was not associated with excess risk for CV events compared with pooled comparators (HR: 0.81; CI: 0.52 to 1.26).

An additional analysis was conducted specifically for the SURPASS-4 study that enrolled patients with established CV disease. A total of 109 patients (tirzepatide: 47 [n = 995]; insulin glargine: 62 [n = 1 000]) experienced at least one adjudication confirmed MACE-4: The results showed that tirzepatide was not associated with excess risk for CV events compared with insulin glargine (HR: 0.74; CI: 0.51 to 1.08).

In 3 placebo-controlled weight management phase 3 studies (SURMOUNT 1-3), a total of 27 participants experienced at least one adjudication confirmed MACE (TZP: 17 (n = 2 806); placebo: 10 (n = 1 250)); the event rate was similar across placebo and tirzepatide.

Blood pressure

In the placebo-controlled phase 3 studies in adult patients with T2DM, treatment with tirzepatide resulted in a mean decrease in systolic and diastolic blood pressure of 6 to 9 mmHg and 3 to 4 mmHg, respectively. There was a mean decrease in systolic and diastolic blood pressure of 2 mmHg each in placebo treated patients.

In 3 placebo-controlled weight management phase 3 studies (SURMOUNT 1-3), treatment with tirzepatide resulted in a mean decrease in systolic and diastolic blood pressure of 7 mmHg and 4 mmHg, respectively. There was a mean decrease in systolic and diastolic blood pressure of < 1 mmHg each in placebo treated patients.

In two placebo-controlled OSA phase 3 studies with pooled safety analysis, treatment with tirzepatide resulted in a mean decrease in systolic and diastolic blood pressure of 9.0 mmHg and 3.8 mmHg, respectively, at Week 52. There was a mean decrease in systolic and diastolic blood pressure of 2.5 mmHg and 1.0 mmHg, respectively, in placebo treated patients at Week 52.

In a placebo-controlled HFpEF phase 3 study, treatment with tirzepatide resulted in a mean decrease in systolic and diastolic blood pressure of 4 mmHg and 1 mmHg, respectively. Mean changes in systolic and diastolic blood pressure were <1 mmHg in placebo-treated patients.

Other information

Fasting serum glucose

Across SURPASS-1 to -5 trials, treatment with tirzepatide resulted in significant reductions from baseline in FSG (changes from baseline to primary end point were -2.4 mmol/L to -3.8 mmol/L). Significant reductions from baseline in FSG could be observed as early as 2 weeks. Further improvement in FSG was seen through to 42 weeks then was sustained through the longest study duration of 104 weeks.

Postprandial glucose

Across SURPASS-1 to -5 trials, treatment with tirzepatide resulted in significant reductions in mean 2 hour post prandial glucose (mean of 3 main meals of the day) from baseline (changes from baseline to primary end point were -3.35 mmol/L to -4.85 mmol/L).

Triglycerides

Across SURPASS-1 to -5 trials, tirzepatide 5 mg, 10 mg and 15 mg resulted in reduction in serum triglyceride of 15-19 %, 18-27 % and 21-25 % respectively.

In the 40 week trial versus semaglutide 1 mg, tirzepatide 5 mg, 10 mg and 15 mg resulted in 19 %, 24 % and 25 % reduction in serum triglycerides levels respectively compared to 12 % reduction with semaglutide 1 mg.

In the 72 week placebo-controlled phase 3 study in patients with obesity or overweight without T2DM (SURMOUNT-1), treatment with tirzepatide 5 mg, 10 mg, and 15 mg resulted in 24 %, 27 % and 31 % reduction in serum triglyceride levels respectively compared to 6 % reduction with placebo.

In the 72 week placebo-controlled phase 3 study in patients with obesity or overweight with T2DM (SURMOUNT-2), treatment with tirzepatide 10 mg and 15 mg resulted in 27 % and 31 % reduction in serum triglyceride levels respectively compared to 6 % reduction with placebo.

Proportion of patients reaching HbA1c < 5.7 % without clinically significant hypoglycaemia

In the 4 studies where tirzepatide was not combined with basal insulin (SURPASS-1 to -4), 93.6 % to 100 % of patients who achieved a normal glycaemia of HbA1c < 5.7 % (≤ 39 mmol/mol), at the primary endpoint visit with tirzepatide treatment did so without clinically significant hypoglycaemia. In Study SURPASS-5, 85.9 % of patients treated with tirzepatide who reached HbA1c < 5.7 % (≤ 39 mmol/mol) did so without clinically significant hypoglycaemia.

Special populations

The efficacy of tirzepatide for the treatment of T2DM was not impacted by age, gender, race, ethnicity, region, or by baseline BMI, HbA1c, diabetes duration and level of renal function impairment.

The efficacy of tirzepatide for weight management was not impacted by age, gender, race, ethnicity, region, baseline BMI, and presence or absence of prediabetes.

The efficacy of tirzepatide for the treatment of moderate to severe OSA in patients with obesity was not impacted by age, sex, ethnicity, baseline BMI, or baseline OSA severity.

The efficacy of tirzepatide for the treatment of HFpEF in patients with obesity was not impacted by age, gender, race, ethnicity, region, or by baseline BMI, NYHA class, NT-proBNP levels, renal function, use of SGLT2i, and presence or absence of T2DM.

Paediatric population

The European Medicines Agency has deferred the obligation to submit the results of studies with Mounjaro in one or more subsets of the paediatric population for the treatment of type 2 diabetes mellitus and for weight management (see section 4.2, 4.8 and 5.1 for information on paediatric use).

5.2 Pharmacokinetic properties

Tirzepatide consists of 39-amino acids and has a C20 fatty diacid moiety attached, which enables albumin binding and prolongs half-life.

Absorption

Maximum concentration of tirzepatide is reached 8 to 72 hours post dose. Steady state exposure is achieved following 4 weeks of once weekly administration. Tirzepatide exposure increases in a dose proportional manner.

Similar exposure was achieved with subcutaneous administration of tirzepatide in the abdomen, thigh, or upper arm.

Absolute bioavailability of subcutaneous tirzepatide was 80 %.

Distribution

The mean apparent steady-state volume of distribution of tirzepatide following subcutaneous administration in patients with type 2 diabetes is approximately 10.3 L, and 9.7 L in patients with obesity.

Tirzepatide is highly bound to plasma albumin (99 %).

Biotransformation

Tirzepatide is metabolised by proteolytic cleavage of the peptide backbone, beta-oxidation of the C20 fatty diacid moiety and amide hydrolysis.

Elimination

The apparent population mean clearance of tirzepatide is approximately 0.06 L/h with an elimination half-life of approximately 5 days, enabling once weekly administration.

Tirzepatide is eliminated by metabolism. The primary excretion routes of tirzepatide metabolites are via urine and faeces. Intact tirzepatide is not observed in urine or faeces.

Special populations

Age, gender, race, ethnicity, body weight

Age, gender, race, ethnicity, or body weight do not have a clinically relevant effect on the pharmacokinetics (PK) of tirzepatide. Based on a population PK analysis, the exposure of tirzepatide increases with decreasing body weight; however, the effect of body weight on the PK of tirzepatide does not appear to be clinically relevant.

Renal impairment

Renal impairment does not impact the PK of tirzepatide. The PK of tirzepatide after a single 5 mg dose was evaluated in patients with different degrees of renal impairment (mild, moderate, severe, ESRD) compared with subjects with normal renal function and no clinically relevant differences were observed. This was also shown for patients with both type 2 diabetes mellitus and renal impairment based on data from clinical studies.

Hepatic impairment

Hepatic impairment does not impact the PK of tirzepatide. The PK of tirzepatide after a single 5 mg dose was evaluated in patients with different degrees of hepatic impairment (mild, moderate, severe) compared with subjects with normal hepatic function and no clinically relevant differences were observed.

Paediatric population

The exposure in paediatric patients aged 10 to below 18 years with T2DM treated with tirzepatide 5 mg and 10 mg was comparable to that observed at recommended doses in the adult population.

5.3 Preclinical safety data

Non-clinical data reveal no special hazards for humans based on conventional studies of safety pharmacology or repeat-dose toxicity or genotoxicity.

A 2-year carcinogenicity study was conducted with tirzepatide in male and female rats at doses of 0.15, 0.50, and 1.5 mg/kg (0.12, 0.36, and 1.02-fold the maximum recommended human dose (MRHD) based on AUC) administered by subcutaneous injection twice weekly. Tirzepatide caused an increase in thyroid C-cell tumours (adenomas and carcinomas) at all doses compared to controls. The human relevance of these findings is unknown.

In a 6-month carcinogenicity study in rasH2 transgenic mice, tirzepatide at doses of 1, 3, and 10 mg/kg administered by subcutaneous injection twice weekly did not produce increased incidences of thyroid C-cell hyperplasia or neoplasia at any dose.

Animal studies with tirzepatide did not indicate direct harmful effects with respect to fertility.

In juvenile rats, tirzepatide caused delayed sexual maturation in both males and females which was secondary to pharmacological effects on body weight. Findings did not suggest any specific risk for use in the paediatric population.

In animal reproduction studies, tirzepatide caused foetal growth reductions and foetal abnormalities at exposures below the MRHD based on AUC. An increased incidence of external, visceral, and skeletal malformations and visceral and skeletal developmental variations were observed in rats. Foetal growth reductions were observed in rats and rabbits. All developmental effects occurred at maternally toxic doses.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Pre-filled pen, single-dose; vial, single-dose

Disodium hydrogen phosphate heptahydrate (E339)
Sodium chloride
Concentrated hydrochloric acid (for pH adjustment)
Sodium hydroxide (for pH adjustment)
Water for injections

Pre-filled pen (KwikPen), multi-dose

Disodium hydrogen phosphate heptahydrate (E339)
Benzyl alcohol (E1519)
Glycerol
Phenol
Sodium chloride
Concentrated hydrochloric acid (for pH adjustment)
Sodium hydroxide (for pH adjustment)
Water for injections

6.2 Incompatibilities

In the absence of compatibility studies this medicinal product must not be mixed with other medicinal products.

6.3 Shelf life

Pre-filled pen, single-dose; vial, single-dose

Before use
2 years

Mounjaro may be stored unrefrigerated for up to 21 cumulative days at a temperature below 30 °C and then the pre-filled pen or vial must be discarded.

Pre-filled pen (KwikPen), multi-dose

Before use

2 years

After first use

30 days. Store unrefrigerated at room temperature below 30 °C. The pre-filled KwikPen must be discarded 30 days after first use.

6.4 Special precautions for storage

Store in a refrigerator (2 °C – 8 °C).

Do not freeze.

Pre-filled pen, single-dose; vial, single-dose

Store in original package in order to protect from light.

Pre-filled pen (KwikPen), multi-dose

For storage conditions after first use of the medicinal product, see section 6.3.

6.5 Nature and contents of container

Pre-filled pen, single-dose

Glass syringe encased in a disposable pre-filled pen.

The pre-filled pen has a hidden needle, which will automatically insert into the skin when the injection button is pressed.

Each pre-filled pen contains 0.5 ml of solution.

Pack sizes of 2 pre-filled pens, 4 pre-filled pens and multipack containing 12 (3 packs of 4) pre-filled pens. Not all pack sizes may be marketed.

Vial, single-dose

Clear glass vial with a sealed stopper.

Each vial contains 0.5 ml of solution.

Pack sizes of 1 vial, 4 vials, 12 vials, multipack containing 4 (4 packs of 1) vials or multipack containing 12 (12 packs of 1) vials. Not all pack sizes may be marketed.

Pre-filled pen (KwikPen), multi-dose

Clear glass cartridge encased in a multi-dose pre-filled pen.

Each pre-filled KwikPen contains 2.4 ml of solution for injection (4 doses of 0.6 ml). Each pen has excess volume for priming. However, attempting to inject any leftover medicinal product will result in an incomplete dose even though the pen still has medicinal product left in it. Needles are not included.

Pack sizes of 1 and 3 pre-filled KwikPens. Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Instructions for use

Inspect Mounjaro visually before use and discard for particulate matter or discolouration. Mounjaro that has been frozen must not be used.

Pre-filled pen, single-dose

The pre-filled pen is for single-use only.

The instructions for using the pen, included with the package leaflet, must be followed carefully.

Vial, single-dose

The vial is for single-use only.

The instructions in the package leaflet for how to inject Mounjaro from a vial must be followed carefully.

Pre-filled pen (KwikPen), multi-dose

The pre-filled KwikPen is for multiple doses. Each KwikPen contains 4 doses. Dispose of the pen after 4 weekly doses.

The instructions for using the KwikPen, included with the package leaflet, must be followed carefully.

A small amount of Mounjaro solution for injection may remain in the KwikPen after all 4 doses have been correctly given. Patients should be instructed not to try to use the remaining Mounjaro solution for injection, but to properly discard the KwikPen.

Disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V., Orteliuslaan 1000, 3528 BD Utrecht, The Netherlands.

8. MARKETING AUTHORISATION NUMBER

EU/1/22/1685/001
EU/1/22/1685/002
EU/1/22/1685/003
EU/1/22/1685/004
EU/1/22/1685/005
EU/1/22/1685/006
EU/1/22/1685/007
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EU/1/22/1685/059
EU/1/22/1685/060

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 15 September 2022

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <https://www.ema.europa.eu>

ANNEX II

- A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer(s) responsible for batch release

Pre-filled pen, single-dose; Vial, single-dose; Pre-filled pen (KwikPen), multi-dose

Eli Lilly Italia S.p.A.
Via Gramsci 731/733
50019, Sesto Fiorentino
Firenze (FI)
Italy

Pre-filled pen, single-dose; Pre-filled pen (KwikPen), multi-dose

Lilly France
2, rue du Colonel Lilly
67640 Fegersheim
France

Vial, single-dose; Pre-filled pen (KwikPen), multi-dose

Lilly S.A.
Avda. de la Industria, 30
28108 Alcobendas, Madrid
Spain

Pre-filled pen (KwikPen), multi-dose

Millmount Healthcare Limited
Block 7 City North Business Campus
Stamullen, K32 YD60
Ireland

Millmount Healthcare Limited
IDA Science And Technology Park
Mullagharlin, Dundalk, Co. Louth, A91 DET0
Ireland

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

• Periodic safety update reports (PSURs)

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder (MAH) shall submit the first PSUR for this product within

6 months following authorisation.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 2.5 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection
2 pre-filled pens
4 pre-filled pens

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN
--

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY
--

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/22/1685/001 2 pre-filled pens
EU/1/22/1685/002 4 pre-filled pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

MOUNJARO 2.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE
--

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 2.5 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 12 (3 packs of 4) pre-filled pens.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/003

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 2.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 2.5 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

4 pre-filled pens. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/003

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 2.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 2.5 mg solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 5 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection
2 pre-filled pens
4 pre-filled pens

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN
--

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY
--

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/22/1685/004 2 pre-filled pens

EU/1/22/1685/005 4 pre-filled pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

MOUNJARO 5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE
--

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 5 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 12 (3 packs of 4) pre-filled pens.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/006

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 5 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

4 pre-filled pens. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/006

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 5 mg solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 7.5 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

2 pre-filled pens

4 pre-filled pens

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN
--

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY
--

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/22/1685/007 2 pre-filled pens

EU/1/22/1685/008 4 pre-filled pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

MOUNJARO 7.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE
--

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 7.5 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 12 (3 packs of 4) pre-filled pens.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/009

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 7.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 7.5 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

4 pre-filled pens. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/009

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 7.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 7.5 mg solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 10 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

2 pre-filled pens

4 pre-filled pens

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN
--

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY
--

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/22/1685/010 2 pre-filled pens

EU/1/22/1685/011 4 pre-filled pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

MOUNJARO 10 mg

17. UNIQUE IDENTIFIER – 2D BARCODE
--

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 10 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 12 (3 packs of 4) pre-filled pens.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/012

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 10 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 10 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

4 pre-filled pens. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/012

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 10 mg

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 10 mg solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 12.5 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

2 pre-filled pens

4 pre-filled pens

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN
--

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY
--

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/22/1685/013 2 pre-filled pens
EU/1/22/1685/014 4 pre-filled pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

MOUNJARO 12.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE
--

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 12.5 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 12 (3 packs of 4) pre-filled pens.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly
Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/015

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 12.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 12.5 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

4 pre-filled pens. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/015

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 12.5 mg

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 12.5 mg solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 15 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

2 pre-filled pens

4 pre-filled pens

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN
--

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY
--

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/22/1685/016 2 pre-filled pens
EU/1/22/1685/017 4 pre-filled pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

MOUNJARO 15 mg

17. UNIQUE IDENTIFIER – 2D BARCODE
--

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 15 mg solution for injection in pre-filled pen

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 12 (3 packs of 4) pre-filled pens.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/018

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 15 mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – PRE-FILLED PEN SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 15 mg solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each pre-filled pen contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

4 pre-filled pens. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only
Once weekly

Mark the day of the week you want to use your medicine to help you remember.

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Week 1							
Week 2							
Week 3							
Week 4							

Read the package leaflet before use.
Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/018

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

MOUNJARO 15 mg

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 15 mg solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 2.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial

4 vials

12 vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/019

EU/1/22/1685/025

EU/1/22/1685/026

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 2.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 4 (4 packs of 1) vials of 0.5 ml solution.

Multi-pack: 12 (12 packs of 1) vials of 0.5 ml solution.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/027

EU/1/22/1685/028

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 2.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/027

EU/1/22/1685/028

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS VIAL SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 2.5 mg injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial

4 vials

12 vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/020

EU/1/22/1685/029

EU/1/22/1685/030

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON (with Blue Box) – multipack – VIAL SINGLE-DOSE

1. NAME OF THE MEDICINAL PRODUCT

Mounjaro 5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 4 (4 packs of 1) vials of 0.5 ml solution.

Multi-pack: 12 (12 packs of 1) vials of 0.5 ml solution.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/031

EU/1/22/1685/032

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/031

EU/1/22/1685/032

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS VIAL SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 5 mg injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 7.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial

4 vials

12 vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/021

EU/1/22/1685/033

EU/1/22/1685/034

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 7.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 4 (4 packs of 1) vials of 0.5 ml solution.

Multi-pack: 12 (12 packs of 1) vials of 0.5 ml solution.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/035

EU/1/22/1685/036

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 7.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/035

EU/1/22/1685/036

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS VIAL SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 7.5 mg injection

tirzepatide

Subcutaneous use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 10 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial

4 vials

12 vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/022

EU/1/22/1685/037

EU/1/22/1685/038

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 10 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 4 (4 packs of 1) vials of 0.5 ml solution.

Multi-pack: 12 (12 packs of 1) vials of 0.5 ml solution.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/039

EU/1/22/1685/040

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 10 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/039

EU/1/22/1685/040

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE**18. UNIQUE IDENTIFIER – HUMAN READABLE DATA**

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS VIAL SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 10 mg injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 12.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial

4 vials

12 vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/023

EU/1/22/1685/041

EU/1/22/1685/042

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 12.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 4 (4 packs of 1) vials of 0.5 ml solution.

Multi-pack: 12 (12 packs of 1) vials of 0.5 ml solution.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/043

EU/1/22/1685/044

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 12.5 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.
Can be stored unrefrigerated below 30 °C for up to 21 days.
Do not freeze.
Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
--

EU/1/22/1685/043
EU/1/22/1685/044

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA
--

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS VIAL SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 12.5 mg injection

tirzepatide

Subcutaneous use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 15 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial

4 vials

12 vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/024

EU/1/22/1685/045

EU/1/22/1685/046

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON (with Blue Box) – multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 15 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

Multi-pack: 4 (4 packs of 1) vials of 0.5 ml solution.

Multi-pack: 12 (12 packs of 1) vials of 0.5 ml solution.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

Can be stored unrefrigerated below 30 °C for up to 21 days.

Do not freeze.

Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE**11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER**

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/047

EU/1/22/1685/048

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY**15. INSTRUCTIONS ON USE****16. INFORMATION IN BRAILLE**

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

PARTICULARS TO APPEAR ON OUTER PACKAGING**INNER CARTON (without Blue Box) component of a multipack – VIAL SINGLE-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 15 mg solution for injection in vial

tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each vial contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml)

3. LIST OF EXCIPIENTS

Excipients: Disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide, concentrated hydrochloric acid; water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 vial. Component of a multipack, can't be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For single use only

Once weekly

Read the package leaflet before use.

Subcutaneous use

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY**8. EXPIRY DATE**

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.
Can be stored unrefrigerated below 30 °C for up to 21 days.
Do not freeze.
Store in the original package in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE
--

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)
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EU/1/22/1685/047
EU/1/22/1685/048

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY
--

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

17. UNIQUE IDENTIFIER – 2D BARCODE

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA
--

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS VIAL SINGLE-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION
--

Mounjaro 15 mg injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

0.5 ml

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN (KWIKPEN) MULTI-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 2.5 mg/dose KwikPen solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE

Each dose contains 2.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 10 mg of tirzepatide in 2.4 ml (4.17 mg/ml).

3. LIST OF EXCIPIENTS

Excipients: E339, E1519, glycerol, phenol, sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 pen (4 doses)

3 pens (each pen delivers 4 doses)

Needles not included

5. METHOD AND ROUTES OF ADMINISTRATION

Once weekly

Read the package leaflet before use.

Subcutaneous use

Mark each dose taken in the table below.

Dose 1 Dose 2 Dose 3 Dose 4

--	--	--	--

Dose 1 Dose 2 Dose 3 Dose 4

Pen 1				
Pen 2				
Pen 3				

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING, IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

After first use store unrefrigerated below 30 °C for up to 30 days. Discard pen 30 days after first use.

Do not freeze.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/049 – 1 pen
EU/1/22/1685/050 – 3 pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Mounjaro 2.5 mg/dose KwikPen

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN (KWIKPEN) MULTI-DOSE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTES OF ADMINISTRATION
--

Mounjaro 2.5 mg/dose KwikPen solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

2.4 ml
4 doses

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN (KWIKPEN) MULTI-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 5 mg/dose KwikPen solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE

Each dose contains 5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains
20 mg of tirzepatide in 2.4 ml (8.33 mg/ml).

3. LIST OF EXCIPIENTS

Excipients: E339, E1519, glycerol, phenol, sodium chloride, sodium hydroxide, concentrated
hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 pen (4 doses)

3 pens (each pen delivers 4 doses)

Needles not included

5. METHOD AND ROUTES OF ADMINISTRATION

Once weekly

Read the package leaflet before use.

Subcutaneous use

Mark each dose taken in the table below.

Dose 1 Dose 2 Dose 3 Dose 4

--	--	--	--

Dose 1 Dose 2 Dose 3 Dose 4

Pen 1				
Pen 2				
Pen 3				

**6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED
OUT OF THE SIGHT AND REACH OF CHILDREN**

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING, IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

After first use store unrefrigerated below 30 °C for up to 30 days. Discard pen 30 days after first use.

Do not freeze.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/051 – 1 pen
EU/1/22/1685/052 – 3 pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Mounjaro 5 mg/dose KwikPen

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN (KWIKPEN) MULTI-DOSE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTES OF ADMINISTRATION
--

Mounjaro 5 mg/dose KwikPen solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

2.4 ml
4 doses

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN (KWIKPEN) MULTI-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 7.5 mg/dose KwikPen solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE

Each dose contains 7.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 30 mg of tirzepatide in 2.4 ml (12.5 mg/ml).

3. LIST OF EXCIPIENTS

Excipients: E339, E1519, glycerol, phenol, sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 pen (4 doses)

3 pens (each pen delivers 4 doses)

Needles not included

5. METHOD AND ROUTES OF ADMINISTRATION

Once weekly

Read the package leaflet before use.

Subcutaneous use

Mark each dose taken in the table below.

Dose 1 Dose 2 Dose 3 Dose 4

--	--	--	--

Dose 1 Dose 2 Dose 3 Dose 4

Pen 1				
Pen 2				
Pen 3				

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING, IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

After first use store unrefrigerated below 30 °C for up to 30 days. Discard pen 30 days after first use.

Do not freeze.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/053 – 1 pen
EU/1/22/1685/054 – 3 pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Mounjaro 7.5 mg/dose KwikPen

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN (KWIKPEN) MULTI-DOSE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTES OF ADMINISTRATION
--

Mounjaro 7.5 mg/dose KwikPen solution for injection

tirzepatide
Subcutaneous use

METHOD OF ADMINISTRATION

Once weekly

EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

2.4 ml
4 doses

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN (KWIKPEN) MULTI-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 10 mg/dose KwikPen solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE

Each dose contains 10 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 40 mg of tirzepatide in 2.4 ml (16.7 mg/ml).

3. LIST OF EXCIPIENTS

Excipients: E339, E1519, glycerol, phenol, sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 pen (4 doses)

3 pens (each pen delivers 4 doses)

Needles not included

5. METHOD AND ROUTES OF ADMINISTRATION

Once weekly

Read the package leaflet before use.

Subcutaneous use

Mark each dose taken in the table below.

Dose 1 Dose 2 Dose 3 Dose 4

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Dose 1 Dose 2 Dose 3 Dose 4

Pen 1				
Pen 2				
Pen 3				

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING, IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

After first use store unrefrigerated below 30 °C for up to 30 days. Discard pen 30 days after first use.

Do not freeze.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/055 – 1 pen
EU/1/22/1685/056 – 3 pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Mounjaro 10 mg/dose KwikPen

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

PRE-FILLED PEN (KWIKPEN) MULTI-DOSE LABEL
--

1. NAME OF THE MEDICINAL PRODUCT AND ROUTES OF ADMINISTRATION
--

Mounjaro 10 mg/dose KwikPen solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

2.4 ml
4 doses

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED PEN (KWIKPEN) MULTI-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 12.5 mg/dose KwikPen solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE

Each dose contains 12.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 50 mg of tirzepatide in 2.4 ml (20.8 mg/ml).

3. LIST OF EXCIPIENTS

Excipients: E339, E1519, glycerol, phenol, sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 pen (4 doses)

3 pens (each pen delivers 4 doses)

Needles not included

5. METHOD AND ROUTES OF ADMINISTRATION

Once weekly

Read the package leaflet before use.

Subcutaneous use

Mark each dose taken in the table below.

Dose 1 Dose 2 Dose 3 Dose 4

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Dose 1 Dose 2 Dose 3 Dose 4

Pen 1				
Pen 2				
Pen 3				

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING, IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

After first use store unrefrigerated below 30 °C for up to 30 days. Discard pen 30 days after first use.

Do not freeze.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/057 – 1 pen
EU/1/22/1685/058 – 3 pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Mounjaro 12.5 mg/dose KwikPen

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN (KWIKPEN) MULTI-DOSE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTES OF ADMINISTRATION
--

Mounjaro 12.5 mg/dose KwikPen solution for injection

tirzepatide
Subcutaneous use

METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

2.4 ml
4 doses

6. OTHER

PARTICULARS TO APPEAR ON THE OUTER PACKAGING**OUTER CARTON – PRE-FILLED (KWIKPEN) PEN MULTI-DOSE****1. NAME OF THE MEDICINAL PRODUCT**

Mounjaro 15 mg/dose KwikPen solution for injection in pre-filled pen
tirzepatide

2. STATEMENT OF ACTIVE SUBSTANCE

Each dose contains 15 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 60 mg of tirzepatide in 2.4 ml (25 mg/ml).

3. LIST OF EXCIPIENTS

Excipients: E339, E1519, glycerol, phenol, sodium chloride, sodium hydroxide, concentrated hydrochloric acid, water for injections. See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Solution for injection

1 pen (4 doses)

3 pens (each pen delivers 4 doses)

Needles not included

5. METHOD AND ROUTES OF ADMINISTRATION

Once weekly

Read the package leaflet before use.

Subcutaneous use

Mark each dose taken in the table below.

Dose 1 Dose 2 Dose 3 Dose 4

--	--	--	--

Dose 1 Dose 2 Dose 3 Dose 4

Pen 1				
Pen 2				
Pen 3				

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING, IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator.

After first use store unrefrigerated below 30 °C for up to 30 days. Discard pen 30 days after first use.

Do not freeze.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Eli Lilly Nederland B.V.
Orteliuslaan 1000, 3528 BD Utrecht
The Netherlands

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/22/1685/059 – 1 pen
EU/1/22/1685/060 – 3 pens

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Mounjaro 15 mg/dose KwikPen

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS PRE-FILLED PEN (KWIKPEN) MULTI-DOSE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTES OF ADMINISTRATION
--

Mounjaro 15 mg/dose KwikPen solution for injection

tirzepatide
Subcutaneous use

2. METHOD OF ADMINISTRATION

Once weekly

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT
--

2.4 ml
4 doses

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Mounjaro 2.5 mg solution for injection in pre-filled pen
Mounjaro 5 mg solution for injection in pre-filled pen
Mounjaro 7.5 mg solution for injection in pre-filled pen
Mounjaro 10 mg solution for injection in pre-filled pen
Mounjaro 12.5 mg solution for injection in pre-filled pen
Mounjaro 15 mg solution for injection in pre-filled pen
tirzepatide

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, nurse or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Mounjaro is and what it is used for
2. What you need to know before you use Mounjaro
3. How to use Mounjaro
4. Possible side effects
5. How to store Mounjaro
6. Contents of the pack and other information

1. What Mounjaro is and what it is used for

Mounjaro contains an active substance called tirzepatide and is used to treat adults, adolescents and children aged 10 years and above with type 2 diabetes mellitus. Mounjaro reduces the level of sugar in the body only when the levels of sugar are high.

Mounjaro is also used to treat adults with obesity or overweight (with BMI of at least 27 kg/m²). Mounjaro influences appetite regulation, which may help you eat less food and reduce your body weight.

In type 2 diabetes, Mounjaro is used:

- on its own when you can't take metformin (another diabetes medicine).
- with other medicines for diabetes when they are not enough to control your blood sugar levels. These other medicines may be medicines taken by mouth and/or insulin given by injection.

Mounjaro is also used together with diet and exercise for weight loss and to help keep the weight under control in adults, who have:

- a BMI of 30 kg/m² or greater (obesity) or
- a BMI of at least 27 kg/m² but less than 30 kg/m² (overweight) and weight-related health problems (such as prediabetes, type 2 diabetes, high blood pressure, abnormal levels of fats in the blood, breathing problems during sleep called 'obstructive sleep apnoea', impaired heart function or a history of heart attack, stroke or blood vessel problems)

BMI (Body Mass Index) is a measure of your weight in relation to your height.

In patients with obstructive sleep apnoea (OSA) and obesity, Mounjaro can be used with or without positive airway pressure (PAP) therapy.

It is important to continue to follow the advice on diet and exercise given to you by your doctor, nurse or pharmacist.

2. What you need to know before you use Mounjaro

Do not use Mounjaro

- if you are allergic to tirzepatide or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor, nurse or pharmacist before using Mounjaro if:

- you have severe problems with food digestion or food remaining in your stomach for longer than normal (including severe gastroparesis).
- you have ever had pancreatitis (inflammation of the pancreas which may cause severe pain in the stomach and back which does not go away).
- you have a problem with your eyes (diabetic retinopathy or macular oedema).
- you are using a sulphonylurea (another diabetes medicine) or insulin for your diabetes, as low blood sugar (hypoglycaemia) can occur. Your doctor may need to change your dose of these other medicines to reduce this risk.

When starting treatment with Mounjaro, in some cases you may experience loss of fluids/dehydration, e.g. due to vomiting, nausea and/or diarrhoea, which may lead to a decrease in kidney function. It is important to avoid dehydration by drinking plenty of fluids. Contact your doctor if you have any questions or concerns.

If you know that you are due to have surgery where you will be under anaesthesia (sleeping), please tell your doctor that you are taking Mounjaro.

Children and adolescents

This medicine can be used in children aged 10 years and older for the treatment of type 2 diabetes. It has only been studied in children with type 2 diabetes who have overweight or obesity when starting treatment.

This medicine should not be given to children under 10 years of age treated for type 2 diabetes and to children and adolescents under 18 years of age for weight management because it has not been studied in these age groups.

Other medicines and Mounjaro

Tell your doctor, nurse or pharmacist if you are using, have recently used or might use any other medicines.

Pregnancy

If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before using this medicine. This medicine should not be used during pregnancy as the effects of this medicine on an unborn child are not known. Therefore, it is recommended to use contraception while using this medicine.

Breast-feeding

Tirzepatide passes into breast milk in very low amounts and is not expected to be absorbed by a breastfed newborn/infant. If you are breast-feeding or are planning to breast-feed, talk to your doctor before using or continuing to use this medicine.

Driving and using machines

It is unlikely that this medicine will affect your ability to drive and use machines. However, if you use Mounjaro in combination with a sulphonylurea or insulin, low blood sugar (hypoglycaemia) may occur which may reduce your ability to concentrate. Avoid driving or using machines if you get any signs of low blood sugar, e.g. headache, drowsiness, weakness, dizziness, feeling hungry, confusion, irritability, fast heartbeat and sweating (see section 4). See section 2, 'Warnings and precautions' for information on increased risk of low blood sugar. Talk to your doctor for further information.

Mounjaro contains sodium

This medicine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.

3. How to use Mounjaro

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure how to use this medicine.

How much to use

Adults

- The starting dose is 2.5 mg once a week for four weeks. After four weeks your doctor will increase your dose to 5 mg once a week.
- Your doctor may increase your dose by 2.5 mg increments to 7.5 mg, 10 mg, 12.5 mg or 15 mg once a week if you need it. In each case your doctor will tell you to stay on a particular dose for at least 4 weeks before going to a higher dose.

Adolescents and children aged 10 to less than 18 years treated for type 2 diabetes

- The starting dose is 2.5 mg once a week for four weeks. After four weeks your doctor will increase your dose to 5 mg once a week.
- Your doctor may increase your dose by 2.5 mg increments to 7.5 mg, and 10 mg once a week if you need it. In each case your doctor will tell you to stay on a particular dose for at least 4 weeks before going to a higher dose.

Do not change your dose unless your doctor has told you to.

Each pen contains one dose of Mounjaro either 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, or 15 mg.

Choosing when to use Mounjaro

You can use your pen at any time of the day, with or without meals. You should use it on the same day each week if you can. To help you remember, when to use Mounjaro, you may wish to tick the day of the week when you inject your first dose on the box that your pen comes in, or mark it on a calendar.

If necessary, you can change the day of your weekly Mounjaro injection, as long as it has been at least 3 days since your last injection. After selecting a new dosing day, continue with once-a-week dosing on that new day.

How to inject Mounjaro

Mounjaro is injected under the skin (subcutaneous injection) of your stomach area (abdomen) at least 5 cm from the belly button or upper leg (thigh) or the back of your upper arm. Someone else should help if you want to inject in the back of your upper arm.

If you want to do so, you can use the same area of your body each week. But be sure to choose a different injection site within that area. If you also inject insulin choose a different injection site for that injection.

Read the “Instructions for Use” for the pen carefully before using Mounjaro. If you are below 18 years of age, a caregiver may give you your Mounjaro injection or you may self-inject if your doctor determines that it is appropriate.

Testing blood glucose levels

If you are using Mounjaro with a sulphonylurea or insulin, it is important that you test your blood glucose levels as instructed by your doctor, nurse or pharmacist (see section 2, ‘Warnings and precautions’).

If you use more Mounjaro than you should

If you use more Mounjaro than you should talk to your doctor immediately. Too much of this medicine may cause low blood sugar (hypoglycaemia) and can make you feel sick or be sick.

If you forget to use Mounjaro

If you forget to inject a dose and,

- it has been **4 days or less** since you should have used Mounjaro, use it as soon as you remember. Then inject your next dose as usual on your scheduled day.
- If it has been **more than 4 days** since you should have used Mounjaro, skip the missed dose. Then inject your next dose as usual on your scheduled day.

Do not use a double dose to make up for a forgotten dose. The minimum time between two doses must be at least 3 days.

If you stop using Mounjaro

Do not stop using Mounjaro without talking with your doctor. If you stop using Mounjaro, and you have type 2 diabetes, your blood sugar levels can increase.

If you have any further questions on the use of this medicine, ask your doctor, nurse or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Uncommon (may affect up to 1 in 100 people)

- Inflamed pancreas (acute pancreatitis) which could cause severe pain in the stomach and back which does not go away. You should see a doctor immediately if you experience such symptoms.

Rare (may affect up to 1 in 1 000 people)

- Severe allergic reactions (e.g. anaphylactic reaction, angioedema). You should get immediate medical help and inform your doctor if you experience symptoms such as breathing problems, rapid swelling of the lips, tongue and/or throat with difficulty swallowing and a fast heartbeat.

Other side effects

Very common (may affect more than 1 in 10 people)

- Feeling sick (nausea)
- Diarrhoea
- Stomach (abdominal) pain reported in patients treated for weight management and in adolescents and children treated for type 2 diabetes
- Being sick (vomiting) reported in patients treated for weight management and in adolescents and children treated for type 2 diabetes
- Constipation reported in patients treated for weight management

These side effects are usually not severe. Nausea, diarrhoea, and vomiting are most common when first starting tirzepatide but decrease over time in most patients.

- Low blood sugar (hypoglycaemia) is very common when tirzepatide is used with medicines that contain a sulphonylurea and/or insulin. If you are using a sulphonylurea or insulin for type 2 diabetes, the dose may need to be lowered while you use tirzepatide (see section 2, 'Warnings and precautions'). Symptoms of low blood sugar may include headache, drowsiness, weakness, dizziness, feeling hungry, confusion, irritability, fast heartbeat and sweating. Your doctor should tell you how to treat low blood sugar.

Common (may affect up to 1 in 10 people)

- Low blood sugar (hypoglycaemia) when tirzepatide is used for type 2 diabetes with both metformin and a sodium-glucose co-transporter 2 inhibitor (another diabetes medicine)
- Low blood sugar (hypoglycaemia) when tirzepatide is used with metformin alone in adolescents and children for type 2 diabetes
- Allergic reaction (hypersensitivity) (e.g., rash, itching, and eczema)
- Dizziness reported in patients treated for weight management
- Low blood pressure reported in patients treated for weight management
- Feeling less hungry (decreased appetite) reported in patients treated for type 2 diabetes
- Stomach (abdominal) pain reported in adult patients treated for type 2 diabetes
- Being sick (vomiting) reported in adult patients treated for type 2 diabetes - this usually decreases over time
- Indigestion (dyspepsia)
- Constipation reported in patients treated for type 2 diabetes
- Bloating of the stomach
- Burping (eructation)
- Gas (flatulence)
- Reflux or heartburn (also called gastroesophageal reflux disease – GERD) —a disease caused by stomach acid coming up into the tube from your stomach to your mouth
- Hair loss reported in patients treated for weight management
- Feeling tired (fatigue)
- Injection site reactions (e.g. itching or redness)
- Fast pulse
- Increased levels of pancreatic enzymes (such as lipase and amylase) in blood
- Increased calcitonin levels in blood in patients treated for weight management.

Uncommon (may affect up to 1 in 100 people)

- Low blood sugar (hypoglycaemia) when tirzepatide is used with metformin in adults for type 2 diabetes.
- Gallstones
- Inflammation of the gallbladder
- Weight loss reported in patients treated for type 2 diabetes
- Injection site pain
- Increased calcitonin levels in blood in adult patients treated for type 2 diabetes or for OSA with obesity
- Changed sense of taste
- Change in skin sensation
- A delay in the emptying of the stomach

Reporting of side effects

If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Mounjaro

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the pen label and on the carton after EXP. The expiry date refers to the last day of that month.

Store in a refrigerator (2 °C – 8 °C). Do not freeze. If the pen has been frozen, DO NOT USE.

Store in the original packaging in order to protect from light.

Mounjaro can be stored unrefrigerated below 30 °C for up to 21 cumulative days and then the pen must be discarded.

Do not use this medicine if you notice that the pen is damaged, or the medicine is cloudy, discoloured or has particles in it.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Mounjaro contains

The active substance is tirzepatide.

- *Mounjaro 2.5 mg*: Each pre-filled pen contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml).
- *Mounjaro 5 mg*: Each pre-filled pen contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml).
- *Mounjaro 7.5 mg*: Each pre-filled pen contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml).
- *Mounjaro 10 mg*: Each pre-filled pen contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml).
- *Mounjaro 12.5 mg*: Each pre-filled pen contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml).
- *Mounjaro 15 mg*: Each pre-filled pen contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml).

The other ingredients are disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide (see section 2 under ‘Mounjaro contains sodium’ for further information); concentrated hydrochloric acid and water for injections.

What Mounjaro looks like and contents of the pack

Mounjaro is a clear, colourless to slightly yellow, solution for injection in a pre-filled pen.

The pre-filled pen has a hidden needle which will automatically insert into the skin when the injection button is pressed. The pre-filled pen will retract the needle when the injection is completed.

Each pre-filled pen contains 0.5 ml solution.

The pre-filled pen is for single use only.

Pack sizes of 2 pre-filled pens, 4 pre-filled pens or multipack of 12 (3 packs of 4) pre-filled pens. Not all pack sizes may be available in your country.

Marketing Authorisation Holder

Eli Lilly Nederland B.V., Orteliuslaan 1000, 3528 BD Utrecht, The Netherlands.

Manufacturer

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This leaflet was last revised in

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:

<https://www.ema.europa.eu>.

Instructions for use

Mounjaro 2.5 mg solution for injection in pre-filled pen

Mounjaro 5 mg solution for injection in pre-filled pen

Mounjaro 7.5 mg solution for injection in pre-filled pen

Mounjaro 10 mg solution for injection in pre-filled pen

Mounjaro 12.5 mg solution for injection in pre-filled pen

Mounjaro 15 mg solution for injection in pre-filled pen

tirzepatide



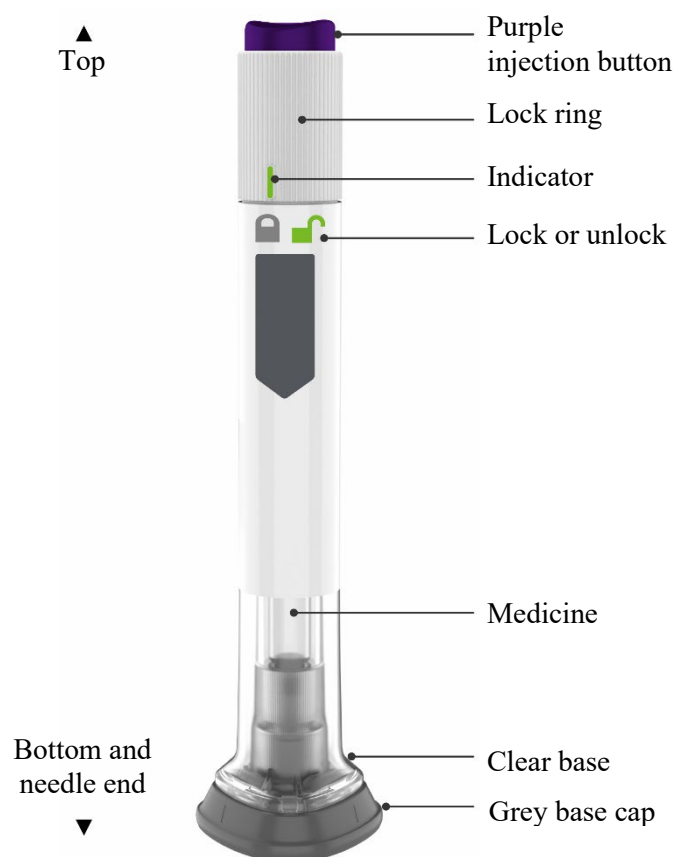
Important information you need to know before injecting Mounjaro.

Read this instructions for use and the package leaflet before using your Mounjaro pre-filled pen (pen) and each time you get a new pen. There may be new information. This information does not take the place of talking to your doctor, nurse or pharmacist about your medical condition or treatment.

Talk to your doctor, nurse or pharmacist about how to inject Mounjaro the right way.

- Mounjaro is a single-dose pre-filled pen.
- The pen has a hidden needle which will automatically insert into your skin when the injection button is pressed. The pen will retract the needle when the injection is completed.
- Mounjaro is used 1 time each week.
- Inject under the skin (subcutaneously) only.
- You or another person can inject into your stomach (abdomen), upper leg (thigh) or upper arm.
- You may need help from someone else if you want to inject in your upper arm.

Guide to parts



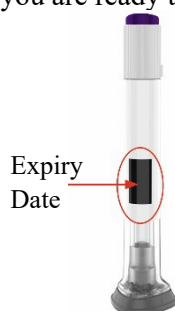
Preparing to inject Mounjaro

Remove the pen from the refrigerator.

Leave the grey base cap on until you are ready to inject.

Check the pen label to make sure you have the right medicine and dose, and that it has not expired.

Inspect the pen to make sure that it is not damaged.



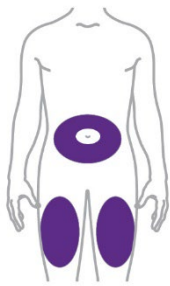
Make sure the medicine is:

- not frozen
- colourless to slightly yellow
- not cloudy
- does not have particles

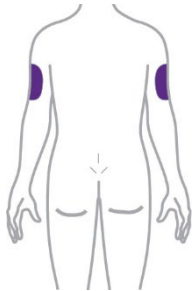
Wash your hands.

Choose your injection site

Your doctor, nurse or pharmacist can help you choose the injection site that is best for you.



You or another person can inject the medicine in your stomach (abdomen) at least 5 cm from the belly button or thigh.

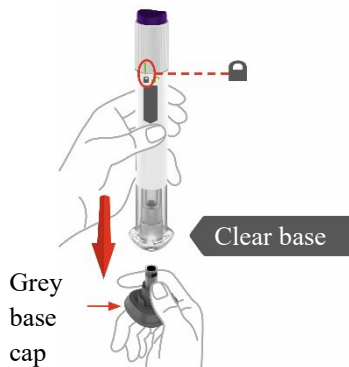


Another person should give you the injection in the back of your upper arm.

Change (rotate) your injection site each week.

You may use the same area of your body, but be sure to choose a different injection site in that area.

Step 1 Pull off the grey base cap



Make sure the pen is **locked**.

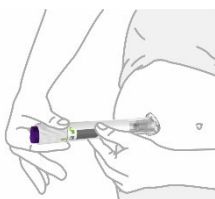
Do not unlock the pen until you place the clear base on your skin and are ready to inject.

Pull the grey base cap straight off and throw it away.

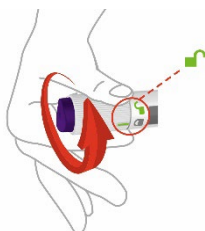
Do not put the grey base cap back on – this could damage the needle.

Do not touch the needle.

Step 2 Place clear base on skin, then unlock

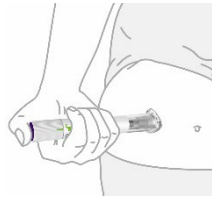


Place the clear base flat against your skin at the injection site.



Unlock by turning the lock ring.

Step 3 Press and hold up to 10 seconds



Press and hold the purple injection button.

Listen for:

- First click = injection started
- Second click = injection completed



You will know your injection is complete when the grey plunger is visible.

After your injection, place the used pen in a sharps disposal container.

Disposal of your used pen

- Throw away (dispose of) the pen in a sharps disposal container or as directed by your doctor, nurse or pharmacist. **Do not** throw away (dispose of) pens in your household waste.
- Do not recycle your used sharps disposal container.
- Ask your doctor, nurse or pharmacist about how to dispose of medicines you no longer use.



Storage and handling

- For storage instructions refer to section 5 of the patient information leaflet.
- The pen has glass parts. Handle it carefully. If you drop the pen on a hard surface, **do not** use it. Use a new pen for your injection.

Commonly asked questions

What if I see air bubbles in my pen?

Air bubbles are normal.

What if my pen is not at room temperature?

It is not necessary to warm the pen to room temperature.

What if I unlock the pen and press the purple injection button before pulling off the grey base cap?

Do not remove the grey base cap. Throw away the pen and get a new pen.

What if there is a drop of liquid on the tip of the needle when I remove the grey base cap?

A drop of liquid on the tip of the needle is normal. **Do not** touch the needle.

Do I need to hold the injection button down until the injection is complete?

This is not necessary, but it may help you keep the pen steady against your skin.

I heard more than 2 clicks during my injection — 2 loud clicks and 1 soft one. Did I get my complete injection?

Some people may hear a soft click right before the second loud click. That is the normal operation of the pen. **Do not** remove the pen from your skin until you hear the second loud click.

I am not sure if my pen worked the right way.



Check to see if you have received your dose. Your dose was delivered the right way if the grey plunger is visible. Also, see **Step 3** of the instructions.

If you do not see the grey plunger, contact **Lilly** for further instructions. Until then, store your pen safely to avoid an accidental needle injury.

What if there is a drop of liquid or blood on my skin after my injection?

This is normal. Press a cotton ball or gauze over the injection site. **Do not** rub the injection site.

Other information

- If you have vision problems, **do not** use your pen without help from a person trained to use the Mounjaro pen.

Where to learn more

- If you have questions or problems with your Mounjaro pen, contact **Lilly** or your doctor, nurse or pharmacist.

Last revised in

Package leaflet: Information for the patient

Mounjaro 2.5 mg solution for injection in vial
Mounjaro 5 mg solution for injection in vial
Mounjaro 7.5 mg solution for injection in vial
Mounjaro 10 mg solution for injection in vial
Mounjaro 12.5 mg solution for injection in vial
Mounjaro 15 mg solution for injection in vial
tirzepatide

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, nurse or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Mounjaro is and what it is used for
2. What you need to know before you use Mounjaro
3. How to use Mounjaro
4. Possible side effects
5. How to store Mounjaro
6. Contents of the pack and other information

1. What Mounjaro is and what it is used for

Mounjaro contains an active substance called tirzepatide and is used to treat adults, adolescents and children aged 10 years and above with type 2 diabetes mellitus. Mounjaro reduces the level of sugar in the body only when the levels of sugar are high.

Mounjaro is also used to treat adults with obesity or overweight (with BMI of at least 27 kg/m²). Mounjaro influences appetite regulation, which may help you eat less food and reduce your body weight.

In type 2 diabetes, Mounjaro is used:

- on its own when you can't take metformin (another diabetes medicine).
- with other medicines for diabetes when they are not enough to control your blood sugar levels. These other medicines may be medicines taken by mouth and/or insulin given by injection.

Mounjaro is also used together with diet and exercise for weight loss and to help keep the weight under control in adults, who have:

- a BMI of 30 kg/m² or greater (obesity) or
- a BMI of at least 27 kg/m² but less than 30 kg/m² (overweight) and weight-related health problems (such as prediabetes, type 2 diabetes, high blood pressure, abnormal levels of fats in the blood, breathing problems during sleep called 'obstructive sleep apnoea', impaired heart function or a history of heart attack, stroke or blood vessel problems)

BMI (Body Mass Index) is a measure of your weight in relation to your height.

In patients with obstructive sleep apnoea (OSA) and obesity, Mounjaro can be used with or without positive airway pressure (PAP) therapy.

It is important to continue to follow the advice on diet and exercise given to you by your doctor, nurse or pharmacist.

2. What you need to know before you use Mounjaro

Do not use Mounjaro

- if you are allergic to tirzepatide or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor, nurse or pharmacist before using Mounjaro if:

- you have severe problems with food digestion or food remaining in your stomach for longer than normal (including severe gastroparesis).
- you have ever had pancreatitis (inflammation of the pancreas which may cause severe pain in the stomach and back which does not go away).
- you have a problem with your eyes (diabetic retinopathy or macular oedema).
- you are using a sulphonylurea (another diabetes medicine) or insulin for your diabetes, as low blood sugar (hypoglycaemia) can occur. Your doctor may need to change your dose of these other medicines to reduce this risk.

When starting treatment with Mounjaro, in some cases you may experience loss of fluids/dehydration, e.g. due to vomiting, nausea and/or diarrhoea, which may lead to a decrease in kidney function. It is important to avoid dehydration by drinking plenty of fluids. Contact your doctor if you have any questions or concerns.

If you know that you are due to have surgery where you will be under anaesthesia (sleeping), please tell your doctor that you are taking Mounjaro.

Children and adolescents

This medicine can be used in children aged 10 years and older for the treatment of type 2 diabetes. It has only been studied in children with type 2 diabetes who have overweight or obesity when starting treatment.

This medicine should not be given to children under 10 years of age treated for type 2 diabetes and to children and adolescents under 18 years of age for weight management because it has not been studied in these age groups.

Other medicines and Mounjaro

Tell your doctor, nurse or pharmacist if you are using, have recently used or might use any other medicines.

Pregnancy

If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before using this medicine. This medicine should not be used during pregnancy as the effects of this medicine on an unborn child are not known. Therefore, it is recommended to use contraception while using this medicine.

Breast-feeding

Tirzepatide passes into breast milk in very low amounts and is not expected to be absorbed by a breastfed newborn/infant. If you are breast-feeding or are planning to breast-feed, talk to your doctor before using or continuing to use this medicine.

Driving and using machines

It is unlikely that this medicine will affect your ability to drive and use machines. However, if you use Mounjaro in combination with a sulphonylurea or insulin, low blood sugar (hypoglycaemia) may occur which may reduce your ability to concentrate. Avoid driving or using machines if you get any signs of low blood sugar, e.g. headache, drowsiness, weakness, dizziness, feeling hungry, confusion, irritability, fast heartbeat and sweating (see section 4). See section 2, 'Warnings and precautions' for information on increased risk of low blood sugar. Talk to your doctor for further information.

Mounjaro contains sodium

This medicine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.

3. How to use Mounjaro

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure how to use this medicine.

How much to use

Adults

- The starting dose is 2.5 mg once a week for four weeks. After four weeks your doctor will increase your dose to 5 mg once a week.
- Your doctor may increase your dose by 2.5 mg increments to 7.5 mg, 10 mg, 12.5 mg or 15 mg once a week if you need it. In each case your doctor will tell you to stay on a particular dose for at least 4 weeks before going to a higher dose.

Adolescents and children aged 10 to less than 18 years treated for type 2 diabetes

- The starting dose is 2.5 mg once a week for four weeks. After four weeks your doctor will increase your dose to 5 mg once a week.
- Your doctor may increase your dose by 2.5 mg increments to 7.5 mg, and 10 mg once a week if you need it. In each case your doctor will tell you to stay on a particular dose for at least 4 weeks before going to a higher dose.

Do not change your dose unless your doctor has told you to.

Each vial contains one dose of Mounjaro either 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, or 15 mg.

Choosing when to use Mounjaro

You can use Mounjaro at any time of the day, with or without meals. You should use it on the same day each week if you can. To help you remember when to use Mounjaro, you may wish to mark on a calendar the day of the week when you inject your first dose.

If necessary, you can change the day of your weekly Mounjaro injection, as long as it has been at least 3 days since your last injection. After selecting a new dosing day, continue with once-a-week dosing on that new day.

How to inject Mounjaro

Always use Mounjaro exactly as your doctor has told you. Before you begin using Mounjaro, always read the "Instructions for Use" below carefully, and talk to your doctor, nurse or pharmacist if you are not sure about how to inject Mounjaro correctly. If you are below 18 years of age, a caregiver may give you your Mounjaro injection or you may self-inject if your doctor determines that it is appropriate.

Mounjaro is injected under the skin (subcutaneous injection) of your stomach area (abdomen) or upper leg (thigh) or the back of your upper arm. Someone else should help if you want to inject in the back of your upper arm. **Do not** inject Mounjaro directly into a vein, as this will change its action.

If you want to do so, you can use the same area of your body each week. But be sure to choose a different injection site within that area. If you also inject insulin choose a different injection site for that injection. If you are blind or visually impaired, you will need help from someone to make your injection.

Instructions for Use

1. First wash your hands with soap and water.
2. Check that the Mounjaro in the vial looks clear and colourless to slightly yellow. **Do not** use if it is frozen, cloudy, or has particles in it.
3. Pull off the vial plastic protective cap, but do not remove the stopper. Clean the stopper on the vial with a swab and prepare a new syringe. **Do not share or reuse your needle or syringe.**
4. Draw a small amount of air into the syringe. Put the needle through the rubber stopper on top of the Mounjaro vial and inject the air into the vial.
5. Turn the Mounjaro vial and the syringe upside down and slowly pull the syringe plunger down to withdraw all the Mounjaro solution from the vial. The vial is filled to enable delivery of a single 0.5 ml dose of Mounjaro.
6. If there are air bubbles in the syringe, tap the syringe gently a few times to let any air bubbles rise to the top. Slowly push the plunger up until there is no more air in the syringe.
7. Pull the syringe out of the vial stopper.
8. Before you make an injection, clean your skin.
9. Gently pinch and hold a fold of skin where you will inject.
10. Inject under the skin, as you have been instructed. Inject all the solution from the syringe to receive a full dose. After your injection, the needle should stay under your skin for 5 seconds to make sure you receive the full dose.
11. Pull the needle out of your skin.
12. Throw away the vial, used needle and syringe immediately after each injection in a puncture resistant container, or as instructed by your doctor, nurse or pharmacist.

Testing blood glucose levels

If you are using Mounjaro with a sulphonylurea or insulin, it is important that you test your blood glucose levels as instructed by your doctor, nurse or pharmacist (see section 2, ‘Warnings and precautions’).

If you use more Mounjaro than you should

If you use more Mounjaro than you should talk to your doctor immediately. Too much of this medicine may cause low blood sugar (hypoglycaemia) and can make you feel sick or be sick.

If you forget to use Mounjaro

If you forget to inject a dose and,

- it has been **4 days or less** since you should have used Mounjaro, use it as soon as you remember. Then inject your next dose as usual on your scheduled day.
- If it has been **more than 4 days** since you should have used Mounjaro, skip the missed dose. Then inject your next dose as usual on your scheduled day.

Do not use a double dose to make up for a forgotten dose. The minimum time between two doses must be at least 3 days.

If you stop using Mounjaro

Do not stop using Mounjaro without talking with your doctor. If you stop using Mounjaro, and you have type 2 diabetes, your blood sugar levels can increase.

If you have any further questions on the use of this medicine, ask your doctor, nurse or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Uncommon (may affect up to 1 in 100 people)

- Inflamed pancreas (acute pancreatitis) which could cause severe pain in the stomach and back which does not go away. You should see a doctor immediately if you experience such symptoms.

Rare (may affect up to 1 in 1 000 people)

- Severe allergic reactions (e.g. anaphylactic reaction, angioedema). You should get immediate medical help and inform your doctor if you experience symptoms such as breathing problems, rapid swelling of the lips, tongue and/or throat with difficulty swallowing and a fast heartbeat.

Other side effects

Very common (may affect more than 1 in 10 people)

- Feeling sick (nausea)
- Diarrhoea
- Stomach (abdominal) pain reported in patients treated for weight management and in adolescents and children treated for type 2 diabetes
- Being sick (vomiting) reported in patients treated for weight management and in adolescents and children treated for type 2 diabetes
- Constipation reported in patients treated for weight management

These side effects are usually not severe. Nausea, diarrhoea, and vomiting are most common when first starting tirzepatide but decrease over time in most patients.

- Low blood sugar (hypoglycaemia) is very common when tirzepatide is used with medicines that contain a sulphonylurea and/or insulin. If you are using a sulphonylurea or insulin for type 2 diabetes, the dose may need to be lowered while you use tirzepatide (see section 2, 'Warnings and precautions'). Symptoms of low blood sugar may include headache, drowsiness, weakness, dizziness, feeling hungry, confusion, irritability, fast heartbeat and sweating. Your doctor should tell you how to treat low blood sugar.

Common (may affect up to 1 in 10 people)

- Low blood sugar (hypoglycaemia) when tirzepatide is used for type 2 diabetes with both metformin and a sodium-glucose co-transporter 2 inhibitor (another diabetes medicine)
- Low blood sugar (hypoglycaemia) when tirzepatide is used with metformin alone in adolescents and children for type 2 diabetes
- Allergic reaction (hypersensitivity) (e.g., rash, itching, and eczema)
- Dizziness reported in patients treated for weight management
- Low blood pressure reported in patients treated for weight management
- Feeling less hungry (decreased appetite) reported in patients treated for type 2 diabetes
- Stomach (abdominal) pain reported in adult patients treated for type 2 diabetes
- Being sick (vomiting) reported in adult patients treated for type 2 diabetes - this usually decreases over time
- Indigestion (dyspepsia)
- Constipation reported in patients treated for type 2 diabetes
- Bloating of the stomach
- Burping (eructation)
- Gas (flatulence)
- Reflux or heartburn (also called gastroesophageal reflux disease – GERD) - a disease caused by stomach acid coming up into the tube from your stomach to your mouth

- Hair loss reported in patients treated for weight management
- Feeling tired (fatigue)
- Injection site reactions (e.g. itching or redness)
- Fast pulse
- Increased levels of pancreatic enzymes (such as lipase and amylase) in blood
- Increased calcitonin levels in blood in patients treated for weight management.

Uncommon (may affect up to 1 in 100 people)

- Low blood sugar (hypoglycaemia) when tirzepatide is used with metformin in adults for type 2 diabetes.
- Gallstones
- Inflammation of the gallbladder
- Weight loss reported in patients treated for type 2 diabetes
- Injection site pain
- Increased calcitonin levels in blood in adult patients treated for type 2 diabetes or for OSA with obesity
- Changed sense of taste
- Change in skin sensation
- A delay in the emptying of the stomach

Reporting of side effects

If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Mounjaro

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the vial label and on the carton after EXP. The expiry date refers to the last day of that month.

Store in a refrigerator (2 °C – 8 °C). Do not freeze. If the vial has been frozen, DO NOT USE.

Store in the original packaging in order to protect from light.

Mounjaro can be stored unrefrigerated below 30 °C for up to 21 cumulative days and then the vial must be discarded.

Do not use this medicine if you notice that the vial, seal or stopper is damaged, or the medicine is cloudy, discoloured or has particles in it.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Mounjaro contains

The active substance is tirzepatide.

- *Mounjaro 2.5 mg*: Each vial contains 2.5 mg of tirzepatide in 0.5 ml solution (5 mg/ml).
- *Mounjaro 5 mg*: Each vial contains 5 mg of tirzepatide in 0.5 ml solution (10 mg/ml).
- *Mounjaro 7.5 mg*: Each vial contains 7.5 mg of tirzepatide in 0.5 ml solution (15 mg/ml).
- *Mounjaro 10 mg*: Each vial contains 10 mg of tirzepatide in 0.5 ml solution (20 mg/ml).
- *Mounjaro 12.5 mg*: Each vial contains 12.5 mg of tirzepatide in 0.5 ml solution (25 mg/ml).

- *Mounjaro 15 mg*: Each vial contains 15 mg of tirzepatide in 0.5 ml solution (30 mg/ml).

The other ingredients are disodium hydrogen phosphate heptahydrate (E339), sodium chloride, sodium hydroxide (see section 2 under 'Mounjaro contains sodium' for further information); concentrated hydrochloric acid and water for injections.

What Mounjaro looks like and contents of the pack

Mounjaro is a clear, colourless to slightly yellow, solution for injection in a vial.

Each vial contains 0.5 ml solution.

The vial is for single use only.

Pack sizes of 1 vial, 4 vials, 12 vials, multipack containing 4 (4 packs of 1) vials or multipack containing 12 (12 packs of 1) vials. Not all pack sizes may be available in your country.

Needles and syringe are not provided in this pack.

Marketing Authorisation Holder

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Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:

<https://www.ema.europa.eu>.

Package leaflet: Information for the patient

Mounjaro 2.5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 7.5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 10 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 12.5 mg/dose KwikPen solution for injection in pre-filled pen
Mounjaro 15 mg/dose KwikPen solution for injection in pre-filled pen
tirzepatide

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, nurse or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Mounjaro KwikPen is and what it is used for
2. What you need to know before you use Mounjaro KwikPen
3. How to use Mounjaro KwikPen
4. Possible side effects
5. How to store Mounjaro KwikPen
6. Contents of the pack and other information

1. What Mounjaro KwikPen is and what it is used for

Mounjaro contains an active substance called tirzepatide and is used to treat adults, adolescents and children aged 10 years and above with type 2 diabetes mellitus. Mounjaro reduces the level of sugar in the body only when the levels of sugar are high.

Mounjaro is also used to treat adults with obesity or overweight (with BMI of at least 27 kg/m²). Mounjaro influences appetite regulation, which may help you eat less food and reduce your body weight.

In type 2 diabetes, Mounjaro is used:

- on its own when you can't take metformin (another diabetes medicine).
- with other medicines for diabetes when they are not enough to control your blood sugar levels. These other medicines may be medicines taken by mouth and/or insulin given by injection.

Mounjaro is also used together with diet and exercise for weight loss and to help keep the weight under control in adults, who have:

- a BMI of 30 kg/m² or greater (obesity) or
- a BMI of at least 27 kg/m² but less than 30 kg/m² (overweight) and weight-related health problems (such as prediabetes, type 2 diabetes, high blood pressure, abnormal levels of fats in the blood, breathing problems during sleep called 'obstructive sleep apnoea', impaired heart function or a history of heart attack, stroke or blood vessel problems)

BMI (Body Mass Index) is a measure of your weight in relation to your height.

In patients with obstructive sleep apnoea (OSA) and obesity, Mounjaro can be used with or without positive airway pressure (PAP) therapy.

It is important to continue to follow the advice on diet and exercise given to you by your doctor, nurse or pharmacist.

2. What you need to know before you use Mounjaro KwikPen

Do not use Mounjaro KwikPen

- if you are allergic to tirzepatide or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor, nurse or pharmacist before using Mounjaro if:

- you have severe problems with food digestion or food remaining in your stomach for longer than normal (including severe gastroparesis).
- you have ever had pancreatitis (inflammation of the pancreas which may cause severe pain in the stomach and back which does not go away).
- you have a problem with your eyes (diabetic retinopathy or macular oedema).
- you are using a sulphonylurea (another diabetes medicine) or insulin for your diabetes, as low blood sugar (hypoglycaemia) can occur. Your doctor may need to change your dose of these other medicines to reduce this risk.

When starting treatment with Mounjaro, in some cases you may experience loss of fluids/dehydration, e.g. due to vomiting, nausea and/or diarrhoea, which may lead to a decrease in kidney function. It is important to avoid dehydration by drinking plenty of fluids. Contact your doctor if you have any questions or concerns.

If you know that you are due to have surgery where you will be under anaesthesia (sleeping), please tell your doctor that you are taking Mounjaro.

Children and adolescents

This medicine can be used in children aged 10 years and older for the treatment of type 2 diabetes. It has only been studied in children with type 2 diabetes who have overweight or obesity when starting treatment.

This medicine should not be given to children under 10 years of age treated for type 2 diabetes and to children and adolescents under 18 years of age for weight management because it has not been studied in these age groups.

Other medicines and Mounjaro

Tell your doctor, nurse or pharmacist if you are using, have recently used or might use any other medicines.

Pregnancy

If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before using this medicine. This medicine should not be used during pregnancy as the effects of this medicine on an unborn child are not known. Therefore, it is recommended to use contraception while using this medicine.

Breast-feeding

Tirzepatide passes into breast milk in very low amounts and is not expected to be absorbed by a breastfed newborn/infant. If you are breast-feeding or are planning to breast-feed, talk to your doctor before using or continuing to use this medicine.

Driving and using machines

It is unlikely that this medicine will affect your ability to drive and use machines. However, if you use Mounjaro in combination with a sulphonylurea or insulin, low blood sugar (hypoglycaemia) may occur which may reduce your ability to concentrate. Avoid driving or using machines if you get any signs of low blood sugar, e.g. headache, drowsiness, weakness, dizziness, feeling hungry, confusion, irritability, fast heartbeat and sweating (see section 4). See section 2, 'Warnings and precautions' for information on increased risk of low blood sugar. Talk to your doctor for further information.

Mounjaro KwikPen contains sodium

This medicine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'.

Mounjaro KwikPen contains benzyl alcohol

This medicine contains 5.4 mg benzyl alcohol in each 0.6 ml dose. Benzyl alcohol may cause allergic reactions.

Ask your doctor, nurse or pharmacist for advice if you are pregnant or breast-feeding or if you have a liver or kidney disease. This is because large amounts of benzyl alcohol can build-up in your body and may cause side effects (called "metabolic acidosis").

3. How to use Mounjaro KwikPen

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure how to use this medicine.

A small amount of medicine may remain in the pen after all doses have been correctly given. Do not try to use any remaining medicine. After administration of four doses, the pen must be properly discarded.

How much to use

Adults

- The starting dose is 2.5 mg once a week for four weeks. After four weeks your doctor will increase your dose to 5 mg once a week.
- Your doctor may increase your dose by 2.5 mg increments to 7.5 mg, 10 mg, 12.5 mg or 15 mg once a week if you need it. In each case your doctor will tell you to stay on a particular dose for at least 4 weeks before going to a higher dose.

Adolescents and children aged 10 to less than 18 years treated for type 2 diabetes

- The starting dose is 2.5 mg once a week for four weeks. After four weeks your doctor will increase your dose to 5 mg once a week.
- Your doctor may increase your dose by 2.5 mg increments to 7.5 mg, and 10 mg once a week if you need it. In each case your doctor will tell you to stay on a particular dose for at least 4 weeks before going to a higher dose.

Do not change your dose unless your doctor has told you to.

Choosing when to use Mounjaro

You can use your pen at any time of the day, with or without meals. You should use it on the same day each week if you can. To help you remember, when to use Mounjaro, you may wish to mark it on a calendar.

If necessary, you can change the day of your weekly Mounjaro injection, as long as it has been at least 3 days since your last injection. After selecting a new dosing day, continue with once-a-week dosing on that new day.

How to inject Mounjaro KwikPen

Mounjaro is injected under the skin (subcutaneous injection) of your stomach area (abdomen) at least 5 cm from the belly button or upper leg (thigh) or the back of your upper arm. Someone else should help if you want to inject in the back of your upper arm.

If you want to do so, you can use the same area of your body each week. But be sure to choose a different injection site within that area. If you also inject insulin choose a different injection site for that injection.

Read the “Instructions for Use” for the pen carefully before using Mounjaro KwikPen. If you are below 18 years of age, a caregiver may give you your Mounjaro injection or you may self-inject if your doctor determines that it is appropriate.

Testing blood glucose levels

If you are using Mounjaro with a sulphonylurea or insulin, it is important that you test your blood glucose levels as instructed by your doctor, nurse or pharmacist (see section 2, ‘Warnings and precautions’).

If you use more Mounjaro than you should

If you use more Mounjaro than you should talk to your doctor immediately. Too much of this medicine may cause low blood sugar (hypoglycaemia) and can make you feel sick or be sick.

If you forget to use Mounjaro

If you forget to inject a dose and,

- it has been **4 days or less** since you should have used Mounjaro, use it as soon as you remember. Then inject your next dose as usual on your scheduled day.
- If it has been **more than 4 days** since you should have used Mounjaro, skip the missed dose. Then inject your next dose as usual on your scheduled day.

Do not use a double dose to make up for a forgotten dose. The minimum time between two doses must be at least 3 days.

If you stop using Mounjaro

Do not stop using Mounjaro without talking with your doctor. If you stop using Mounjaro, and you have type 2 diabetes, your blood sugar levels can increase.

If you have any further questions on the use of this medicine, ask your doctor, nurse or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Serious side effects

Uncommon (may affect up to 1 in 100 people)

- Inflamed pancreas (acute pancreatitis) which could cause severe pain in the stomach and back which does not go away. You should see a doctor immediately if you experience such symptoms.

Rare (may affect up to 1 in 1 000 people)

- Severe allergic reactions (e.g. anaphylactic reaction, angioedema). You should get immediate medical help and inform your doctor if you experience symptoms such as breathing problems, rapid swelling of the lips, tongue and/or throat with difficulty swallowing and a fast heartbeat.

Other side effects

Very common (may affect more than 1 in 10 people)

- Feeling sick (nausea)
- Diarrhoea
- Stomach (abdominal) pain reported in patients treated for weight management and in adolescents and children treated for type 2 diabetes
- Being sick (vomiting) reported in patients treated for weight management and in adolescents and children treated for type 2 diabetes
- Constipation reported in patients treated for weight management

These side effects are usually not severe. Nausea, diarrhoea, and vomiting are most common when first starting tirzepatide but decrease over time in most patients.

- Low blood sugar (hypoglycaemia) is very common when tirzepatide is used with medicines that contain a sulphonylurea and/or insulin. If you are using a sulphonylurea or insulin for type 2 diabetes, the dose may need to be lowered while you use tirzepatide (see section 2, 'Warnings and precautions'). Symptoms of low blood sugar may include headache, drowsiness, weakness, dizziness, feeling hungry, confusion, irritability, fast heartbeat and sweating. Your doctor should tell you how to treat low blood sugar.

Common (may affect up to 1 in 10 people)

- Low blood sugar (hypoglycaemia) when tirzepatide is used for type 2 diabetes with both metformin and a sodium-glucose co-transporter 2 inhibitor (another diabetes medicine)
- Low blood sugar (hypoglycaemia) when tirzepatide is used with metformin alone in adolescents and children for type 2 diabetes
- Allergic reaction (hypersensitivity) (e.g., rash, itching, and eczema)
- Dizziness reported in patients treated for weight management
- Low blood pressure reported in patients treated for weight management
- Feeling less hungry (decreased appetite) reported in patients treated for type 2 diabetes
- Stomach (abdominal) pain reported in adult patients treated for type 2 diabetes
- Being sick (vomiting) reported in adult patients treated for type 2 diabetes – this usually decreases over time
- Indigestion (dyspepsia)
- Constipation reported in patients treated for type 2 diabetes
- Bloating of the stomach
- Burping (eructation)
- Gas (flatulence)
- Reflux or heartburn (also called gastroesophageal reflux disease – GERD) - a disease caused by stomach acid coming up into the tube from your stomach to your mouth
- Hair loss reported in patients treated for weight management
- Feeling tired (fatigue)

- Injection site reactions (e.g. itching or redness)
- Fast pulse
- Increased levels of pancreatic enzymes (such as lipase and amylase) in blood
- Increased calcitonin levels in blood in patients treated for weight management.

Uncommon (may affect up to 1 in 100 people)

- Low blood sugar (hypoglycaemia) when tirzepatide is used with metformin in adults for type 2 diabetes.
- Gallstones
- Inflammation of the gallbladder
- Weight loss reported in patients treated for type 2 diabetes
- Injection site pain
- Increased calcitonin levels in blood in adult patients treated for type 2 diabetes or for OSA with obesity
- Changed sense of taste
- Change in skin sensation
- A delay in the emptying of the stomach

Reporting of side effects

If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via [the national reporting system listed in Appendix V](#). By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Mounjaro KwikPen

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the pen label and on the carton after EXP. The expiry date refers to the last day of that month.

Store in a refrigerator (2 °C – 8 °C). Do not freeze. If the pen has been frozen, DO NOT USE.

Mounjaro KwikPen can be stored unrefrigerated below 30 °C for up to 30 days after first use and then the pen must be discarded.

Do not use this medicine if you notice that the pen is damaged, or the medicine is cloudy, discoloured or has particles in it.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Mounjaro KwikPen contains

The active substance is tirzepatide.

Mounjaro 2.5 mg/dose KwikPen: Each dose contains 2.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 10 mg of tirzepatide in 2.4 ml (4.17 mg/ml). Each pen delivers 4 doses of 2.5 mg.

Mounjaro 5 mg/dose KwikPen: Each dose contains 5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 20 mg of tirzepatide in 2.4 ml (8.33 mg/ml). Each pen delivers 4 doses of 5 mg.

Mounjaro 7.5 mg/dose KwikPen: Each dose contains 7.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 30 mg of tirzepatide in 2.4 ml (12.5 mg/ml). Each pen delivers 4 doses of 7.5 mg.

Mounjaro 10 mg/dose KwikPen: Each dose contains 10 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 40 mg of tirzepatide in 2.4 ml (16.7 mg/ml). Each pen delivers 4 doses of 10 mg.

Mounjaro 12.5 mg/dose KwikPen: Each dose contains 12.5 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 50 mg of tirzepatide in 2.4 ml (20.8 mg/ml). Each pen delivers 4 doses of 12.5 mg.

Mounjaro 15 mg/dose KwikPen: Each dose contains 15 mg of tirzepatide in 0.6 ml solution. Each multi-dose pre-filled pen contains 60 mg of tirzepatide in 2.4 ml (25 mg/ml). Each pen delivers 4 doses of 15 mg.

The other ingredients are disodium hydrogen phosphate heptahydrate (E339), benzyl alcohol (E1519) (see section 2 under 'Mounjaro KwikPen contains benzyl alcohol' for further information), glycerol, phenol, sodium chloride, sodium hydroxide (see section 2 under 'Mounjaro contains sodium' for further information); concentrated hydrochloric acid and water for injections.

What Mounjaro looks like and contents of the pack

Mounjaro is a clear, colourless to slightly yellow, solution for injection in a pre-filled pen (KwikPen). Each KwikPen contains 2.4 ml solution for injection (4 doses of 0.6 ml), and excess for priming. Needles are not included.

Pack sizes of 1 and 3 KwikPens

Not all pack sizes may be available in your country.

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This leaflet was last revised in

Other sources of information

Detailed information on this medicine is available on the European Medicines Agency web site:
<https://www.ema.europa.eu>.

Instruction for use

Multi-dose pre-filled pen

Each pen contains 4 fixed doses, one dose taken weekly.

Mounjaro 2.5 mg/dose KwikPen solution for injection in pre-filled pen

Mounjaro 5 mg/dose KwikPen solution for injection in pre-filled pen

Mounjaro 7.5 mg/dose KwikPen solution for injection in pre-filled pen

Mounjaro 10 mg/dose KwikPen solution for injection in pre-filled pen

Mounjaro 12.5 mg/dose KwikPen solution for injection in pre-filled pen

Mounjaro 15 mg/dose KwikPen solution for injection in pre-filled pen

tirzepatide

This instructions for use contains information on how to inject Mounjaro KwikPen



Important information you need to know before injecting Mounjaro KwikPen.

Read this instructions for use and the package leaflet before you start injecting Mounjaro KwikPen and each time you get another new pen. There may be new information. This information does not take the place of talking to your doctor, pharmacist or nurse about your medical condition or treatment.

Mounjaro KwikPen is a disposable multi-dose pre-filled pen. **The pen contains 4 fixed doses, one dose taken weekly.** Inject a single weekly injection, under the skin (subcutaneously).

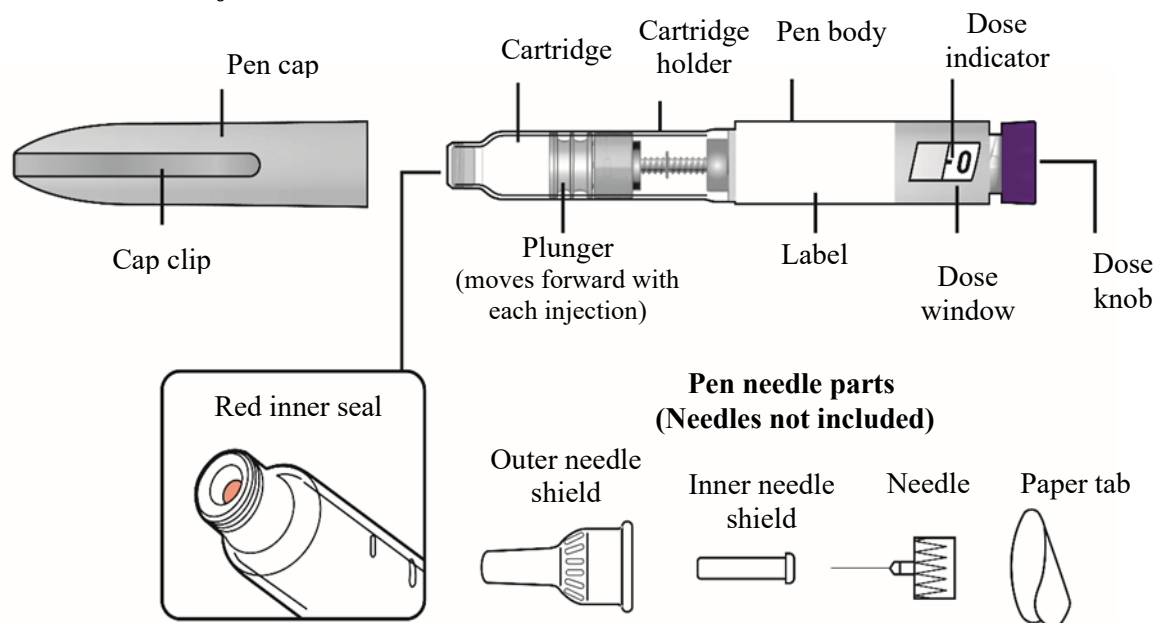
After 4 doses, throw away (discard) the pen, including the unused medicine. The pen will prevent you from dialling a full dose after you have given yourself 4 weekly doses. **Do not** inject the leftover medicine. Do not transfer the medicine from your pen into a syringe.

Do not share your Mounjaro KwikPen with other people, even if the pen needle has been changed. You may give other people a serious infection or get a serious infection from them.

People who are blind or have vision problems should not use the pen without help from a person trained to use the pen.

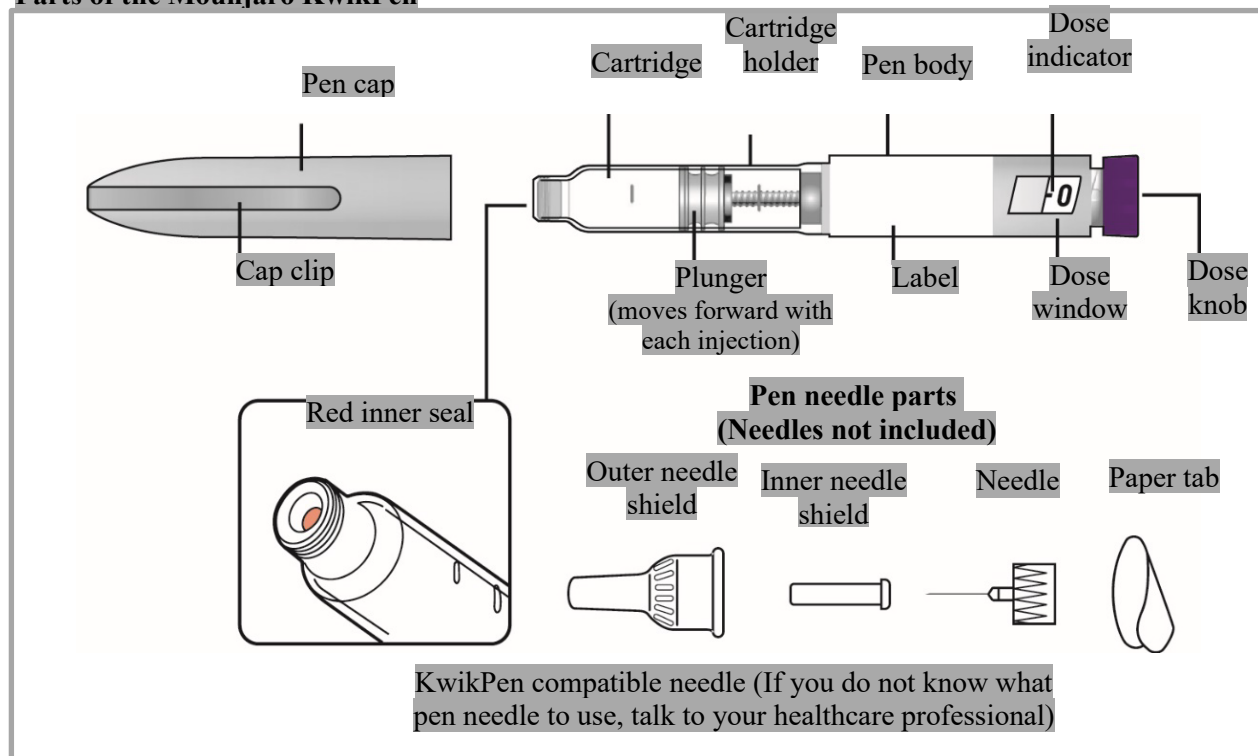
Guide to parts

Parts of the Mounjaro KwikPen



KwikPen compatible needle (If you do not know what pen needle to use, talk to your healthcare professional)

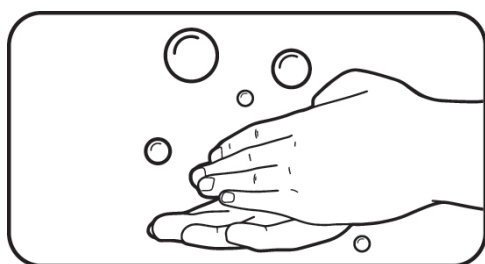
Parts of the Mounjaro KwikPen



Supplies needed to give your injection

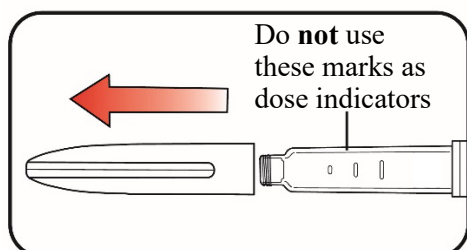
- Mounjaro KwikPen
- KwikPen compatible pen needle (If you do not know what pen needle to use, talk to your healthcare professional)
- Swab, gauze or cotton ball
- Sharps disposal container or household container

Preparing to inject Mounjaro KwikPen



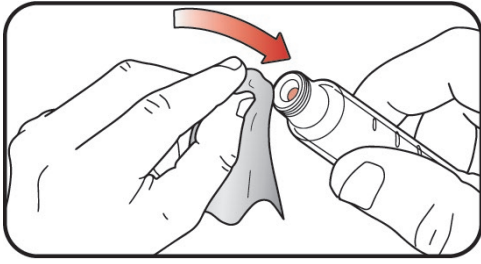
Step 1:

- Wash your hands with soap and water.



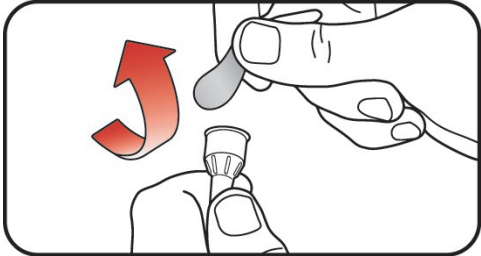
Step 2:

- Pull the pen cap straight off.
- Inspect the pen and label. **Do not** use if:
 - the medicine name or dose strength does not match your prescription.
 - the pen is expired (EXP) or looks damaged.
 - the medicine has been frozen, has particles, is cloudy, or is discoloured. Mounjaro should be colourless to slightly yellow.



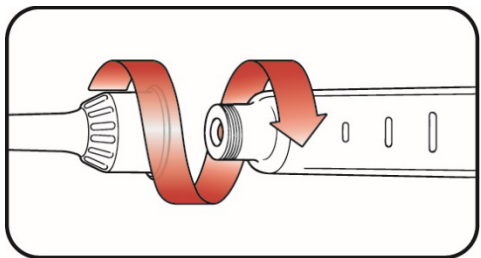
Step 3:

- Wipe the red inner seal with a swab.



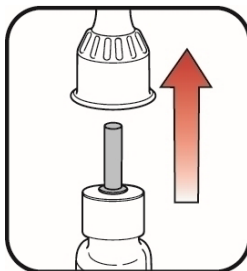
Step 4:

- **Select a new pen needle.** Always use a new pen needle for each injection to help prevent infections and blocked needles.
- Pull off the paper tab from the outer needle shield.

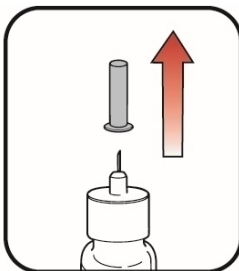


Step 5:

- Push the capped needle straight onto the pen and twist the needle on until it is tight.



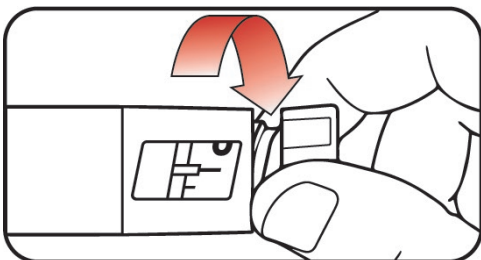
a. Outer needle shield



b. Inner needle shield

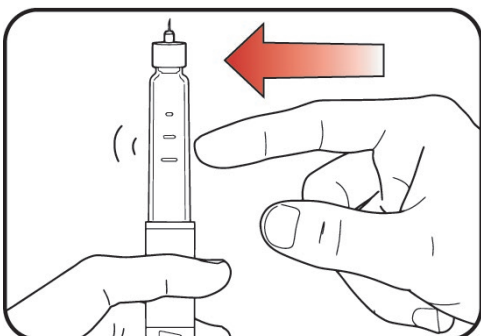
Step 6:

- Pull off the outer needle shield and keep it. This will be reused.
- Pull off the inner needle shield and throw it away.



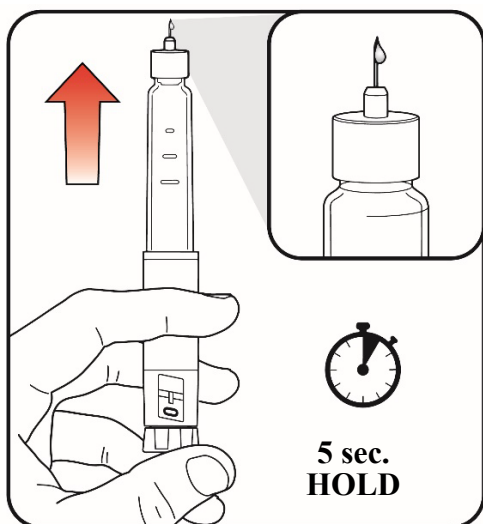
Step 7:

- Slowly turn the dose knob until you hear **2 clicks** and the  extended line is shown in the dose window. This is the prime position. It can be corrected by turning the dose knob in either direction until the prime position lines up to the dose indicator.



Step 8:

- Hold your pen with the needle pointing up.
- Tap the cartridge holder gently to collect air bubbles at the top.



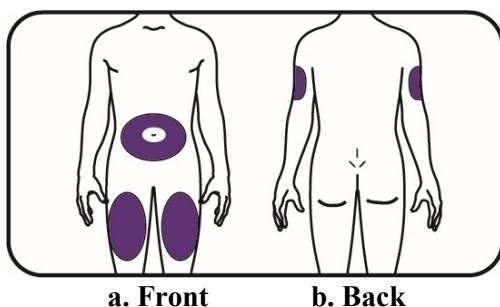
Step 9:

- Release some medicine into the air by **pushing the dose knob in** until it stops, then **slowly count to 5 while holding the dose knob**. The **0** icon must be shown in the dose window. **Do not** inject into your body.

Priming removes air from the cartridge and makes sure that your pen is working correctly. Your pen has been primed if a small amount of medicine comes out of the tip of the pen needle.

- If you do not see medicine, repeat **steps 7-9**, no more than 2 additional times.
- If you still do not see medicine, then change the pen needle and repeat **steps 7-9**, no more than 1 additional time.
- If you still do not see medicine, contact your local **Lilly** office listed in the patient information leaflet.

Injecting Mounjaro KwikPen

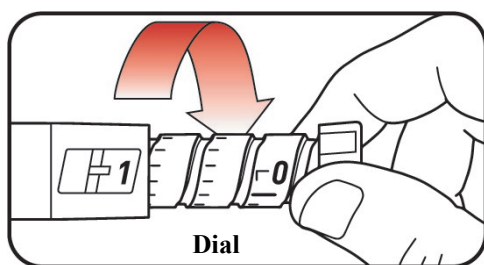


a. Front

b. Back

Step 10:

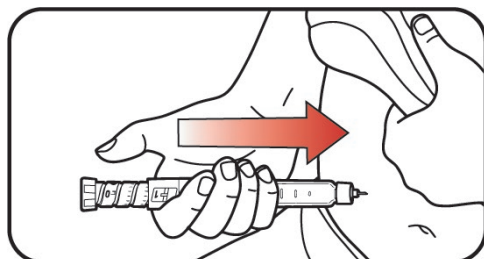
- Choose an injection site.
 - a. You or another person can inject the medicine in your thigh or stomach (abdomen) at least 5 cm from the belly button.
 - b. Another person should give you the injection in the back of your upper arm.
- **Change** your injection site each week. You may use the same area of your body but be sure to choose a different injection site in that area.



Dial

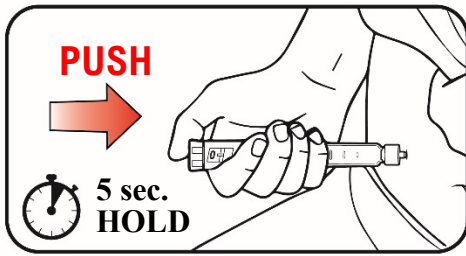
Step 11:

- Turn the dose knob until it stops and the **1** icon is shown in the dose window. **The 1 icon is equal to a full dose.**

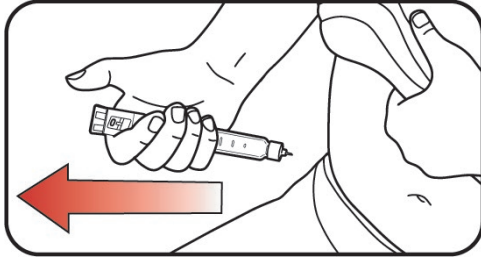


Step 12:

- a. Insert the needle into your skin.



- b. Inject the medicine by **pushing the dose knob in** until it stops then **slowly count to 5 while holding the dose knob**. The **0** icon must be shown in the dose window before removing the needle.



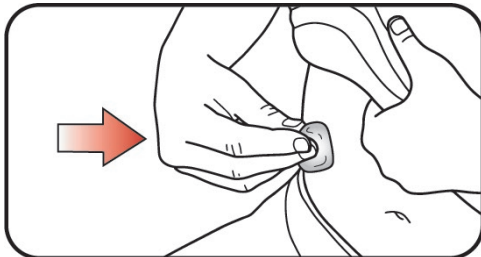
Step 13:

- Pull the needle out of your skin. A drop of medicine on the needle tip is normal. It will not affect your dose.
- Confirm the **0** icon is in the dose window. If you see the **0** icon in the window, you have received the full dose.

If you do not see the **0** icon in the dose window, insert the needle back into your skin and finish your injection. **Do not** redial the dose.

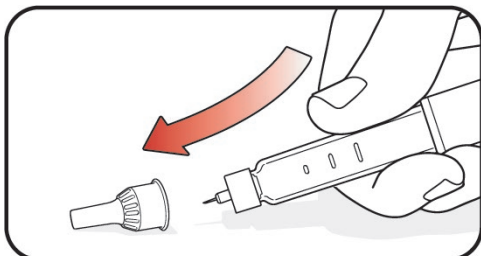
If you still do not think you received the full dose, **do not** start over or repeat the injection. See "Storing your Mounjaro KwikPen" or "Commonly asked questions" sections for more information.

After your Mounjaro KwikPen injection



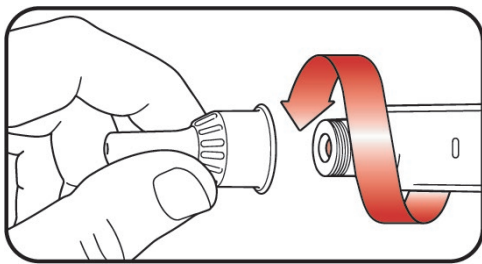
Step 14:

- If you see blood after you pull the needle out of your skin, lightly press the injection site with gauze or a cotton ball. **Do not** rub the injection site.



Step 15:

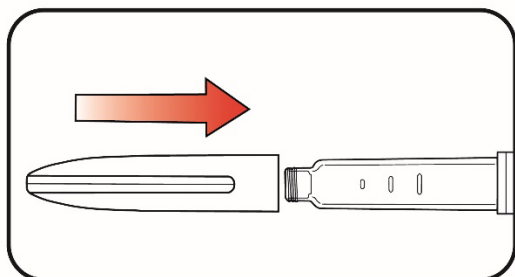
- Carefully replace the outer needle shield.



Step 16:

- Unscrew the capped needle and put the needle in a sharps disposal container (see “Disposing of Mounjaro KwikPen and pen needles”).

Do not store the pen with the needle attached to prevent leaking, blocking the needle, and air from entering the pen.



Step 17:

- Replace the pen cap.
- Do not** store the pen without the pen cap attached.

Storing your Mounjaro KwikPen

Unused pens:

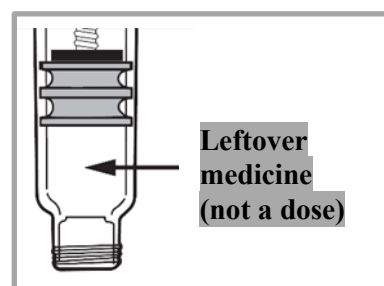
- Store **unused pens** in the **refrigerator** between 2°C to 8°C.
- Unused pens may be used until the expiration date printed on the label if the pen has been kept in the refrigerator.
- **Do not** freeze your pen. Throw away (dispose) the pen if it has been frozen.

Used pens:

- You may store your **used pen** at **room temperature** below 30°C after your injection.
- Keep your pen and needles out of the sight and reach of children.
- Dispose of the pen 30 days after first use even though the pen has medicine left in it.
- Dispose of the pen after receiving 4 weekly doses. Attempting to inject any leftover medicine could result in an incomplete dose even though the pen still has medicine left in it.

Leftover Medicine:

- After you have completed your **fourth injection**, you will see some leftover medicine and that is normal. This leftover medicine ensures the pen operates correctly.
 - Dispose of the pen.
 - Even though the pen still has medicine left in it, **do not** attempt to inject the leftover medicine. Attempting to inject any leftover medicine could result in an incomplete dose.



Disposing of Mounjaro KwikPen and pen needles

- Put your used pen needles in a sharps disposal container or a hard plastic container with a secure lid.
- **Do not** throw away (dispose) loose pen needles in your household waste.
- Dispose of the used pen as instructed by your healthcare professional.
- Ask your healthcare professional about options to dispose of the sharps disposal container properly.
- Do not recycle your used sharps disposal container.

Commonly asked questions

- If you cannot remove the pen cap, gently twist the pen cap back and forth, and then pull the pen cap straight off.
- If you are unable to turn the dose knob until the **1** is in the dose window:
 - dispose of the pen, including the unused medicine. There may not be enough medicine left in the pen to give a full dose. **Do not** attempt to inject the leftover medicine.
- If the dose knob is hard to push:
 - pushing the dose knob more slowly will make it easier to inject.
 - your needle may be blocked. Put on a new needle and prime the pen.
 - you may have dust, food, or liquid inside the pen. Throw the pen away and get a new pen.
- If you have any additional questions or problems with Mounjaro KwikPen then contact **Lilly** or your doctor, nurse or pharmacist.

Medicine calendar

Use Mounjaro KwikPen 1 time a week.

I inject my weekly dose on the dates below.

Write the day of the week you choose to inject. Inject on this day each week
(Example: Monday).

(Day/Month) (Day/Month) (Day/Month) (Day/Month)

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Last revised in