

ZEPBOUND™

What is it?

ZEPBOUND™ is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist indicated to use with a reduced-calorie diet and increased physical activity for chronic weight management. It makes you feel less hungry between meals and makes you feel full sooner once you start eating. It helps you lose weight and keep the weight off.

How much weight will I lose?

The average weight loss is around 15-20% of starting body weight, but this could be less or more depending on several factors.

Who is it for?

The medication is indicated for adults with an initial body mass index (BMI) of: 30 kg/m² or greater (obesity) or 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes mellitus, obstructive sleep apnea or cardiovascular disease).

Who should not use it?

People with a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia type 2 should not use the medication due to a possible increased risk of medullary thyroid cancer in this population. People with severe gastrointestinal disease should not use it. Pregnant or lactating women should not use Zepbound. Women using oral contraceptives to switch to a non-oral contraceptive method or add a barrier method of contraception for 4 weeks after initiation and for 4 weeks after each dose escalation.

How is it taken?

The medication is taken by injection into the fat of the upper arm, abdomen or thigh using a prefilled injection device with a hidden needle.

How is it dosed?

Zepbound™ has 6 doses. The starting dose is 2.5 mg weekly. The dose increases the next month to 5 mg weekly. You can then continue the 5 mg dose or increase to 7.5 mg, 10 mg, 12.5 mg and 15 mg as needed for additional weight loss.

What are possible side effects?

The most common side effects include nausea, diarrhea, vomiting, constipation, abdominal pain, dyspepsia, injection site reactions, fatigue, eructation, hair loss, belching and gastroesophageal reflux disease. It can slow stomach emptying. Very rarely people have developed serious problems such as pancreatitis or bowel obstruction. It is important to stop the medication and inform the doctor if you develop severe abdominal pain while taking the medication. The medication can increase the risk for low blood sugar in people with type 2 diabetes taking other medications that lower blood glucose.

How long do you stay on it?

People stay on the medication for different lengths of time as determined in discussion with their physicians. The medication is safe for long term use. The medication should be held 1-2 weeks before a surgical procedure requiring general anesthesia.

Will my health plan pay for it?

If you meet criteria for treatment (see indications above) and your health plan covers weight loss medications (not all plans do) then it may be covered after your physician does a “prior authorization.”

What is the difference between Zepbound™ and Mounjaro™?

Zepbound™ and Mounjaro™ both contain the same active ingredient, tirzepatide. Mounjaro is marketed and indicated for obesity. Mounjaro™ is marketed and indicated for type 2 diabetes. Mounjaro™ for you for weight management if you do not also have a diagnosis of type 2 diabetes.

Note: See the manufacturer’s prescribing information for complete details.