





SEMAGLUTIDE



A new Era for a new Hope







TIREZAPATIDE

UNLOCKING THE FUTURE OF DIABETES & WEIGHT MANAGEMENT.

Tirzepatide is a novel medication for type 2 diabetes and weight management.

By activating both GLP-1 and GIP receptors, it not only improves blood sugar control but also enhances fat metabolism, leading to significant weight loss.

GLP- 1 (Glucagon-Like Peptide1-) Receptor Agonist: This receptor helps regulate blood sugar levels by increasing insulin secretion, decreasing glucagon release, and slowing gastric emptying.

GIP (Gastric Inhibitory Polypeptide) Receptor Agonist: GIP not only improves glucose control but also enhances fat metabolism, providing a two-pronged attack on obesity.





DUAL AGONISM

Tirzepatide activates both GLP1- and GIP receptors.

GLP1- promotes satiety(a feeling of fullness)

and reduces appetite,

while GIP contributes to improved glucose metabolism and insulin sensitivity.

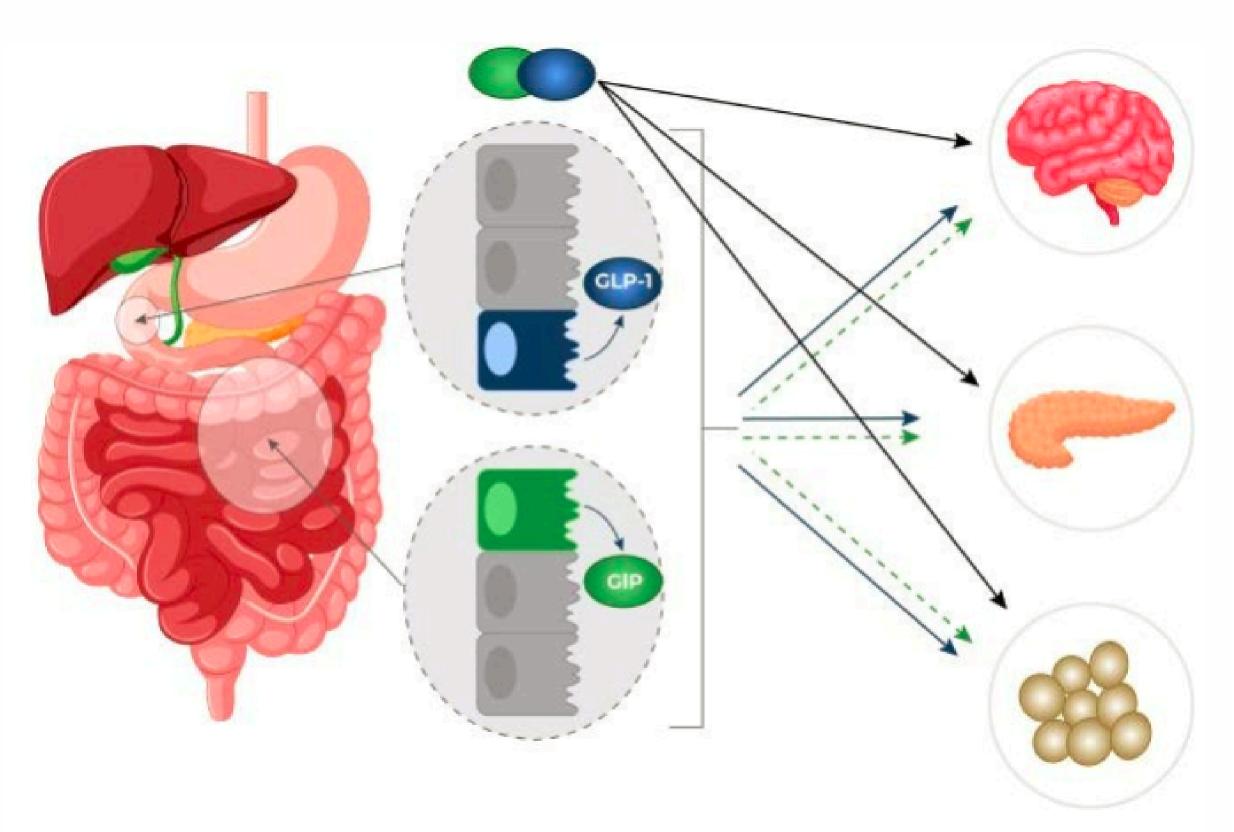
The combined effect of these actions can lead to significant weight loss.





TIRZEPATIDE





Brain

- ↓ Appetite
- ↓ Food intake
- † Weight loss

Pancreas

- † Insulin secretion
- † Insulin sysnthesis
- † Beta-cell survival

- White adipose tissue

 † Lipolysis (GLP-1)

 † Lipogenesis (GIP) avoids ectopic fat depos

FDA NEWS RELEASE

FDA Approves New Medication for Chronic Weight Management



For Immediate Release:

November 08, 2023

Español

Today, the U.S. Food and Drug Administration approved Zepbound (tirzepatide) injection for chronic weight management in adults with obesity (body mass index of 30 kilograms per square meter (kg/ m2) or greater) or overweight (body mass index of 27 kg/m2 or

FDA approval



The FDA first approved tirzepatide to treat type 2 diabetes in May 2022. Marketed under the brand name Mounjaro, the drug is a <u>second-line</u> treatment for type 2 diabetes, recommended for people whose blood sugar levels did not adequately improve with diet and exercise alone or with other diabetes treatments. Mounjaro should be used in combination with diet and exercise. It is not FDA-approved for weight loss, though some providers may prescribe it off-label for this purpose.

DOSING:

10 Units 3 mg trizeptides 15 Units 4.5 mg tirzepatide 20 Units 6 mg tirzepatide 25 Units 7.5 mg tirzepatide 30 Units 9 mg tirzepatide 35 Units 10.5 mg tirzepatide 40 Units 12 mg tirzepatide 45 Units 13.5 mg tirzepatide 50 Units 15 mg tirzepatide









INNOVATIVE PEPTIDE



SEMAGLUTIDE IS A MEDICATION THAT BELONGS TO THE CLASS OF DRUGS KNOWN AS GLP-1 RECEPTOR AGONISTS.





MECHANISM OF ACTION



GLP1- RECEPTOR AGONIST

Semaglutide mimics the action of the glucagon-like peptide1- (GLP1-) hormone, which plays a role in glucose metabolism and appetite regulation.

It helps by:

- Increasing Insulin Secretion: Stimulating the pancreas to release insulin in response to food intake. - Decreasing Glucagon Secretion: Reducing the release of glucagon, a hormone that raises blood sugar levels. - Slowing Gastric Emptying: Delaying the emptying of the stomach to increase satiety (feeling of fullness) and reduce appetite.



DOSING:

19 UNITS 0.25MG OF SEMAGLUTIDE

38 UNITS 0.50MG SEMAGLUTIDE

57 UNITS 0.75MG SEMAGLUTIDE

75 UNITS IMG SEMAGLUTIDE





Semaglutide

- Starting dose: 0.25 mg
 once weekly for 4 weeks
- Maintenance dose: Can be increased to 0.5 mg, 1 mg, or 2 mg once weekly
- Maximum dose: 2.4mg
 once weekly
- Titration based on glycemic control and tolerability
- Administration:
 Subcutaneous injection

Tirzepatide

- Starting dose: 3 mg once weekly for 4 weeks
- Maintenance dose: Can be increased in 3 mg increments every 4 weeks
- Maximum dose: 15 mg once weekly
- Titration based on glycemic control and tolerability
- Administration:
 Subcutaneous injection







ADMINISTRATION

FORM: TIRZEPATIDE AND SIMAGLUTIDE ARE ADMINISTERED AS A SUBCUTANEOUS INJECTION, TYPICALLY ONCE A WEEK.

DOSAGE: THE DOSAGE IS USUALLY TAILORED BASED ON INDIVIDUAL NEEDS AND RESPONSE TO THE MEDICATION. THE TYPICAL STARTING DOSE IS LOWER AND CAN BE ADJUSTED OVER TIME.





SEMAGLUTIDE AND TIRZEPATIDE BENEFITS

EFFECTIVE BLOOD SUGAR CONTROL
FOR DIABETES MANAGEMENT, THEY SIGNIFICANTLY LOWERS HBAIC
LEVELS, A MEASURE OF LONG-TERM BLOOD SUGAR CONTROL.

SIGNIFICANT WEIGHT LOSS FOR WEIGHT MANAGEMENT, THEY CAN LEAD TO SUBSTANTIAL WEIGHT LOSS, OFTEN RESULTING IN A REDUCTION OF %15 TO %20 OF BODY WEIGHT.

IMPROVED METABOLIC HEALTH
IN ADDITION TO WEIGHT LOSS, THEY CAN IMPROVE OTHER METABOLIC
MARKERS, SUCH AS CHOLESTEROL LEVELS AND BLOOD PRESSURE.





TIRZEPATIDE:

HBA1C REDUCTION: UP TO 2.4% (SURPASS-2 TRIAL)

WEIGHT LOSS: UP TO 22.5% OF BODY WEIGHT (SURMOUNT-1 TRIAL)

SEMAGLUTIDE:

HBAIC REDUCTION: UP TO 1.8% (SUSTAIN-6 TRIAL)

WEIGHT LOSS: UP TO 14.9% OF BODY WEIGHT (STEP-1 TRIAL)



SIDE EFFECTS

WHILE COMMON SIDE EFFECTS INCLUDE NAUSEA AND VOMITING, THEY TEND TO DIMINISH OVER TIME. SERIOUS SIDE EFFECTS LIKE PANCREATITIS OR THYROID TUMORS ARE RARE AND CAN BE MITIGATED WITH REGULAR MONITORING.

REGULAR HEALTHCARE MONITORING AND DOSE TITRATION ARE KEY STRATEGIES TO MINIMIZE RISKS



SIDE EFFECTS

TIRZEPATIDE HAVE FEWER GASTROINTESTINAL SIDE EFFECTS AT COMPARABLE DOSES THAN SEMAGLUTIDE, POTENTIALLY DUE TO THE ADDED GIP RECEPTOR ACTIVATION, WHICH MITIGATE SOME OF THE GASTROINTESTINAL SYMPTOMS.

SEMAGLUTIDE, BEING A PURE GLP-1 RECEPTOR AGONIST, TENDS TO CAUSE MORE NAUSEA AND VOMITING AT HIGHER DOSES COMPARED TO TIRZEPATIDE.

CONTRAINDICATIONS



- 1. PERSONAL OR FAMILY HISTORY OF MEDULLARY THYROID CARCINOMA (MTC)
- 2. MULTIPLE ENDOCRINE NEOPLASIA SYNDROME TYPE 2 (MEN 2)
- 3. SEVERE GASTROINTESTINAL DISEASES (GASTROPARESIS)
- 5. HISTORY OF PANCREATITIS
- 6. SEVERE RENAL IMPAIRMENT OR END-STAGE RENAL DISEASE
- 7. PREGNANCY (SEMAGLUTIDE)





SEMAGLUTIDE VIAL 4MG / 3ML (1MG PER 0.74ML)

Product	Quantity	Price
Semaglutide	0-5	7000 L.E
	6 - 10	6650 L.E
	11 - 20	6300 L.E
	21 - 50	5600 L.E
	WHY SOME	5000 L.E

TIRZEPATIDE VIAL 60MG / 2.4ML (15MG PER 0.6ML)

Product	Quantity	Price
Tirzepatide	0-5	22500 L.E
	6 - 10	21825 L.E
	11 - 20	20925 L.E
	21 - 5QPHYSICIA	20000 L.E
	WAT HOSE PAT RMA.UK	19000 L.E