# GLP-1 agonists (e.g. Ozempic/Mounjaro) and contraception or HRT

## What are GLP-1 Agonists?

GLP-1 agonists include medications such as tirzepatide and semaglutide, which may be known by brand names like Mounjaro, Ozempic, or Wegovy. These drugs are only available through prescription from a healthcare professional and are typically used for managing type 2 diabetes or assisting with weight loss. They work by slowing down the emptying of the stomach. You might currently be prescribed one through the NHS for diabetes or obtaining it privately for weight management.

| **Medicine** | **Brand Names** |
|---|---|
| Tirzepatide | Mounjaro |
| Semaglutide | Ozempic, Wegovy, Rybelsus |
| Exenatide | Bydureon BCise |
| Liraglutide | Saxenda, Diavic, Victoza |
| Dulaglutide | Trulicity |
| Lixisenatide | Included in Suliqua |

## If I'm Taking the Contraceptive Pill, Will GLP-1 Agonists Affect Its Effectiveness?

This depends on which GLP-1 agonist you are using.
For those taking **tirzepatide (Mounjaro)**, it's advised to use condoms in addition to your pill for the first four weeks after starting treatment and for four weeks following any dose increase. This is because tirzepatide operates differently than other drugs in this group. You might also consider switching to a non-pill form of contraception while on tirzepatide.
For other GLP-1 medications such as semaglutide, exenatide, liraglutide, dulaglutide, or lixisenatide, there is currently no evidence that they reduce the effectiveness of the contraceptive pill.

## What Should I Do If I Experience Diarrhoea or Vomiting While on a GLP-1 Agonist and Take the Pill?

Gastrointestinal side effects like nausea, vomiting, or diarrhoea are common with GLP-1 agonists and may affect how well your contraceptive pill works. If you vomit within three hours after taking your pill or have severe diarrhoea lasting more than 24 hours, follow the missed pill guidance. If these symptoms persist, consider using a non-pill contraception method or add condoms for extra protection.

## Do GLP-1 Agonists Affect Non-Oral Contraceptive Methods Like Implants, Injections, or IUDs?

No, GLP-1 agonists do not interfere with contraceptive methods that aren't taken orally. You can safely continue using options like implants, injections, patches, rings, or coils without additional precautions.

## If I Switch from One GLP-1 Agonist to Another, Does My Contraceptive Advice Change?

If you switch to tirzepatide (Mounjaro) from another GLP-1 medication, it's recommended to use condoms alongside your pill for four weeks after the switch and for four weeks after any dose increases. Otherwise, continue your pill as usual. Alternatively, you might consider changing to a non-pill form of contraception during your time on tirzepatide.

## Will Emergency Contraception Work If I'm Taking a GLP-1 Agonist?

There's limited information on whether GLP-1 agonists affect emergency contraception pills. However, the copper IUD (coil) remains the most effective emergency contraception method and is not influenced by vomiting or diarrhoea. Always inform your healthcare provider about all medications you're taking, including GLP-1 agonists, when seeking emergency contraception.

## Can I Use GLP-1 Agonists During Pregnancy?

It is important to use reliable contraception while taking GLP-1 agonists because these medicines are not recommended during pregnancy. If you become pregnant while on these

medications, contact your doctor immediately. You should stop taking GLP-1 agonists several weeks before trying to conceive, according to the following timelines:

| Medicine | Recommended Stop Time Before Pregnancy |
|---|---|
| Tirzepatide (Mounjaro) | 4 weeks (1 month) |
| Semaglutide (Ozempic, Wegovy, Rybelsus) | 8 weeks (2 months) |
| Exenatide (Bydureon BCise) | 12 weeks |

## I'm on Hormone Replacement Therapy (HRT) and Taking Mounjaro — What Should I Know?

If your HRT includes oral progestogens (e.g. Utrogestan, Norethisterone, Medroxyprogesterone, Gepretix and Utrogestan), tirzepatide (Mounjaro) might reduce its effectiveness, potentially leaving your womb lining unprotected. Please contact your healthcare provider to arrange an HRT review, as your dose may need adjusting or your medication form may need to change.
If you use non-oral HRT methods such as patches, gels, or the Mirena coil, there is no cause for concern.

## Important Notes

This information is adapted from materials provided by the College of Sexual and Reproductive Health (CoSRH) and the Primary Care Women's Health Society. It is intended for informational purposes only and should not replace professional medical advice. If you have questions or concerns about your contraception, please speak with a healthcare professional. No contraceptive method is 100% effective, and there is always a risk of pregnancy. The CoSRH is not responsible for individual contraceptive choices or outcomes.

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