

Important information about GLP-1 agonists; Contraception & HRT

The GLP-1 agonist medications may interact with contraceptive methods and HRT.

What are GLP-1 agonists?

GLP-1 agonists include medications such as Mounjaro (tirzepatide), Ozempic or Wegovy (semaglutide) and others. They may be prescribed to treat type two diabetes, or to facilitate weight loss. One of the main ways they work is by slowing the rate at which food leaves the stomach (delayed gastric emptying). This may reduce the absorption of oral medications.

Interaction with contraception:

It is important to use effective contraception whilst taking a GLP-1 agonist. These medications should not be used in pregnancy. If planning a pregnancy, or if you become pregnant while on treatment, consult your doctor.

Tirzepatide users: If you are using tirzepatide (Mounjaro) and take a contraceptive pill, you should use a barrier method of contraception (e.g. condoms) in addition to your pill for four weeks after starting the medication, and for four weeks after any increase in dose. Alternatively, you may wish to consider a non-oral form of contraception during treatment.

Other GLP-1 Agonists: there is currently no evidence that semaglutide, exenatide, liraglutide, dalaglutide or lixisenatide affect oral contraceptive effectiveness.

Non-oral contraceptive methods:

The coil, implant, injection, patch or ring are **not** affected by GLP-1 agonists and no extra precautions are needed with these methods.

If you have diarrhoea and vomiting?

These are common side effects of the GLP-1 agonists and can reduce the effectiveness of the pill. If vomiting occurs within three hours of taking the contraceptive pill, or severe diarrhoea occurs for more than 24 hours, you should follow the guidance for missed pills. You should consider an alternative non-oral method of contraception or the addition of condoms if diarrhoea or vomiting persists.

Emergency contraception:

The effect of GLP-1 agonists on oral emergency contraception is still uncertain. The copper IUD remains the most effective and unaffected options. Always inform your healthcare provider about any GLP-1 agonist when seeking emergency contraception.

Further information:

Please find the patient information leaflet here about GLP-1 agonists and contraception:

www.fsrh.org/Common/Uploaded%20files/documents/Patient-information-GLP-1-agonists-and-contraception.pdf

Interaction with HRT:

The British Menopause Society has issued guidelines for women on GLP-1 medications. This applies to both tirzepatide (Mounjaro) and semaglutide (Ozempic, Wegovy).

Oestrogen: transdermal oestrogen (gel, patch or spray) is preferred if you are using a GLP-1 agonist, also, if you are overweight or obese. There are no interactions with transdermal HRT.

If you take oestrogen tablets, you may need to switch to a transdermal route.

Progestogen: If you take **oral** progestogen as part of your HRT (e.g. utrogestan, norethisterone, medroxyprogesterone), you should know that tirzepatide and semaglutide might reduce the effectiveness in protecting the endometrium (womb lining). Progestogen is important to protect your womb lining if you are taking oestrogen. If the absorption of progestogen is reduced, your womb lining could increase, which can cause abnormal bleeding or even endometrial cancer.

Please contact the practice to book an HRT review.

Switching to a non-oral form of progestogen (combined patch, hormone-releasing coil) is preferable while the GLP-1 agonist is being used.

If you stay on oral progesterone (e.g. Utrogestan), the dose should be increased:

- After starting or increasing the dose of tirzepatide or semaglutide, you should double your progesterone dose for 4 weeks.

If you do not take your HRT orally (e.g., you use a patch, hormonal coil or vaginal tablet) there are no interactions and you don't need to worry.

Further information:

<https://thebms.org.uk/wp-content/uploads/2025/05/23-BMS-TfC-Use-of-incretin-based-therapies-APRIL2025-E.pdf>