



Comparison of GLP-1 and GIP/GLP-1 Receptor Agonists

modified October 2025

This chart compares GLP-1 and GIP/GLP-1 receptor agonists (e.g., tirzepatide) in regard to A1c reduction, weight loss, dosing, tolerability, clinical outcomes (e.g., cardiac or kidney benefit), how supplied, cost, and storage. For a review of class **adverse effects**, see **footnote f**.

Drug/ A1c decrease/ Weight loss	Availability Cost ^b Storage ^c	Dosing (subcutaneous injection in ADULTS unless otherwise specified) ^c	Comments (e.g., clinical outcomes, tolerability)
Dulaglutide (Trulicity) Indicated for diabetes (ages ≥10 years), CV risk reduction	Single dose pen (autoinjector): 0.75, 1.5, 3 (US), 4.5 mg (US) US: ~\$2,000 Canada: ~\$250 (1.5 mg/week)	Initial: 0.75 mg once weekly. Max: after four weeks, may increase to 1.5 mg once weekly, then by 1.5 mg weekly every four weeks to a max of 4.5 mg once weekly. Max dose is 1.5 mg weekly in children 10 to 17 years. Comparative dose: see footnote g.	 MACE and kidney benefit.^{4,5} See our Infographic, <i>Diabetes Medications:</i> Cardiovascular and Kidney Impact, for details. Discontinuation due to adverse GI effects (1.5 mg): ~1 in 15 patients³
A1c: -0.84% to -1.34% ^{1,a} Weight loss: 0.37% to 2.6% ^{a,c}	Store at 2°C to 8°C, or room temp (≤30°C) for ≤14 days.	Missed dose : If <72 hours remain until the next scheduled dose, skip the missed dose. If ≥72 hours remain, administer the missed dose. f $1 \le 3$ doses are missed, consider restarting with ≤1.5 mg. 15	
Exenatide (Byetta [US]) Indicated for diabetes.	Sixty (60)-dose pen: 5, 10 mcg (needles not included) US: ~\$850	 Initial: 5 mcg BID within 60 min before the two main meals (≥6 hours apart). Max: may increase to 10 mcg BID after four weeks. Comparative dose: see footnote g. 	• Discontinuation due to adverse GI effects (10 mcg BID): ~1 in 24 patients ³
A1c: -0.7% (10 mcg BID monotherapy) ^{a,c} Continued	Store at 2°C to 8°C. Inuse pens can be stored at ≤25°C for ≤30 days.	Missed dose: skip missed dose Kidney impairment: Not recommended if CrCl <30 mL/min. Use caution in kidney transplant.	

Drug/ A1c decrease/ Weight loss Byetta, continued Weight loss: - 0.72% to 3%a,c	Availability Cost ^b Storage ^c	Dosing (subcutaneous injection in ADULTS unless otherwise specified) ^c	Comments (e.g., clinical outcomes, tolerability)
Liraglutide (Saxenda) Indicated for weight loss. Weight loss: 2.7% to 4% ²³ ,a	Dial-a-dose pen: 18 mg/3 mL (pen needles not included) US: ~\$1,300 Canada: ~\$450 Store at 2°C to 8°C. Inuse pens can be stored at room temp (≤30°C) for ≤30 days.	For patients 12 years and older: 3 mg once daily (start with 0.6 mg once daily, increase dose weekly by 0.6 mg to goal of 3 mg once daily). For adults, discontinue after 16 weeks if <4% (after 12 weeks if ≤5% [Canada]) weight loss achieved. In pediatric patients, discontinue if a dose of at least 2.4 mg is not tolerated, or BMI does not decrease by ≥1% after 12 weeks. Comparative dose: see footnote g. Missed dose: Skip the missed dose. If more than three days have elapsed since the last dose, retitrate starting with 0.6 mg once daily.	 See Victoza, below for information on clinical outcomes in type 2 DM. ~44% to 62% of patients met weight loss goal at 56 weeks compared to 16% to 34% with placebo. Discontinuation due to adverse effects: ~1 in 10 patients.^c
Liraglutide ^d (Victoza, generics) Indicated for diabetes, CV risk reduction. Continued	Dial-a-dose pen: 18 mg/3 mL (pen needles not included) US: ~\$710 Canada: ~\$340	For patients 10 years and older: Initial: 0.6 mg once daily for one week, then 1.2 mg once daily. (Pediatric patients may achieve control with 0.6 mg once daily.) Max: may increase to 1.8 mg once daily after one week. Comparative dose: see footnote g.	 MACE and kidney benefit. See our Infographic, Diabetes Medications: Cardiovascular and Kidney Impact, for details. MASH benefit. See our Infographic, Comparison of Drugs for Metabolic Liver Disease. Discontinuation due to adverse GI effects (1.8 mg): ~1 in 8 patients³

Drug/ A1c decrease/ Weight loss	Availability Cost ^b Storage ^c	Dosing (subcutaneous injection in ADULTS unless otherwise specified) ^c	Comments (e.g., clinical outcomes, tolerability)
Victoza, continued A1c: -0.79% to 1.3% (adults); 1,a -1.06% (pediatrics) 1,a,c Weight loss: 2.7% 23,a	Store at 2°C to 8°C. Inuse pens can be stored at room temp (≤30°C) for ≤30 days.	Missed dose: Skip the missed dose. If more than three days have elapsed since the last dose, retitrate starting with 0.6 mg once daily (US).	
Semaglutide (Ozempic) Indicated for diabetes, CV (US) and CKD risk reduction. A1c: -1.12% to -1.67% 1,a Weight loss: 3.6% to 6.2% 23,a	Multi-dose pen: 0.25 or 0.5 mg (four 0.25 mg doses or two 0.5 mg doses), 1 mg (4 doses), 2 mg (4 doses [US]) (includes needles) US: ~\$1,000 Canada: ~\$240 (1 mg/week) Store at 2°C to 8°C. Inuse pens can be stored at room temp (≤30°C) for ≤56 days.	Initial: 0.25 mg once weekly for four weeks, then 0.5 mg once weekly, Max: may increase to 1 mg once weekly after four weeks. After four weeks on the 1 mg dose, may increase to 2 mg once weekly. Target dose to reduce the risk of eGFR decline, ESKD, and CV death: 1 mg once weekly. Comparative dose: see footnote g. Missed dose: if <48 hours remain until the next scheduled dose, skip the missed dose. If >48 remain, administer the missed dose. If two or more consecutive doses are missed, consider starting with 0.25 mg once weekly. Some experts would restart with 1 mg if one or two doses are missed, 0.5 mg if three or four doses are missed, or 0.25 mg if ≥5 doses are missed. 15	 MACE, PAD, and kidney benefit, including CKD.^{6,8,24} See our Infographic, <i>Diabetes Medications: Cardiovascular and Kidney Impact</i>, for details. Discontinuation due to adverse GI effects (1 mg): ~1 in 10 patients³

Drug/ A1c decrease/ Weight loss Semaglutide (Rybelsus) Indicated for diabetes, CV risk reduction (US). A1c: -0.8% to -1.2% a,c Weight loss 2.6% to 4.2% a,c	Availability Cost ^b Storage ^c Formulation R1:* 3, 7, 14 mg tablets. Formulation R2:* 1.5, 4, 9 mg tablets. *Not interchangeable mgper-mg. (In Canada: R1 formulation is called initial formulation, and R2 formulation is called optimized formulation) US: ~\$1,000 (R1)(7 mg) Canada: ~\$230 (R1)	Dosing (subcutaneous injection in ADULTS unless otherwise specified) ^c Initial: 3 mg (R1) or 1.5 mg (R2) once daily at least 30 minutes before the first food, beverage, or other oral medications of the day, with ≤120 mL of water (~half a glass). After 30 days, increase the dose to 7 mg (R1) or 4 mg (R2) once daily. Max: After 30 days on the 7 mg (R1) or 4 mg (R2) dose, may increase to 14 mg (R1) or 9 mg (R2) once daily. Comparative dose (US: after the initiation phase): 7 mg (R1) = 4 mg (R2), and 14 mg (R1) = 9mg (R2). US: patients on Ozempic 0.5 mg once weekly can be switched to 7 mg (R1) or 14 mg (R1). Also see footnote g. Missed dose: skip the missed dose	 Comments (e.g., clinical outcomes, tolerability) MACE benefit. See our Infographic, Diabetes Medications: Cardiovascular and Kidney Impact, for details. Discontinuation due to adverse GI effects: ~1 in 13 patients^c Dispense in original container.
Semaglutide (Wegovy) Indicated for weight loss, CV risk reduction, MASH (US)	Single-dose pen (autoinjector): 0.25, 0.5, 1, 1.7, 2.4 mg. US: ~\$1,350 Canada: ~\$420	For patients 12 years and older: 0.25 mg once weekly, increased every four weeks to 0.5 mg, 1 mg, 1.7 mg, then 2.4 mg once weekly. Canada: consider stopping if the patient is not showing progress after 12 weeks on the maintenance dose. Comparative dose: see footnote g. Missed dose: if <48 hours remain until the next scheduled dose, skip the missed dose. If >48 hours remain, administer the missed dose. If two or more consecutive doses are missed, consider restarting with 0.25 mg once weekly.° Some experts would restart with 1	 MACE and PAD benefit.^{6,10} See our Infographic, <i>Diabetes Medications: Cardiovascular and Kidney Impact</i>, for details. MASH benefit. See our Infographic, Comparison of Drugs for Metabolic Liver Disease. 67% to 85% of patients met weight loss goal (≥5%) at 52 weeks compared to 30% to 48% with placebo.^{13,14} Discontinuation due to adverse effects: ~1 in 15 patients^c In a head-to-head, open-label study in patients without diabetes, weight loss from baseline was ~14% vs ~20% with tirzepatide (<i>Zepbound</i>).²⁵

Drug/	Availability	Dosing (subcutaneous injection in	Comments (e.g., clinical outcomes, tolerability)
A1c decrease/	Cost ^b	ADULTS unless otherwise specified)c	
Weight loss	Storage ^c		
Wegovy, continued	Store at 2°C to 8°C. Can be stored at room temp	mg if one or two doses are missed, 0.5 mg if three or four doses are missed, and 0.25 mg if	• In a head-to-head, open-label study in patients without diabetes, weight loss from baseline was
	(≤30°C) for ≤28 days.	≥5doses are missed. ¹⁵	~16% vs ~6% with liraglutide 3 mg (Saxenda). ²⁶
Weight loss:			
10.3% to			
14.4% (patients			
without			
diabetes) ^{13,14}			
Tirzepatide ^e	Single-dose vial or pen	Initial : 2.5 mg once weekly for four weeks,	May delay oral contraceptive absorption. Advise
(Mounjaro)	(autoinjector [US]): 2.5,	then 5 mg once weekly.	switching to a non-oral contraceptive or adding a
	5, 7.5, 10, 12.5, 15 mg	Max: may increase by 2.5 mg/week every	barrier contraceptive for four weeks after
Indicated for	(vial does not include	four weeks to a max of 15 mg once weekly.	initiation or a dosage increase. ^c
diabetes.	needles or syringe)		Discontinuation due to adverse GI effects
		Comparative dose: see footnote g.	(15 mg): \sim 1 in 15 patients.°
A1c: -1.74%	US: ~\$1,100		
to	Canada: ~\$100	Missed dose: If <72 hours remain until the	
-2.47% ^{1,a}	(10 mg vial)	next scheduled dose, skip the missed dose. If ≥72 hours remain, administer the missed	
Weight loss:	Store at 2°C to 8°C. Can	dose. $^{\circ}$ If ≥ 3 doses are missed, consider	
~7% to 11%.	be stored at room temp	restarting with ≤ 5 mg once weekly. ¹⁵	
		restarting with \(\sigma\) ing once weekly.	
(in patients	$(\le 30^{\circ}\text{C})$ for ≤ 21 days.		
using			
insulin) ^{22,a}			

Drug/ A1c decrease/	Availability Cost ^b	Dosing (subcutaneous injection in ADULTS unless otherwise specified) ^c	Comments (e.g., clinical outcomes, tolerability)
Weight loss Tirzepatide ^e (Zepbound) Indicated for weight loss, (and for sleep apnea [AHI ≥15] in obese patients [US]). Weight loss: ~14% to 20% (patients did not have diabetes) ^{12,a}	Storage ^c Single-dose vial (US) or pen: 2.5, 5, 7.5, 10, 12.5, 15 mg (vials do not include syringe or needle) US: ~\$1,100 Canada: ~\$570 (10 mg) Store at 2°C to 8°C. Can be stored at room temp (≤30°C) for ≤21 days.	Start with 2.5 mg once weekly, increase dose by 2.5 mg every 4 weeks to target dose of 5 mg, 10 mg, or 15 mg. Target dose for sleep apnea is 10 or 15 mg. Comparative dose: see footnote g. Missed dose: If <72 hours remain until the next scheduled dose, skip the missed dose. If ≥72 hours remain, administer the missed dose. If ≥3 doses are missed, consider restarting with ≤5 mg once weekly. 15	 Benefit in patients with HFpEF and obesity.³¹ See our Infographic, <i>Diabetes Medications:</i> Cardiovascular and Kidney Impact, for details. MASH benefit. See our Infographic, Comparison of Drugs for Metabolic Liver Disease. May delay oral contraceptive absorption. Advise switching to a non-oral contraceptive or adding a barrier contraceptive for four weeks after initiation or a dosage increase.^c Discontinuation due to adverse effects: ~ 1 in 15 patients^c Though no specific guidance is available, stopping after 12 weeks if <5% weight loss achieved is reasonable based on guidelines.¹¹ 85% to 91% of patients met weight loss goal (≥5%) at 72 weeks compared to 35% with placebo.¹² In a head-to-head, open-label study in patients without diabetes, weight loss from baseline was ~20% vs ~14% with semaglutide (Wegovy).²⁵

Abbreviations: AHI = apnea-hypopnea index; BID = twice daily; CKD = chronic kidney disease; CV = cardiovascular; DM: diabetes mellitus; eGFR = estimated glomerular filtration rate; ESKD = end-stage kidney disease; GI = gastrointestinal; GIP = glucose-dependent insulinotropic polypeptide; GLP-1 = glucagon-like peptide-1; HF = heart failure; HFpEF = heart failure with preserved ejection fraction; MACE = major adverse cardiovascular events; MASH = metabolic dysfunction-associated steatohepatitis; MI = myocardial infarction; NNT = number needed to treat; PAD = peripheral artery disease; SCr = serum creatinine

a. **Diabetes indication**: A1c and weight reduction compared to placebo, as an add-on to other diabetes medication (unless monotherapy is specified). **Weight loss indication**: weight loss with lifestyle changes and/or diet. **Weight loss is the amount above that seen with placebo**. Weight loss varies based on lifestyle modification, dose achieved, concomitant medications, etc.

- b. Wholesale acquisition cost (US) per month of maximum dose (or dose specified) of generic, if available. US medication pricing by Elsevier, accessed January 2025. Canadian cost is wholesale (August 2024 [Zepbound, liraglutide July 2025]). Prices for products that are dosed weekly represent a 28-day supply. Prices for products that are dosed daily represent a 30-day supply.
- c. US product information used in creation of this chart: Trulicity (June 2025), Byetta (September 2025), Saxenda (May 2025), Victoza (May 2025), Ozempic (January 2025), Rybelsus (October 2025), Wegovy (August 2025), Mounjaro (September 2025), Zepbound (September 2025).
 Canadian product monographs used in creation of this chart: Trulicity (July 2024), Saxenda (September 2025), Victoza (August 2025), Ozempic (August 2025), Rybelsus (August 2025), Wegovy (April 2025), Mounjaro (September 2024), Zepbound (May 2025)
- d. **Liraglutide** is available in combination with insulin degludec (Xultophy).
- e. Tirzepatide is a GLP-1 agonist and glucose-dependent insulinotropic polypeptide (GIP) agonist.
- f. Adverse effects: (Note that in the US, these medications must be dispensed with a Medication Guide.)
 - GI side effects are common during dose escalation (e.g., nausea, vomiting, diarrhea). Resulting volume depletion may lead to acute kidney injury. GLP-1 agonists have been associated with bowel obstruction.¹⁷ Educate patients about the potential for ileus.²⁰
 - These GI side effects, and delayed gastric emptying, entail special considerations in surgical patients. See our chart, *Perioperative Management of Diabetes*.
 - These drugs carry warnings about gallbladder disease (low risk) and pancreatitis (association unclear).^{3,19,21,c} Stop if pancreatitis is suspected, and do not restart if pancreatitis is confirmed. There have been reports of pancreatic cancer in patients using GLP-1 agonists, but current evidence does not support causality.¹⁹
 - These drugs are contraindicated in patients with a personal or family history of medullary thyroid cancer or patients with multiple endocrine neoplasia type 2. They cause thyroid C-cell tumors in mice.
 - Rapid improvement in glycemic control is associated with diabetic retinopathy complications.
 - Risk of hypoglycemia is low as monotherapy.
 - Monitor for depression and suicidal ideation in patients taking these drugs for weight loss. Discontinue if symptoms develop.
 - Don't combine with other GLP-1 agonists. Generally, avoid use in patients taking a dipeptidylpeptidase-4 inhibitor (e.g., saxagliptin), as combining these two classes of medications is unlikely to improve weight loss or glycemic control and is not cost-effective. ¹⁸
- g. Comparative dosing based on glycemic efficacy. 15 Consider a lower starting dose if GI tolerability is a priority. 16
 - exenatide 5 mcg BID ~liraglutide 0.6 mg/day ~semaglutide 3 mg (R1) orally once daily
 - dulaglutide 0.75 mg/week ~ exenatide 10 mcg BID ~ liraglutide 1.2 mg/day ~ semaglutide 0.25 mg/week ~ semaglutide 7 mg orally once daily
 - dulaglutide 1.5 mg/week ~ exenatide 2 mg/week ~ liraglutide 1.8 mg/day ~ semaglutide 0.5 mg/week ~ semaglutide 14 mg orally once daily ~ tirzepatide 2.5 mg/week
 - dulaglutide 4.5 mg/week ~ semaglutide 1 mg/week
 - semaglutide 2 mg/week ~ tirzepatide 5 mg/week

Comparative dosing based on weight loss²⁵⁻³⁰

- liraglutide 3 mg ~ semaglutide 1.7 mg
- tirzepatide 5 mg \sim semaglutide.2.4 mg < tirzepatide 10 to 15 mg

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