The Medical Letter

on Drugs and Therapeutics

GLP-1 and GIP/GLP-1 RECEPTOR AGONISTS FOR CHRONIC WEIGHT MANAGEMENT

Updated August 4, 2024

The Medical Letter®

Because the source matters.

To support more content like this, please consider making a <u>donation</u> or becoming a <u>subscriber</u>.

The Medical Letter is a nonprofit organization* that relies solely on subscription fees and donations to support our mission of providing objective, practical, and timely information on drugs and therapeutics.

Our work relies on support from people like you who value credible, unbiased drug information that is free of any commercial interest.

For more information visit our website or call Customer Service at: 800-211-2769

*The Medical Letter is a nonprofit, tax-exempt organization under Section 501(C)(3) of the Internal Revenue Code.

Donations are tax-deductible as allowed by law.



GLP-1 and GIP/GLP-1 RECEPTOR AGONISTS FOR CHRONIC WEIGHT MANAGEMENT

Drug	Eligible Patients	Usual Dosage	Other Information
GLP-1 Receptor Agonists			
Liraglutide – Saxenda (Novo Nordisk) 18 mg/3 mL pens	 Adults with obesity or overweight with ≥1 weight-related comorbidity Children 12-17 years old who weigh >60 kg with a BMI corresponding to 30 kg/m² for adults 	3 mg SC once/day Titration: 0.6 mg once/day x 7 days; increase in 0.6-mg increments each week to 3 mg once/day	 Mean reduction in body weight at 56 weeks: up to 8% Liraglutide is also available as Victoza (SC injection) for treatment of type 2 diabetes in patients ≥10 years old and for CV risk reduction in adults with type 2 diabetes and established CV disease
Semaglutide – Wegovy (Novo Nordisk) 0.25, 0.5, 1 mg/0.5 mL; 1.7, 2.4 mg/0.75 mL pens	 Adults with obesity or overweight with ≥1 weight-related comorbidity Children 12-17 years old with obesity 	1.7 or 2.4 mg SC once/week Titration: 0.25 mg once/week x 4 weeks, then 0.5 mg once/week x 4 weeks, then 1 mg once/week x 4 weeks, then 1.7 mg once/week for weeks 4 weeks; then increase to 2.4 mg once/week (if needed)	 Mean reduction in body weight at 68 weeks: up to 16% Also approved to reduce the risk of major adverse CV events in adults with obesity or overweight who have CV disease Semaglutide is also available as <i>Rybelsus</i> (oral tabs) for treatment of type 2 diabetes and as <i>Ozempic</i> (SC injection) for treatment of type 2 diabetes and for CV risk reduction in patients with type 2 diabetes and CV disease
GIP/GLP-1 Receptor Agonist			
Tirzepatide – Zepbound (Lilly) 2.5, 5, 7.5, 10, 12.5, 15 mg/0.5 mL pens	Adults with obesity or overweight with ≥1 weight-related comorbidity	5, 10, or 15 mg SC once/week Titration: 2.5 mg SC once/week x 4 weeks, then 5 mg once/week x 4 weeks, then increase the dose in 2.5-mg increments every 4 weeks as needed (max 15 mg once/week)	 Mean reduction in body week at 72 weeks: up to 21% Tirzepatide is also available as <i>Mounjaro</i> (SC injection) for treatment of type 2 diabetes

CV = cardiovascular

SC = subcutaneous injection

Obese = BMI ≥30 kg/m²

Overweight = BMI ≥27 kg/m²

Weight-related comorbidity = CV disease, hypertension, obstructive sleep apnea, type 2 diabetes, dyslipidemia

COMMENTS

- Saxenda, Wegovy, and Zepbound are intended for chronic weight management as an adjunct to a low-calorie diet and increased physical activity
- ▶ Weight gain is common after discontinuation
- ➤ Severe GI effects can occur if doses are missed and the same dose is resumed; restarting at a lower dose and titrating up may help improve tolerability

POSSIBLE ADVERSE EFFECTS

- Nausea, vomiting, diarrhea, abdominal pain
- ► Injection-site reactions
- ► Increased heart rate
- ▶ Renal impairment and acute renal failure
- ▶ Possible pancreatitis and acute gall bladder disease

