

Two incretin therapies, now compared head-to-head. Wegovy (semaglutide) is a GLP-1 receptor agonist; Mounjaro (tirzepatide) is a dual GIP/GLP-1 receptor agonist with greater metabolic efficacy in every head-to-head trial to date. Both are currently private-script only in Australia — see EN-02B for PBS access status.

MECHANISM OF ACTION



Wegovy (semaglutide)

GLP-1 receptor agonist. Suppresses appetite, delays gastric emptying, and promotes glucose-dependent insulin release. The original incretin therapy for obesity, with the strongest cardiovascular outcome evidence of any weight-loss agent to date (SELECT trial).



Mounjaro (tirzepatide)

Dual GIP + GLP-1 receptor agonist (a 'twincretin'). GIP co-agonism adds further weight loss and glucose lowering beyond GLP-1 alone, and may attenuate GLP-1-related nausea. Shows superior metabolic efficacy in every head-to-head comparison to date; its own cardiovascular outcomes trial (SURMOUNT-MMO) is still pending.

HEAD-TO-HEAD EFFICACY

Outcome	Wegovy (semaglutide)	Mounjaro (tirzepatide)
Weight loss, 72wks	–13.7% mean body weight (15.0kg) — SURMOUNT-5	–20.2% mean body weight (22.8kg) — SURMOUNT-5
25%+ weight loss	16.1% of patients — SURMOUNT-5	31.6% of patients — SURMOUNT-5
HbA1c reduction (T2DM)	–1.86% at 1mg — SURPASS-2	–2.09 to –2.46% at 5–15mg — SURPASS-2
CV outcomes (MACE)	20% MACE reduction vs placebo — SELECT trial	Outcomes trial (SURMOUNT-MMO) still pending vs placebo

WEGOVY — DOSE ESCALATION

- **Weeks 1–4:** 0.25mg weekly
- **Weeks 5–8:** 0.5mg weekly
- **Weeks 9–12:** 1.0mg weekly
- **Weeks 13–16:** 1.7mg weekly
- **From week 17:** 2.4mg maintenance — takes 16 weeks to reach target; don't accelerate escalation, it increases GI side effects

MOUNJARO — DOSE ESCALATION

- **Weeks 1–4:** 2.5mg weekly (titration only)
- **Then escalate by 2.5mg every ≥4 weeks:** 5mg → 7.5mg → 10mg → 12.5mg → 15mg maximum
- **Maintenance doses** are 5mg, 10mg or 15mg; many patients are maintained at 5–10mg
- Takes up to 20 weeks to reach the maximum dose. If on insulin or a sulfonylurea, reduce that dose by 20–50% when starting, to avoid hypoglycaemia

■ SAFETY

- Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia type 2 — absolute contraindication (boxed warning) for both agents
- Active pancreatitis — discontinue if suspected; use caution if there's a prior history
- Both agents are contraindicated in pregnancy and are not indicated for Type 1 diabetes

◆ CHECK / EXCLUDE

- Confirm the patient isn't already on another GLP-1RA or dual GIP/GLP-1 agonist — never combine two incretin therapies
- Confirm no personal or family history of MTC/MEN2; counsel to report a neck mass, dysphagia or hoarseness
- Confirm effective contraception in those of childbearing potential before starting