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Therapeutic Interchange: Switching from GLP-1 RAs to Dual GLP-1/GIP Receptor Agonists

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Incretin-based therapies are medications that mimic or enhance the effects of naturally occurring incretin hormones, which stimulate insulin secretion and help regulate blood glucose levels. As their role in type 2 diabetes management continues to expand, clinicians can consider whether to transition patients from traditional glucagon-like peptide-1 receptor agonists (GLP-1 RAs) to dual GLP-1 and glucose-dependent insulinotropic polypeptide (GIP) receptor agonists, such as tirzepatide.

The SURPASS-SWITCH-2 trial evaluated adults with type 2 diabetes who switched from standard doses of GLP-1 RAs (e.g., semaglutide, dulaglutide, or liraglutide) to tirzepatide.[1] Results of the trial demonstrated significantly greater reductions in A1C levels and body weight with tirzepatide, supporting its use as a clinically appropriate alternative for patients who have not achieved glycemic or weight targets with GLP-1 RAs alone.[1]

Practical Guidance for Switching Patients to Tirzepatide

In patients previously established on semaglutide and dulaglutide, tirzepatide can be started at 5 mg, skipping the 2.5 mg initiation dose. This update simplifies the previous guidelines for switching therapies.[2]

- Titrate the dose every four weeks, as tolerated, until reaching the target dose.
- Engage in shared decision making to set expectations. Discuss strategies to minimize side effects, the benefits of tirzepatide, and the timeline for titration.
- Continue routine monitoring of A1C, weight, and tolerability during the transition period.

For more information, access Cardi-OH's expanded resources on diabetes management and navigating supply shortages.

References

1. Jabbour S, Paik JS, Aleppo G, et al. Switching from tirzepatide 5 mg from glucagon-like peptide-1 receptor agonists: clinical expectations in the first 12 weeks of treatment. Endocr Pract. 2024;30(8):701-709. doi:10.1016/j.eprac.2024.05.005.
2. Whitley HP, Trujillo JM, Neumiller JJ. Special report: potential strategies for addressing GLP-1 and dual GLP-1/GIP receptor agonist shortages. Clin Diabetes. 2023;41(3):467-473. doi:10.2337/cd23-0023.

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