

GLP-1 CHEAT SHEET

THE NEW WEIGHT LOSS DRUGS, SIDE BY SIDE

What each one is, what its biggest trial found, and where it stands with the FDA.
Plain language, with sources.

OZEMPIC · WEGOVY

SEMAGLUTIDE

FDA APPROVED

14.9%

average weight loss, 68 weeks, STEP 1 (1,961 adults) vs 2.4% placebo

- Long acting GLP-1, once weekly. Daily pill approved Dec 2025
- SELECT: 20% fewer heart attacks, strokes and CV deaths
- Kidney trial: 24% lower risk of major kidney events

MOUNJARO · ZEPBOUND

TIRZEPATIDE

FDA APPROVED

20.9%

average weight loss, 72 weeks, SURMOUNT-1 (2,539 adults) vs 3.1% placebo

- Activates GIP and GLP-1 receptors, once weekly
- Beat semaglutide head to head: 20.2% vs 13.7% (SURMOUNT-5)
- First drug approved for obstructive sleep apnea

ELI LILLY · INVESTIGATIONAL

RETATRUTIDE

PHASE 3

28.3%

average weight loss, 80 weeks, TRIUMPH-1 (2,339 adults), company topline

- Triple agonist: GIP, GLP-1 and glucagon
- 30.3% at two years in the extension
- FDA filing planned for early 2027

NOVO NORDISK · INVESTIGATIONAL

CAGRILINTIDE

PHASE 3

10.8%

average weight loss, 26 weeks, phase 2 (706 adults) vs about 3% placebo

- Long acting amylin, a fullness hormone
- With semaglutide (CagriSema): 20.4% in phase 3
- Works on a different pathway than GLP-1

KEY TERMS

GLP-1	A gut hormone released after eating that slows digestion and signals fullness.
Phase 3	The large final trials a company runs before asking the FDA for approval.
Topline	A company's first summary of results, before the full peer reviewed paper.

HEADLINE TRIAL RESULTS

DRUG	AVERAGE WEIGHT LOSS (HIGHEST DOSE STUDIED)	RESULT
Retatrutide · TRIUMPH-1, 80 wk		28.3%
Tirzepatide · SURMOUNT-1, 72 wk		20.9%
Semaglutide · STEP 1, 68 wk		14.9%
Cagrilintide · phase 2, 26 wk		10.8%
Placebo · typical range		~2.5%

Trials differ in length, dose and population, so compare with care. Only SURMOUNT-5 tested two of these drugs head to head.

WHAT EVERY GLP-1 TRIAL HAS IN COMMON

Side effects	Nausea, diarrhea, constipation and other stomach symptoms are the most common, usually early and as doses rise. They are the top reason people stop.
Muscle	Part of the weight lost is lean mass. Researchers increasingly pair these drugs with resistance training and adequate protein.
Stopping	In trials where people stopped treatment, much of the weight returned within a year (STEP 1 extension).
Who was studied	Adults with obesity, or overweight plus a weight related condition. Results in other groups may differ.

GOOD QUESTIONS TO BRING TO YOUR DOCTOR

Am I a candidate for an approved GLP-1, and which one fits my health history?	How long would I stay on it, and what happens if I stop?
How will we handle stomach side effects if they happen?	Will my insurance cover it, and is there an approved generic or pill option?
What should my protein and strength training look like to protect muscle?	Which labs should we check before and during treatment?

SOURCES

NEJM 2021 (STEP 1); NEJM 2023 (SELECT); NEJM 2022 (SURMOUNT-1); NEJM 2025 (SURMOUNT-5, REDEFINE 1); Lancet 2021 (cagrilintide phase 2); Eli Lilly TRIUMPH-1 topline (May 2026); FDA approval announcements 2024 to 2026.

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