

Beth Israel Lahey Health GLP-1RA Conversion Guide

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The purpose of this guide is to assist with the conversion of GLP-1RA's due to current product shortages. Assessment of equivalent dose is based on head-to-head clinical trials when available and/or clinical experience. This guide does not replace clinical judgment.

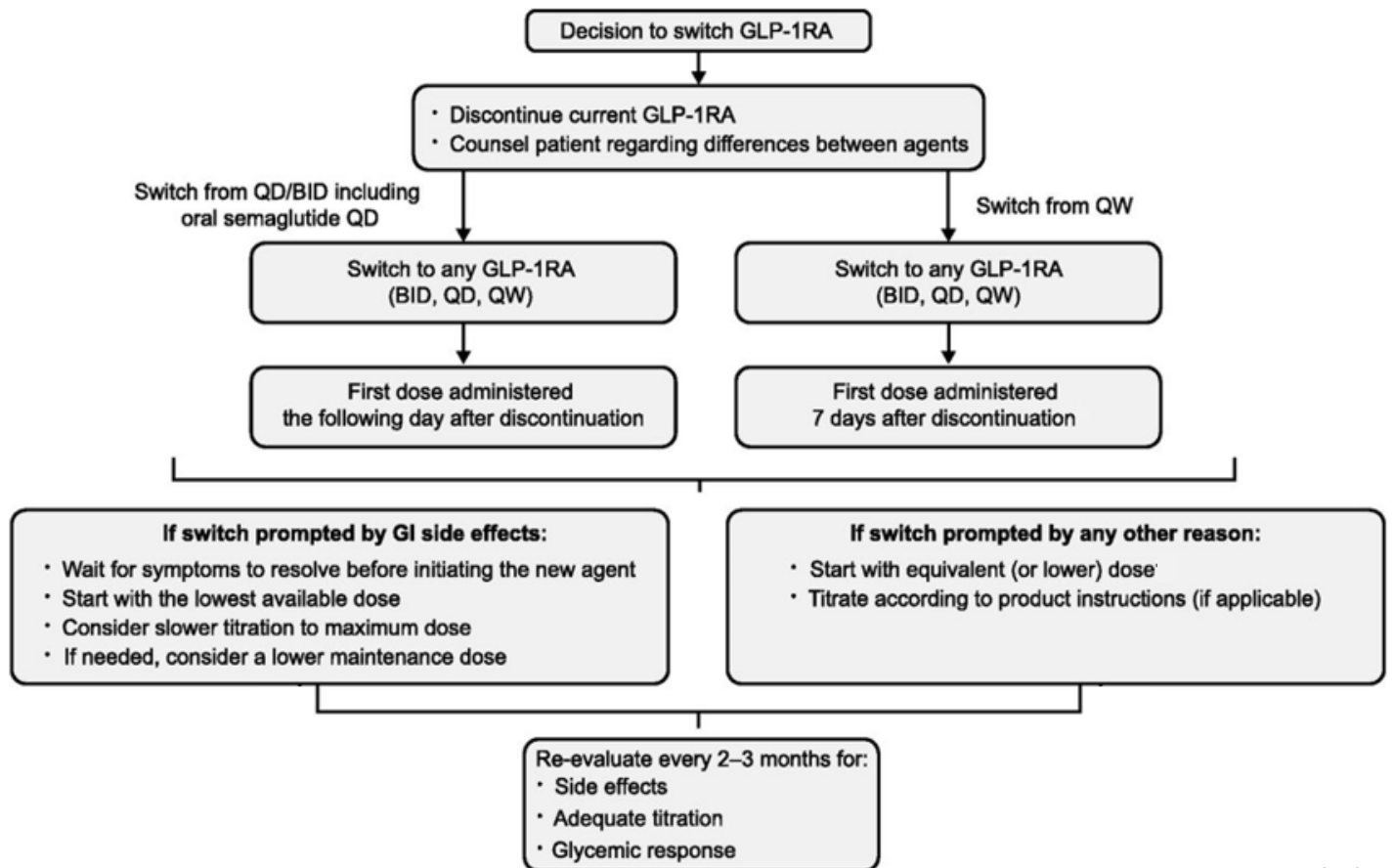
| Drug | Frequency | Equivalent Dose (A1c Reduction) | | | | |
|---|---|---------------------------------|-------------------|--------|-------------------|---------------------|
| Dulaglutide (Trulicity) ¹ | Weekly | | 0.75 mg | 1.5 mg | 3 mg ⁴ | 4.5 mg ⁴ |
| Semaglutide (Ozempic) ¹ | Weekly | 0.25 mg ² | | 0.5 mg | 1 mg | 2 mg |
| Liraglutide (Victoza) ¹ | Daily | 0.6 mg ² | 1.2 mg | 1.8 mg | | |
| Oral Semaglutide (Rybelsus) | Daily | 3 mg ² | 7 mg | 14 mg | | |
| Exenatide (Bydureon BCise) ³ | Weekly | | 2 mg ³ | | | |
| Exenatide (Byetta) <i>Rarely used, not recommended to initiate</i> | Twice Daily | 5 mcg | 10 mcg | | | |
| | | | | | | |
| Tirzepatide (Mounjaro) | Given novel mechanism (GIP/GLP1), consider starting at initiation dose of 2.5 mg ² once weekly x 4 weeks, then increase to 5 mg once weekly. Continue to increase by 2.5 mg increments every 4 weeks as tolerated for additional glycemic control. <i>Not currently indicated for ASCVD risk reduction.</i> | | | | | |

¹ Agents with ASCVD evidence in bold

² Starting doses not considered therapeutic. Increase dose after indicated duration, if tolerating.

³ Increased risk of injection site reactions vs. Trulicity, Ozempic, and Victoza.

⁴ Additional A1c reduction not as significant as weight reduction at higher doses



Summary of Clinical Evidence and Comparison Chart

| Trial | Active Comparators | Background Regimen | Time Point for efficacy, weeks | A1c reduction | Weight loss, kg | Adverse Effects: D/C due to GI adverse events |
|---------------|--|--------------------|--------------------------------|---|---|---|
| Award 11 | Trulicity 1.5 mg vs. Trulicity 3 mg | Metformin | 36 | Trulicity 1.5 mg: -1.5% Trulicity 3 mg: -1.6% not statistically sig | -8.4 lbs (3 mg) | 3.1% |
| Award 11 | Trulicity 1.5 mg vs. Trulicity 4.5 mg | Metformin | 36 | Trulicity 4.5 mg: -1.8% P < 0.001 | -10.1 lbs (4.5 mg) | 3.1% |
| SUSTAIN 7 | Ozempic 1 mg vs. Trulicity 1.5 mg | Metformin | 40 | Ozempic 1 mg: -1.6% Trulicity 1.5 mg: -1.3% p=0.0004 | Ozempic 1 mg: -12.8 lbs Trulicity 1.5 mg: -6.2 lbs | 6% (vs. 5% Trulicity) |
| SUSTAIN FORTE | Ozempic 1 mg vs. Ozempic 2 mg | Metformin +/- SFU | 40 | Ozempic 1 mg: -1.9% Ozempic 2 mg: -2.1% P < 0.01 | Ozempic 2 mg: -14.2 lbs Ozempic 1 mg: -12.5 lbs | Not documented. Nausea 14% vs. 15% |
| SURPASS-2 | Ozempic 1 mg vs. Mounjaro 5 mg, 10 mg, 15 mg | Metformin | 40 | Mounjaro 5 mg: -2% Mounjaro 10 mg: -2.2% Mounjaro 15 mg: -2.3% Ozempic 1 mg: -1.9% | Mounjaro 5 mg: -17 lbs Mounjaro 10 mg: -21 lbs Mounjaro 15 mg: -25 lbs Ozempic 1 mg: -13 lbs | Mounjaro 5 mg: 2.8% Mounjaro 10 mg: 4.3% Mounjaro 15 mg: 4.3% Ozempic 1 mg: 3.2% |

References:

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- Pratley RE, Aroda VR, Lingvay I, et al, on behalf of the SUSTAIN 7 investigators. Semaglutide versus dulaglutide once weekly in patients with type 2 diabetes (SUSTAIN 7): a randomised, open-label, phase 3b trial. *Lancet Diabetes Endocrinol*. 2018;6(4):275-286.
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- Frias JP, Davies MJ, Rosenstock J, et al.; for the SURPASS-2 Investigators. Tirzepatide versus semaglutide once weekly in patients with type 2 diabetes. *N Engl J Med*. 2021;385(6 suppl):503-515