

# Semaglutide vs Tirzepatide: 2026 Comparison

An evidence-based, side-by-side comparison of the two most effective GLP-1 weight-loss medications — including effectiveness, cost, side effects, and how to choose.

## The short answer

**Semaglutide** and **tirzepatide** are both GLP-1 medications proven to produce significant weight loss. **Tirzepatide is more effective on average** (about 20–22.5% body-weight reduction in trials vs. 15–17% for semaglutide), but **semaglutide is cheaper** (\$99/month vs. \$125/month through Trimi Health) and has a longer real-world safety record. Side-effect profiles are similar — primarily gastrointestinal, mostly during dose titration. The right choice depends on whether you prioritize maximum weight loss, lowest cost, or extensive prior safety data.

Both are **once-weekly subcutaneous injections** that work by mimicking a gut hormone (GLP-1) that suppresses appetite, slows gastric emptying, and improves blood-sugar control. Tirzepatide additionally activates the GIP receptor, which appears to amplify the appetite-suppression and glycemic effects. Either medication should be paired with ongoing lifestyle changes; both are typically used as long-term treatment, since weight regain is common after discontinuation.

Medications

Providers

Decision Tool

## Semaglutide vs Tirzepatide

Both are highly effective GLP-1 medications for weight loss

## Medication Comparison

Feature	Semaglutide	Tirzepatide
Active Ingredient	Semaglutide	Tirzepatide
Mechanism	GLP-1 receptor agonist	Dual GIP + GLP-1 receptor agonist
FDA-approved (weight loss)	Yes (as Wegovy, 2021)	Yes (as Zepbound, 2023)
FDA-approved (diabetes)	Yes (as Ozempic, 2017)	Yes (as Mounjaro, 2022)
Avg. weight loss (clinical trials)	~15–17%	~20–22.5%
Pivotal trial	STEP (68 weeks)	SURMOUNT (72 weeks)
Dosing frequency	Once weekly	Once weekly
Time to maximum dose	16–20 weeks	20–24 weeks
Reported nausea rate	30–45%	25–40%
Compounded price (Trimi)	\$99/month	\$125/month
Brand price (uninsured)	~\$1,349/mo (Wegovy)	~\$1,023–\$1,177/mo (Mounjaro)
Brand-name equivalents	Ozempic / Wegovy	Mounjaro / Zepbound

## When to choose Semaglutide

- ✓ You want the lowest monthly cost (\$99 compounded).
- ✓ You're new to GLP-1 medications and prefer the longer real-world safety record (FDA-approved since 2017 for diabetes, 2021 for weight loss).
- ✓ Your weight-loss goal is moderate (10–15% body weight) rather than maximum loss.
- ✓ You want the option to step up to tirzepatide later if results plateau.

[More About Semaglutide \(/treatments/semaglutide\)](/treatments/semaglutide)

## When to choose Tirzepatide

- ✓ You're targeting maximum weight loss (~20% or more of body weight).
- ✓ You have type 2 diabetes or prediabetes and want maximum HbA1c reduction (~2.0–2.5 points in trial data).
- ✓ You've plateaued on semaglutide and want a more potent option.
- ✓ The \$26/month price difference vs. semaglutide is acceptable for the additional efficacy.

[More About Tirzepatide \(/treatments/tirzepatide\)](/treatments/tirzepatide)

## How they work — and why tirzepatide is more effective on average

Semaglutide is a **GLP-1 receptor agonist**: it mimics the gut hormone glucagon-like peptide-1, which is released after eating. Activating GLP-1 receptors slows gastric emptying, reduces appetite, increases satiety, and triggers glucose-dependent insulin release. The result is lower caloric intake and improved blood-sugar control.

Tirzepatide does all of that — and additionally activates the **GIP receptor** (gastric inhibitory polypeptide). GIP plays a role in fat storage, insulin sensitivity, and appetite regulation. The current scientific consensus is that the dual mechanism produces synergistic effects beyond what either receptor alone delivers, which is the leading hypothesis for tirzepatide's larger average weight loss in head-to-head data.

Practical implication: in the SURPASS-2 trial, tirzepatide outperformed semaglutide on both weight loss and HbA1c reduction at every dose level studied. But "more effective on average" is not "more effective for every patient" — individual response varies, and many patients reach their goal weight on semaglutide alone.

## Frequently asked questions

### Which is more effective for weight loss, semaglutide or tirzepatide?

Tirzepatide produces greater average weight loss in clinical trials. The SURMOUNT trials showed roughly 20–22.5% body-weight reduction at the highest tirzepatide dose (15mg) over 72 weeks, compared with 15–17% for semaglutide (2.4mg) in the STEP trials over 68 weeks. Tirzepatide's dual GIP/GLP-1 mechanism is the leading hypothesis for the additional benefit. Both are highly effective; the difference is several percentage points of body weight, not whether the medication works.

### Is semaglutide or tirzepatide cheaper?

Compounded semaglutide is the cheaper option. Through Trimi Health, compounded semaglutide is \$99/month and compounded tirzepatide is \$125/month — a \$26/month or roughly \$312/year difference. Brand-name pricing reverses the order (Wegovy ≈ \$1,349/month vs. Mounjaro ≈ \$1,023–\$1,177/month), but at brand prices the absolute difference is dwarfed by the cost of the medication itself.

## Are the side effects of semaglutide and tirzepatide the same?

The side-effect profiles are largely overlapping. Both cause primarily gastrointestinal symptoms — nausea, diarrhea, vomiting, constipation, and abdominal discomfort — most prominent during dose titration and typically resolving within 2–4 weeks at each dose level. Reported nausea rates run 30–45% for semaglutide and 25–40% for tirzepatide. Pancreatitis is rare (<1%) for both. Patients with a history of medullary thyroid cancer or MEN2 should not use either drug.

## Can I switch between semaglutide and tirzepatide?

Yes, switching between GLP-1 medications is common and clinically appropriate when one drug isn't producing expected results, isn't tolerated, or becomes unavailable. Patients should never take both at once. A licensed clinician should manage the switch — typical practice starts the new medication at a dose roughly equivalent to the prior medication's effective dose rather than restarting at the lowest titration step.

## How long does it take to see weight-loss results?

Most patients notice reduced appetite and food cravings within 1–2 weeks. Measurable weight loss (a few pounds) typically appears by week 4–8. The most rapid loss usually occurs in months 3–6 as the dose is titrated up. Maximum results plateau around month 9–12. The titration schedule is the same shape for both drugs, so the timeline of visible results is comparable.

## Does compounded semaglutide or tirzepatide work as well as brand-name?

Compounded versions use the same active pharmaceutical ingredient as the brand-name drugs, prepared by FDA-regulated 503A or 503B compounding pharmacies. The active molecule is identical. Differences are in the delivery

format (multi-dose vials with separate syringes vs. pre-filled pens) and price. Patients should always confirm a provider sources from licensed, inspected compounding pharmacies.

### **Do I need insurance to get GLP-1 medication?**

No. Compounded semaglutide and tirzepatide through telehealth providers like Trimi do not require insurance. Brand-name versions are sometimes covered by employer plans or some state Medicaid programs, but coverage typically requires prior authorization, a documented BMI threshold, and evidence of failed lifestyle attempts. Medicare currently does not cover GLP-1 medications for weight loss.

### **Which medication is better for someone with type 2 diabetes?**

Both medications meaningfully lower HbA1c — semaglutide by ~1.5–2.0 percentage points, tirzepatide by ~2.0–2.5 percentage points in trial data. Tirzepatide tends to produce greater glycemic improvement on average, though semaglutide has the longer track record (FDA-approved for diabetes since 2017 vs. tirzepatide in 2022). For diabetes management specifically, the choice should be made with the prescribing clinician based on baseline HbA1c, other medications, kidney function, and individual response.

## **Further reading**

Deep-dive comparisons and clinical references that build on the topics covered above.

#### **Tirzepatide vs Semaglutide 2026: head-to-head**

Updated effectiveness, cost, and clinical evidence comparison.

#### **Ozempic vs Mounjaro 2026**

Diabetes-indication head-to-head with SURPASS-2 trial data.

(/blog/ozempic-vs-mounjaro-2026)

[\(/blog/tirzepatide-vs-semaglutide-2026\)](/blog/tirzepatide-vs-semaglutide-2026)

### **Wegovy vs Zepbound 2026**

Weight-management indications: STEP 1 vs SURMOUNT-1 outcomes.

[\(/blog/wegovy-vs-zepbound-2026\)](/blog/wegovy-vs-zepbound-2026)

### **Compounded vs brand tirzepatide**

Same active ingredient, different regulatory pathway.

[\(/blog/compounded-vs-brand-tirzepatide-comparison\)](/blog/compounded-vs-brand-tirzepatide-comparison)

### **Wegovy vs compounded semaglutide**

Brand vs compounded — what changes, what doesn't.

[\(/blog/wegovy-vs-compounded-semaglutide\)](/blog/wegovy-vs-compounded-semaglutide)

### **Brand vs compounded GLP-1 safety**

FDA-flagged risks and how legitimate compounding mitigates them.

[\(/blog/brand-vs-compounded-glp1-safety\)](/blog/brand-vs-compounded-glp1-safety)

### **Injectable vs oral semaglutide**

Wegovy 2.4 mg subq vs Rybelsus 7-14 mg oral; bioavailability and dosing.

[\(/blog/injectable-vs-oral-semaglutide\)](/blog/injectable-vs-oral-semaglutide)

### **GLP-1 vs phentermine — 2026 comparison**

Chronic-use vs short-term agent; effect-size and risk profile differences.

[\(/blog/glp1-vs-phentermine-2026-comparison\)](/blog/glp1-vs-phentermine-2026-comparison)

### **GLP-1 vs metformin for weight loss**

Metformin off-label vs FDA-approved GLP-1 chronic weight management.

[\(/blog/glp1-vs-metformin-weight-loss-2026\)](/blog/glp1-vs-metformin-weight-loss-2026)

### **Sema vs tizr vs retatrutide side effects**

Tolerability profiles across two FDA-approved drugs and one investigational.

[\(/blog/sem-vs-tir-vs-ret-side-effects\)](/blog/sem-vs-tir-vs-ret-side-effects)

### **Side effects + contraindications**

MEN2 / medullary thyroid contraindication, pancreatitis risk, pregnancy.

[\(/blog/semaglutide-tirzepatide-side-effects-contraindications\)](/blog/semaglutide-tirzepatide-side-effects-contraindications)

### **Best GLP-1 with minimal side effects**

Why drug choice matters less than titration speed for tolerability.

[\(/blog/best-glp1-minimal-side-effects\)](/blog/best-glp1-minimal-side-effects)

### **Semaglutide without insurance 2026**

Three legitimate cash-pay paths and what to avoid.

[\(/blog/semaglutide-without-insurance-2026\)](/blog/semaglutide-without-insurance-2026)

### **Buy tirzepatide without insurance**

Lilly vial program, compounded options, and patient-assistance programs.

[\(/blog/buy-tirzepatide-no-insurance\)](/blog/buy-tirzepatide-no-insurance)

### Cheapest legitimate way to get tirzepatide

Verified price floor and the red flags that signal illegal sourcing.

(/blog/how-to-get-tirzepatide-cheap)

### Wegovy cost in 2026

List price, savings cards, Medicare coverage, and compounded alternatives.

(/blog/wegovy-cost-2026)

## Sources

Weight-loss percentages, dose timelines, and side-effect rates cited above come from the published primary trials of these drugs:

- **Semaglutide weight-loss data** — Wilding JPH et al. *Once-Weekly Semaglutide in Adults with Overweight or Obesity* (STEP 1). *N Engl J Med* 2021;384:989–1002.
- **Tirzepatide weight-loss data** — Jastreboff AM et al. *Tirzepatide Once Weekly for the Treatment of Obesity* (SURMOUNT-1). *N Engl J Med* 2022;387:205–216.
- **Head-to-head trial** — Frías JP et al. *Tirzepatide versus Semaglutide Once Weekly in Patients with Type 2 Diabetes* (SURPASS-2). *N Engl J Med* 2021;385:503–515.
- **Cardiovascular outcomes** — Lincoff AM et al. *Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes* (SELECT). *N Engl J Med* 2023;389:2221–2232.
- **Brand pricing** — Novo Nordisk and Eli Lilly published list prices, retrieved May 2026.

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