

Best Practice Message

Update February 2026

Glucagon-Like Peptide-1 Receptor Agonists (GLP-1 RA) for weight management

Practice changing moments

- Pharmacological interventions for weight loss may be considered only after dietary, exercise and behavioural approaches have been initiated. GLP-1 RA can be considered for weight loss in individuals with a body mass index (BMI) of 30 kg/m² or more, or for those with a BMI of 27–30 kg/m² in the presence of at least one weight-related comorbidity.
- GI adverse reactions are the most frequent side effect of GLP-1 RA. Patients should receive counselling on strategies to minimise GI adverse effects and how to avoid severe dehydration.
- See appendix 1 for a comparison chart of GLP-1 RA for weight loss.

Background

Glucagon-like peptide-1 receptor agonists (GLP-1 RA) were originally developed to treat type 2 diabetes. Their effectiveness in promoting weight loss was later recognised, and they are now also prescribed for weight management. These medicines are used alongside a reduced-calorie diet and increased physical activity. They are indicated in individuals with a body mass index (BMI) of 30 kg/m² or more, or for those with a BMI of 27–30 kg/m² in the presence of at least one weight-related comorbidity (pre-diabetes, type 2 diabetes mellitus, hypertension, dyslipidaemia, or obstructive sleep apnoea).¹ These agents enhance insulin secretion, suppress glucagon release, slow gastric emptying, and promote satiety.¹

In Aotearoa, the only funded (available under Special Authority) GLP-1 RA are for diabetes management:

- [Dulaglutide](#) (Trulicity®)
- [Liraglutide](#) (Victoza®)

Medsafe has approved GLP-1 RAs for weight loss, but these are not publicly funded. Both products currently available in Aotearoa cost consumers around \$400-\$600 per month:²

- [Liraglutide](#) (Saxenda®)
- [Semaglutide](#) (Wegovy®)

Medsafe has also approved a dual action antagonising glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 receptors; Tirzepatide. The cost to consumers will be around \$400 - \$9000 per month depending on dose.³

- [Tirzepatide](#) (Mounjaro®)

For weight management, dosing is generally higher than that used for glycaemic control and the extent of weight loss is dose dependent.⁴

In addition to their primary benefits in blood glucose regulation and weight reduction, GLP-1 RA have demonstrated cardiovascular protective effects,⁵⁻⁸ potential in heart failure management,^{9,10} as well as reducing mortality from renal disease progression.¹¹

Tirzepatide

Tirzepatide is a long-acting agent with dual action agonism of glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 receptors. A 2025 trial compared maximum tolerated dose of tirzepatide (10 mg or 15 mg) or the maximum tolerated dose of semaglutide (1.7 mg or 2.4 mg) subcutaneously once weekly for 72 weeks. Tirzepatide showed a 20% weight reduction compared to 14% weight reduction with semaglutide, with similar side effect profile.¹²

Adverse reactions and considerations

Gastro-intestinal (GI) side effects such as nausea, vomiting, constipation, loss of appetite, and reflux are common to all GLP-1 RA and are caused by several mechanisms including delayed gastric emptying and slowed intestinal transit and activation of the GLP-1 receptors in the chemoreceptor trigger zone:

- GI effects are dose dependent and doses should be titrated slowly over weeks until the maintenance dose is achieved to reduce GI effects.¹³ Consider pausing dose escalation or reducing the dose if significant side effects occur.
- GI effects are usually transient and improve with continued therapy.
- Recommend small meals including a balanced diet with fibre and protein intake. Avoid rich or spicy foods.
- Because GLP-1 RA GI side effects are not driven by 5-HT₃ pathways, blocking the 5-HT₃ receptor with medicines like ondansetron is unlikely to meaningfully reduce these symptoms.
- GLP-1 RA should be avoided in gastroparesis or inflammatory bowel disorders.¹³
- Severe dehydration following gastrointestinal adverse reactions has been reported.¹⁴

Dehydration can lead to a deterioration of renal function.^{11,14}

- Assess renal function before starting treatment.
- Patients should be advised to stay well hydrated, see [Glucagon-like peptide receptor agonists: stay hydrated](#) Prescriber Update, June 2025.
- Administration may need to be delayed if acute gastrointestinal illness is present on the day that the dose is due.¹¹ See below for advice around missed doses.
- Consider other medications that may need to be paused while the patient is experiencing vomiting or diarrhoea. See [here](#) for more details.

GLP-1 RA rarely causes acute pancreatitis. Patients should be monitored for signs and symptoms of pancreatitis, gallbladder disease, and compressive symptoms of medullary thyroid cancer.¹³

Medsafe is currently reviewing the risk of acute persistent visual loss in individuals using GLP-1 RA. Read more about Medsafe GLP-1 RA monitoring [here](#).

GLP-1 RA do not directly cause hypoglycaemia. However, when used alongside insulin or sulfonylureas, the risk of hypoglycaemia increases. Depending on diabetes control, it may be necessary to reduce the dose of the insulin or sulfonylurea.¹¹

GLP-1 RA should not be used in combination with DPP-4 inhibitors such as vildagliptin because there is limited additional benefit for diabetes control, and adverse effects may be increased.¹¹

Missed doses

Recommendations for resuming GLP -1 RA after missed doses are:¹⁵

Dulaglutide	<ul style="list-style-type: none"> • ≤ 4 days after the missed: administer as soon as possible. • >4 days after missed dose: skip the missed dose and administer on the next scheduled day.
Liraglutide	<ul style="list-style-type: none"> • If dose is missed, resume with the next scheduled dose.
Semaglutide	<ul style="list-style-type: none"> • ≤ 5 days after the missed dose: administer as soon as possible. • >5 days after missed dose: skip the dose and administer on the next scheduled day.
Tirzepatide	<ul style="list-style-type: none"> • ≤ 4 days after the missed: administer as soon as possible. • >4 days after missed dose: skip the missed dose and administer on the next scheduled day.

Dosing strategies

There is a substantial evidence base demonstrating that when obesity management medications are withdrawn, most people experience weight gain. GLP-1 RA are relatively costly medication. A recent case study suggests that while weekly dosing regimens lead to greater initial weight loss substantial long-term weight loss maintenance might still be achieved with reduced dosing frequencies.¹⁶

Switching between GLP-1 RA

As newer agents become available patients may consider switching to a different GLP-1 RA. When transitioning a patient from one GLP-1 RA, a cautious approach is advised. Starting the new agent at a comparatively lower dose helps

minimise gastrointestinal side effects during the switch. Semaglutide can be initiated the day after liraglutide is discontinued. Tirzepatide can be initiated the day the next semaglutide dose was due.

Table of comparative GLP-1 RA doses:^{15,17-20}

Dulaglutide	Liraglutide	Semaglutide	Tirzepatide
	0.6mg/day		
0.75 mg/week	1.2mg/day	0.25mg/week	
1.5mg – 3mg/week	1.8mg/day	0.5mg/week	2.5mg/week
4.5mg/week	2.4mg/day	1mg/week	
	3mg/day	1.7 – 2.4mg/week	5mg/week
			7.5mg/week
			10-15mg/week

Upcoming training

- **Goodfellow Unit:** [Diabetes, weight management and the next generation of GLP-1RA's](#)
- **Health hub:** [Modern Obesity Care - GLP-1s, Surgery & Sustained Support](#)

Tools and further reading:

- **The Pharmaceutical Journal (UK):** [Everything you need to know about GLP-1s for weight loss](#)
- **Australian Prescriber:** [Injectable drugs for weight management](#)
- **Medsafe:** [Mounjaro datasheet](#)
[Mounjaro Consumer Medicine Information Summary](#)
[CARM adverse reaction reporting](#)
- **New Zealand Formulary:** [GLP-1 receptor agonists.](#)
- **Health Hawkes Bay Best Practice:** [Dulaglutide](#) and [liraglutide](#) in diabetes management
[Managing medicines during sick days](#)
- **Goodfellow Unit:** [Dr James Shand: The latest in weight management for New Zealand](#)
[Updates in gout and weight management](#)
- **Research Review:** A summary of GPCME 2025 Rotorua: [The Obesity Dialogue](#)
[Prescribing obesity management medication](#)
- **Pharmacy Today:** [More information on pharmacists supply of Wegovy](#)
- **BMJ Best Practice:** [Obesity in adults: Treatment algorithm](#)
(free access via the [Health Pathways landing page](#))
- **Novo Nordisk:** [Wegovy prescriber guide](#)
- **Pharmac** [Wegovy and Mounjaro for weight loss not funded](#)

Patient resource:

- **Healthify:** [Weight loss medicines](#)
[Wegovy](#)

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Appendix 1: Comparison of GLP-1 RA for weight loss

	Liraglutide (Saxenda®)	Semaglutide (Wegovy®)	Tirzepatide (Mounjaro®)
Device	<ul style="list-style-type: none"> Pre-filled pen. Doses are dialled up. One dose strength available. 	<ul style="list-style-type: none"> Pre-filled pen. Each pen contains 4 doses of medicine already loaded. 5 different dose strengths. 	<ul style="list-style-type: none"> Pre-filled pen. Each pen contains 4 doses of medicine already loaded. 6 different dose strengths.
Needles	Not included. Designed to be used with NovoFine® needles of up to 8 mm long.	Each pen comes in a pack with 4 needles.	Not included. Compatible with BD Micro-Fine® 32-gauge needles.
Initial Dose	0.6 mg once daily .	0.25 mg once weekly .	2.5 mg weekly .
Dose increase intervals	Weekly.	Every 4 weeks.	Every 4 weeks.
Titration doses	Increase dose in increments of 0.6 mg.	0.25 mg, then 0.5 mg, then 1 mg, then 1.7 mg, then 2.4 mg.	Increase dose in increments of 2.5 mg. ⁴
Usual maintenance dose	3 mg daily.	2.4 mg once weekly.	15 mg once weekly.
Average weight loss	Based on trials conducted in specialist settings which included lifestyle interventions– may not be directly applicable to the primary care setting. Patients with a BMI ≥ 30 kg/m ² or ≥27 kg/m ² with a weight-related comorbid condition:		
	8% of body weight over 56 weeks (3 mg). ²¹	14.9% of body weight after 68 weeks (2.4 mg). ²²	22.5% of body weight after 72 weeks (15 mg). ²³
Storage pre-use	Store in fridge; do not freeze		
Shelf life out of fridge/ once in use.	Up to a month.	Up to a month.	Up to a month.

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