

TIRZEPATIDE

Two signals. One weekly dose.

What the clinical evidence says about tirzepatide for weight management – how it works, how well it works, and what to weigh before you start.

20.9%

mean weight reduction at
the highest dose,
SURMOUNT-1

5

phase 3 SURMOUNT trials
in obesity

1×

weekly injection

The most effective weight-loss medication studied to date – with real trade-offs worth understanding.

Tirzepatide is the first approved medication to activate two gut-hormone receptors – GIP and GLP-1 – at once. Across the SURMOUNT clinical program, adults taking it lost on average between 15% and 21% of their body weight over roughly 18 months, depending on dose, when combined with diet and activity changes.

In the first head-to-head trial against semaglutide, tirzepatide produced greater average weight loss. Side effects are mostly digestive and most common while the dose is increasing. Results depend on staying on treatment: people who stopped regained much of the weight.

KEY FINDINGS

- 1 Dual action.** Tirzepatide acts on GIP and GLP-1 receptors, affecting appetite, digestion, and blood sugar together.
- 2 Large, dose-related effect.** 15.0% to 20.9% mean weight loss at 72 weeks vs. 3.1% with placebo.
- 3 Outperformed semaglutide** head-to-head: 20.2% vs. 13.7% mean weight loss in SURMOUNT-5.
- 4 Mostly digestive side effects**, usually mild to moderate and concentrated during dose escalation.
- 5 Long-term treatment.** Stopping led to substantial regain; continuing maintained and extended loss.
- 6 Branded and compounded differ.** Trial results describe the FDA-approved product; compounded versions are not FDA-approved.

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01 *Two hormones your gut already makes.*

After you eat, your gut releases hormones called incretins that tell the brain and pancreas food has arrived. The two main ones are **GLP-1** and **GIP**. Earlier medications like semaglutide mimic GLP-1 alone. Tirzepatide is a single molecule engineered to activate both.

GLP-1

Appetite & fullness

- Signals the brain to reduce hunger and cravings
- Slows how quickly the stomach empties
- Boosts insulin release when glucose is high

GIP

Metabolism & tolerance

- Also stimulates glucose-dependent insulin release
- May influence how the body stores and uses fat
- Researchers are studying whether it helps offset nausea

IN PRACTICE

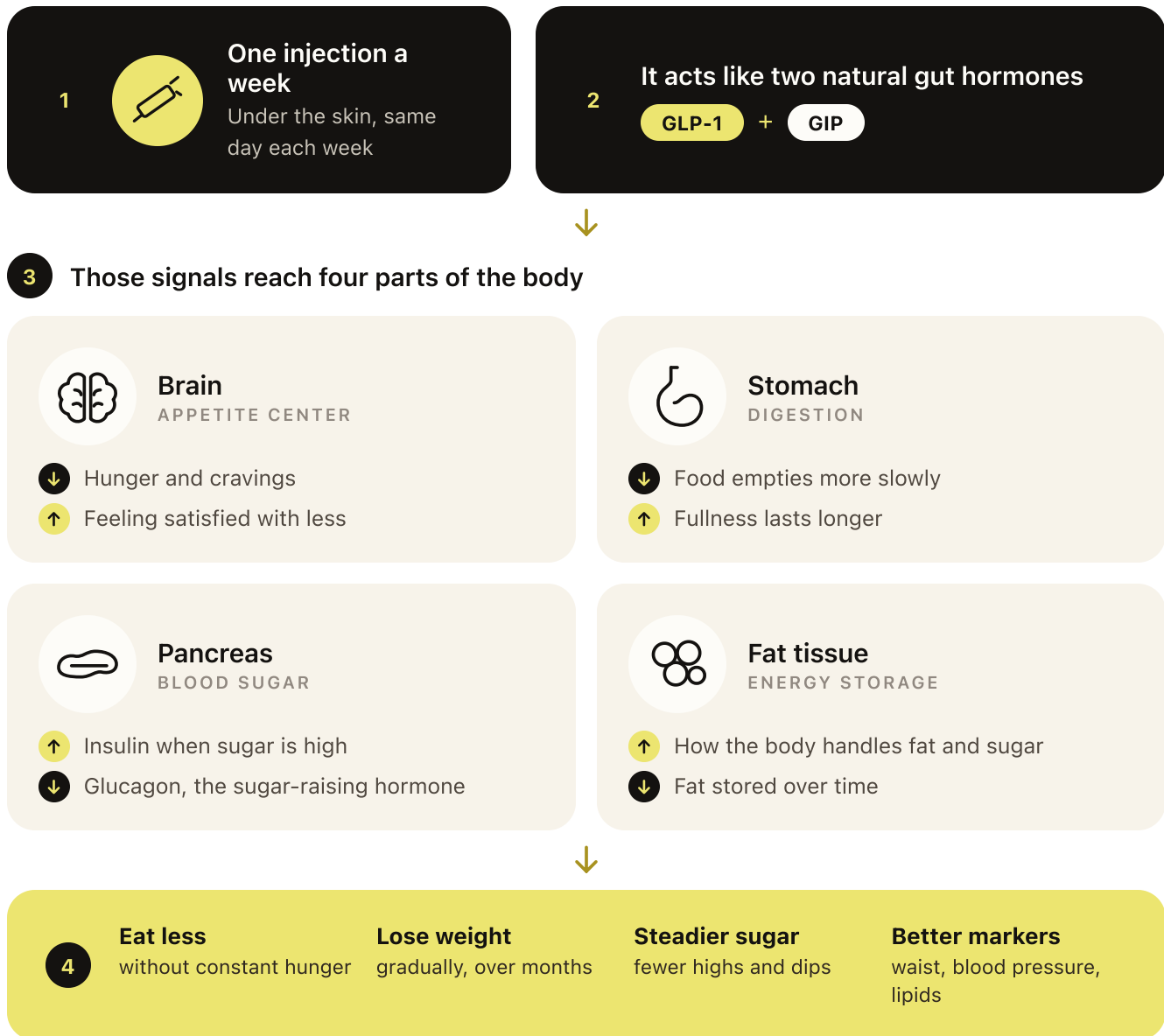
Tirzepatide stays active in the body for about a week (a half-life of roughly five days), so it is taken as one injection every seven days. Treatment starts at a low dose and increases in steps every four weeks or more, giving the digestive system time to adjust.

It is FDA-approved as Mounjaro for type 2 diabetes (2022) and as Zepbound for chronic weight management (2023), and later for moderate-to-severe obstructive sleep apnea in adults with obesity.

"A quieter appetite is the signal. Protein, fluids, and habits still do the work."

The Ltll care team

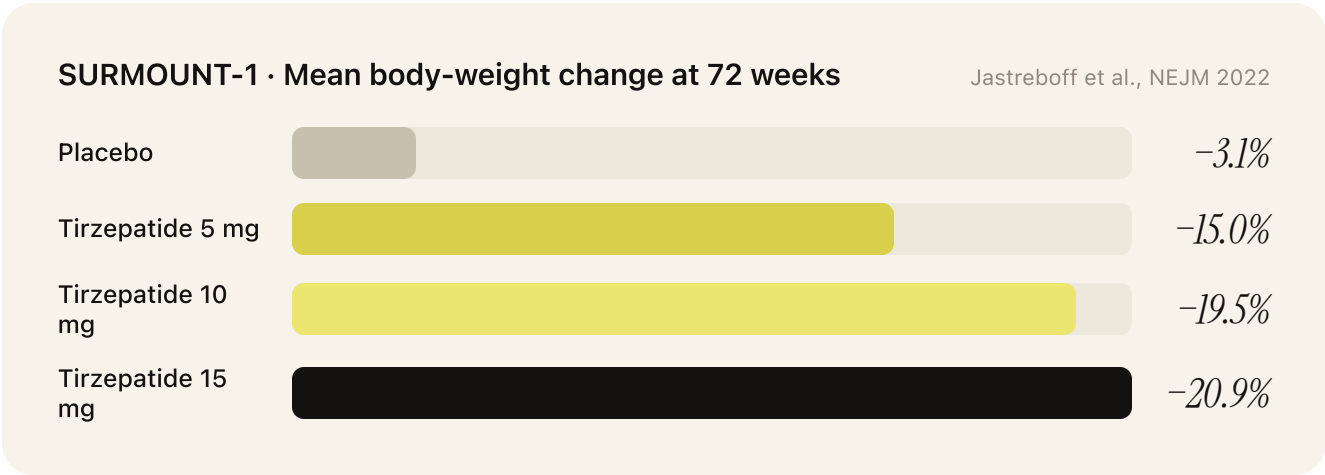
From one weekly dose to four places in the body.



Simplified illustration. Effects and their size vary by person and dose. GIP's exact role in weight loss is still being studied.

02 *Five trials, one consistent story.*

SURMOUNT is the phase 3 program that tested tirzepatide for weight management. Its first and largest trial enrolled 2,539 adults with obesity, or overweight plus a weight-related condition, without diabetes, and followed them for 72 weeks alongside diet and activity counseling.



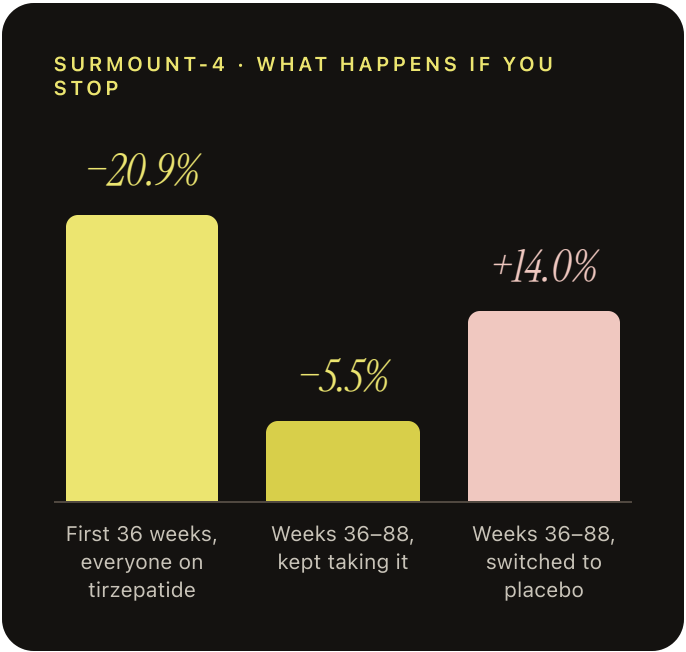
SHARE OF PARTICIPANTS REACHING EACH MILESTONE · SURMOUNT-1

WEIGHT LOST	PLACEBO	5 MG	10 MG	15 MG
5% or more	35%	85%	89%	91%
20% or more	3%	30%	50%	57%

Results from the treatment-regimen estimand in the published trial. All groups also received lifestyle counseling. Individual results vary.

Results held across different people.

TRIAL	WHO WAS STUDIED	KEY RESULT
SURMOUNT-1	Adults with obesity or overweight, no diabetes	–15.0% to –20.9% vs. –3.1% placebo at 72 weeks
SURMOUNT-2	Adults with obesity and type 2 diabetes	–12.8% to –14.7% vs. –3.2% placebo at 72 weeks
SURMOUNT-3	After a 12-week intensive lifestyle program	A further –18.4% vs. +2.5% placebo at 72 weeks
SURMOUNT-4	Continuing vs. stopping after 36 weeks	Continued: further –5.5%. Stopped: +14.0% regain
SURMOUNT-5	Head-to-head vs. semaglutide	–20.2% vs. –13.7% at 72 weeks



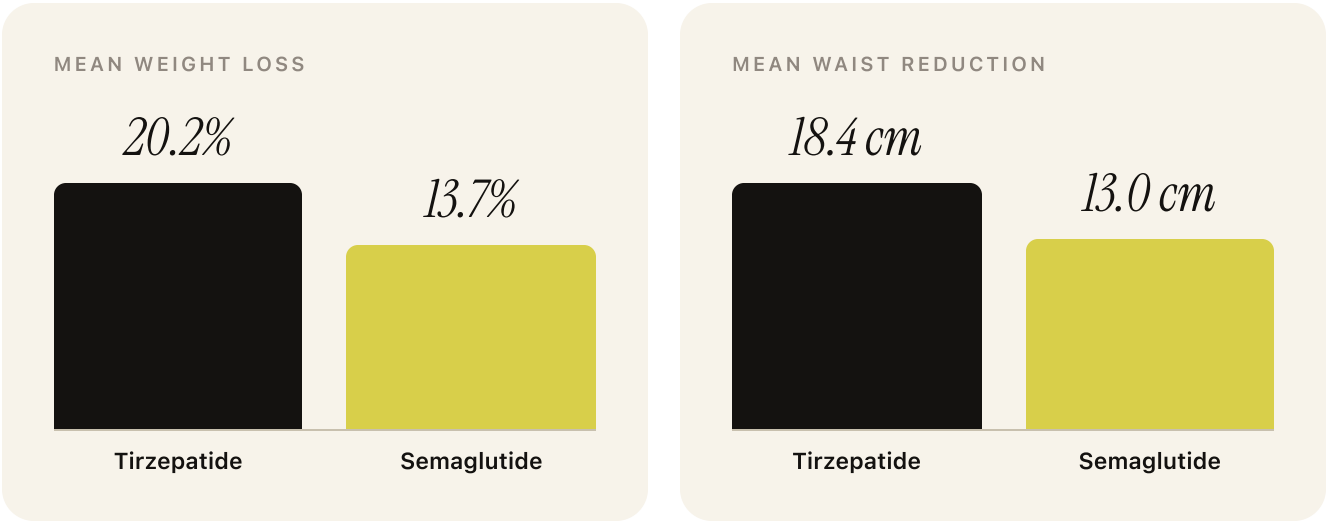
Obesity behaves like a chronic condition. So does the treatment.

After 36 weeks, participants who switched to placebo regained a meaningful share of the weight they had lost. Those who kept going lost more. Plan for tirzepatide as ongoing care, and make any change in dose or duration with your clinician.

03

Both work. One went further.

Semaglutide (Wegovy) and tirzepatide (Zepbound) are both once-weekly injections with strong evidence. SURMOUNT-5 was the first trial to compare them directly, in 751 adults with obesity and without diabetes, each at the highest tolerated dose for 72 weeks.



	TIRZEPATIDE	SEMAGLUTIDE
Receptors	GIP + GLP-1	GLP-1
Dosing	Once weekly	Once weekly
Pivotal trial result	–20.9% (SURMOUNT-1, 72 wks)	–14.9% (STEP 1, 68 wks)
Common side effects	Nausea, diarrhea, constipation, vomiting	Nausea, diarrhea, constipation, vomiting
Heart outcomes data	Studies ongoing / emerging	20% lower risk of major events (SELECT)

Cross-trial comparisons (STEP 1 vs. SURMOUNT-1) involve different populations and designs; SURMOUNT-5 is the direct comparison. The right choice depends on your health history, tolerance, and goals.

04 *Mostly digestive. Mostly early.*

The most common side effects are gastrointestinal and tend to appear after starting or increasing a dose, then ease as the body adjusts. In SURMOUNT-1, between 4% and 7% of people on tirzepatide stopped because of side effects, compared with about 3% on placebo.

Common

Nausea, diarrhea, constipation, vomiting, indigestion, reduced appetite, injection-site reactions.

When

Usually during the first weeks and after each dose increase. Most cases are mild to moderate.

What helps

Smaller meals, eating slowly, less greasy food, steady fluids, and not rushing dose increases.

LESS COMMON BUT SERIOUS RISKS

Thyroid C-cell tumors. Seen in rodents; a boxed warning applies. Not for people with a personal or family history of medullary thyroid cancer or MEN 2.

Gallbladder problems. Including gallstones, more likely with rapid weight loss.

Low blood sugar. Mainly when combined with insulin or sulfonylureas.

Pancreatitis. Severe, persistent abdominal pain, sometimes reaching the back, needs urgent care.

Dehydration & kidney strain. From ongoing vomiting or diarrhea.

Anesthesia. Slowed stomach emptying matters before surgery or sedation – tell your procedure team.



Birth control note. Tirzepatide can reduce how well birth control pills work, especially after starting and after each dose increase. The Zepbound label advises a backup or non-oral method for 4 weeks at those times. Stop at least 2 months before a planned pregnancy.

05

Same active ingredient, different path.

Tirzepatide is available as FDA-approved branded products and, in some cases, as a compounded medication prepared by a licensed pharmacy for an individual patient. Understanding the difference helps you ask the right questions.

	BRANDED (ZEPBOUND, MOUNJARO)	COMPOUNDED
FDA status	FDA-approved; reviewed for safety, effectiveness, and quality	Not FDA-approved; not reviewed before use
Made by	The manufacturer, under drug-manufacturing standards	A state-licensed or FDA-registered compounding pharmacy
When it's used	Any appropriate prescription	When a prescriber identifies a patient-specific clinical need
Format	Single-dose pens or vials at fixed doses	Usually multidose vials; concentrations vary by pharmacy
Evidence	SURMOUNT results apply directly	Trial results should not be assumed to transfer

QUESTIONS TO ASK ANY PROVIDER

- Is this branded or compounded?
- Which pharmacy prepares it, and is it licensed or FDA-registered?
- What is the concentration, and how many units is my dose?
- Who can I reach with questions, and when?

THE DOSING DETAIL THAT MATTERS

The FDA has reported dosing errors with compounded GLP-1 medications, often from confusion between milligrams, milliliters, and syringe units. Always confirm your dose in milligrams **and** the exact syringe marking with your care team, especially with each new vial.

06 *Progress looks like more than a number.*

In trials, weight loss on tirzepatide came with improvements in waist size, blood pressure, blood sugar, and cholesterol measures. For many people, the changes that matter most are energy, mobility, sleep, and how they feel day to day.

500k+

patients supported by Lttl

32 lbs

average weight lost
in 6 months by Lttl
tirzepatide patients*

4.9 ★

average rating from
12,000+ reviews

*Lttl internal patient data. Individual results vary and are not guaranteed.

HOW L TTL SUPPORTS TREATMENT

Board-certified clinicians

Licensed providers review your history and guide every dose change.

Same price, every dose

No price increases as your dose goes up.

Unlimited 24/7 support

Reach the care team any time at (888) 847-7806 📞
or hello@lttl.com.



Where the numbers come from.

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9. U.S. Food and Drug Administration. FDA's concerns with unapproved GLP-1 drugs used for weight loss.
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IMPORTANT INFORMATION

This whitepaper is educational and does not replace medical advice, diagnosis, or treatment. Trial results describe FDA-approved tirzepatide in specific populations under study conditions and may not reflect individual outcomes. Compounded medications are not FDA-approved. Tirzepatide is not right for everyone; do not use it if you or a family member has had medullary thyroid carcinoma or if you have MEN 2. Discuss your full health history and all medications with a licensed clinician before starting.

Questions? Talk to our care team.

(888) 847-7806  hello@lttl.com · lttl.com

Lttl



Tirzepatide

Compounded
GLP-1 + GIP
Injectable

Multiple doses
Rx only