THE PACKAGE INSERT SERIES

Ozempic, Wegovy, Mounjaro, Trulicity, Zepbound — What the Labels Say About a Class That Reshaped Medicine in Five Years

BY

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> **A note on language**
> This series reads what the FDA-approved prescribing information actually says, in the terms the labels themselves use. Those terms come from conventional pharmacology and immunology — antibodies, immune response, autoimmune, immunogenicity, and similar. I do not accept that vocabulary as a description of what the body is actually doing, and readers of my other work know the reasons.

I use the terms in these installments for a specific reason: the strongest critique of any pharmaceutical label is almost always the label's own words, measured by the label's own methods, admitted by the label's own manufacturer. Softening the terminology loses the force of the admission. When a label reports that 51% of patients developed antibodies and then admits it cannot characterise the effect of those antibodies, the reader should see both halves in the label's own language. The measurement and the admission belong together. Whether the framework producing the measurement is the right framework is a separate question, discussed elsewhere.

In the clinical trials submitted to the FDA for Mounjaro, the manufacturer's assays detected what the label calls anti-tirzepatide antibodies in 51% of treated adults — 2,570 of 5,025. In the trials for Zepbound, the figure was 64.5% — 1,591 of 2,467. A substantial share of what was detected cross-reacted with the patient's own GLP-1 or GIP — the hormones the body uses to regulate appetite, insulin and digestion. The labels report the findings and state that no clinically significant effect has been identified, while noting that available evidence is insufficient to characterise the effects on pharmacodynamics, safety or effectiveness.

The five top-selling GLP-1 drugs in the United States — Ozempic, Wegovy, Mounjaro, Trulicity and Zepbound — share a boxed warning for thyroid cancer in rodents whose human relevance "has not been determined". They share a pattern of embryofetal abnormalities in rats, rabbits and monkeys at clinically relevant exposures. They carry warnings for pancreatitis, kidney injury, gallbladder disease, severe GI reactions, hypersensitivity, diabetic retinopathy, and pulmonary aspiration during anaesthesia — the last added in 2024 and 2025, with the labels admitting they cannot yet tell doctors how to mitigate it. Wegovy carries warnings for heart-rate increase and suicidal ideation that Ozempic does not, despite containing the same molecule. Zepbound carried a suicidal ideation warning and removed it in February 2026. These are statements from the FDA-approved labels, written by the manufacturers, reviewed by the regulators, and filed with the agency.

This is the fourth installment in The Package Insert, a paid subscriber series that reads FDA-approved prescribing information for major drug classes. The five drugs here — Ozempic and Wegovy (semaglutide, Novo Nordisk), Mounjaro and Zepbound (tirzepatide, Eli Lilly), and Trulicity (dulaglutide, Eli Lilly) — were approved between 2014 and 2023. More than a tenth of American adults have now used one. Everything that follows comes from their package inserts. If you're currently taking a GLP-1, considering one, or have a family member on one, this is the installment to start with.

The immunogenicity finding in the tirzepatide labels

Section 12.6 of the Mounjaro label reports that during the 40- to 104-week treatment periods of seven clinical trials, 51% of Mounjaro-treated patients developed anti-tirzepatide antibodies. Of those, 34% produced antibodies that cross-reacted with native GIP, and 14% with native GLP-1. GIP is glucose-dependent insulinotropic polypeptide, a hormone the gut releases after meals to signal insulin release. GLP-1 is the other incretin hormone, regulating appetite, gastric emptying, insulin secretion and glucagon suppression. These are the body's own signalling peptides.

The Zepbound label reports the figure as 64.5%, with 40% cross-reactive to native GIP and 16.5% to native GLP-1. Both labels say: “No clinically significant effect of anti-tirzepatide antibodies on pharmacokinetics or effectiveness… has been identified.”

For comparison: Ozempic, 1% of 3,150 treated patients developed anti-drug antibodies (0.6% cross-reactive to native GLP-1). Trulicity, 1.6% of 3,907 (0.9% developed neutralising antibodies). Wegovy, 3% of 1,709 (2% cross-reactive to native GLP-1). The tirzepatide rate is between 17 times and 64 times the rate for the other three drugs in the class. The labels note that assay methodology differs across trials and that cross-drug comparisons are not directly reliable. This caveat does not dissolve the difference between 1% and 64.5%.

The Zepbound label adds two findings under Adverse Reactions. Hypersensitivity reactions occurred in 6.2% of antibody-positive Zepbound patients versus 3% of antibody-negative. Injection-site reactions occurred in 11.3% of antibody-positive patients versus 1% of antibody-negative patients — an elevenfold difference, reported in the same label that says no clinically significant effect has been identified.

On the broader question, Wegovy 12.6 concludes: “There is insufficient evidence to characterize the effects of anti-semaglutide antibodies on pharmacodynamics, safety, or effectiveness of semaglutide products.” In the pediatric Mounjaro trial, 30 of 61 patients — 49% — developed anti-tirzepatide antibodies.

Reading across the class: the manufacturers' assays detect, in the majority of tirzepatide-treated patients, what the labels call anti-tirzepatide antibodies — and, in a substantial subset of those patients, proteins that also bind the patient's own GLP-1 and

GIP. The rate is a fraction of that for dulaglutide and semaglutide. What this means for long-term metabolic regulation, the labels do not say. What they say is that the evidence to characterise the effect is insufficient.

> ASK YOUR DOCTOR
> *What is my likelihood of having the response the manufacturer's assays call anti-tirzepatide antibodies, and what does the manufacturer know about long-term consequences for my own GLP-1 and GIP?*

The same molecule, two labels

Ozempic and Wegovy both contain semaglutide. Mounjaro and Zepbound both contain tirzepatide. In each pair, the drug, the manufacturer, the injection device and the mechanism are identical. What differs is the approved indication, the maintenance dose, and — in ways that reward close reading — the warnings the label emphasises.

Ozempic is approved for glycaemic control in type 2 diabetes, cardiovascular risk reduction in diabetics with established CVD, and kidney outcomes in diabetics with chronic kidney disease. Maintenance dose 0.5, 1 or 2 mg weekly. Wegovy is approved for cardiovascular risk reduction in adults with obesity or overweight plus established CVD, for weight reduction in adults and paediatric patients 12 and older, and — under accelerated approval pending a confirmatory trial — for MASH with moderate to advanced liver fibrosis. Maintenance dose 1.7 or 2.4 mg weekly.

Wegovy's Warnings section contains two items the Ozempic label does not: Heart Rate Increase (5.9) and Suicidal Behavior and Ideation (5.10). The heart-rate warning describes mean increases of 1 to 4 bpm, with 26% of Wegovy-treated adults versus 16% of placebo-treated adults showing maximum increases of 20 bpm or more at any visit. In paediatric patients with normal baseline heart rate, 54% of Wegovy-treated patients versus 39% on placebo. The label instructs: “If patients experience a sustained increase in resting heart rate, discontinue WEGOVY.” The Ozempic label, describing the same molecule in type 2 diabetes trials, reports a mean heart-rate increase of 2 to 3 bpm, no warning. No discontinuation instruction.

The Wegovy suicidal ideation warning instructs physicians to monitor for emergence of depression or suicidal thoughts, discontinue if symptoms develop, and avoid prescribing to patients with a history of suicidal attempts or active suicidal ideation. The Ozempic label has nothing equivalent.

Zepbound carried the same Suicidal Behavior and Ideation warning as Wegovy. The Recent Major Changes section of the current Zepbound label reads: “Suicidal Behavior and Ideation (Removed) 02/2026.” Mounjaro never carried it. Within the tirzepatide family, Mounjaro has

no warning because its indication is diabetes, Zepbound only had one because its indication includes weight loss, and the warning was removed in February 2026. Wegovy still carries it. The labels now disagree about the same question, for drugs approved in overlapping indications.

> ASK YOUR DOCTOR
> *I know the brand of the drug I'm taking. Which warnings appear on the label for the other brand that contains the same molecule, and why isn't my doctor obligated to share them with me?*

The warning added and the warning removed

Across 2024 and 2025, every label in the class received updates to its Severe Gastrointestinal Adverse Reactions section. Four of the five added a new warning for Pulmonary Aspiration During General Anesthesia or Deep Sedation. The warning describes rare post-marketing reports of food or liquid entering the lungs during elective surgery in patients who had followed pre-operative fasting recommendations. Because GLP-1 drugs delay gastric emptying, patients can have residual food in the stomach hours or days after their last meal, which can be aspirated during anaesthesia.

The Ozempic label on this risk: “Available data are insufficient to inform recommendations to mitigate the risk of pulmonary aspiration during general anesthesia or deep sedation in patients taking OZEMPIC, including whether modifying preoperative fasting recommendations or temporarily discontinuing OZEMPIC could reduce the incidence of retained gastric contents.” The other labels use nearly identical language.

Stated plainly: the labels acknowledge a known risk, note that patients are continuing to experience it despite following standard fasting, and concede that the manufacturers and regulators do not know whether extending the fast, stopping the drug, or doing both would help. The instruction to patients is to inform their healthcare providers before any planned surgery. The responsibility for figuring out what to do then falls to the surgeon and anaesthetist.

The Zepbound label removed its Suicidal Behavior and Ideation warning in February 2026. The Recent Major Changes entry reads simply “Suicidal Behavior and Ideation (Removed)”. The clinical question — whether tirzepatide used for weight reduction is associated with increased risk of suicidal thoughts or behaviour — was apparently judged not to warrant the warning. Wegovy's label, unchanged on this point, still instructs physicians to avoid prescribing semaglutide to patients with a history of suicidal attempts or active ideation.

> ASK YOUR DOCTOR
> *If I am scheduled for surgery, what is your actual protocol for managing my GLP-1 — how long before surgery do I stop it, what evidence informs that timing, and what is your plan if I have retained gastric contents despite fasting?*

Thyroid C-cell tumours in every rat study

The boxed warning on every GLP-1 label describes dose-dependent and treatment-duration-dependent increases in thyroid C-cell tumours — adenomas and carcinomas — in lifetime carcinogenicity studies in mice and rats. The drugs produce these tumours at exposures at or below those used in humans. In the Wegovy 2-year rat study, statistically significant increases appeared in both sexes at every dose, starting at 0.5-fold human exposure. In the Mounjaro and Zepbound rat studies, statistically significant increases in adenomas and carcinomas combined appeared in males and females at every dose examined, starting at 0.1-fold human exposure.

Each label then makes the same statement: “Human relevance of thyroid C-cell tumors in rats is unknown and could not be determined by clinical studies or nonclinical studies.”

The labels do not say the tumours will not occur in humans. They say the question could not be determined. Monitoring is addressed separately: “Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with [the drug].” The reason given is that calcitonin testing has low specificity and thyroid disease is common, so monitoring would produce more unnecessary procedures than genuine detections.

The net situation for a patient on any of these drugs: the drug causes tumours in rats, whether it causes tumours in humans is unknown, and monitoring for those tumours is not recommended because the tests are unreliable. The contraindication for patients with a personal or family history of medullary thyroid carcinoma or MEN 2 is universal across the class. One case of MTC was reported in a Trulicity-treated patient during a clinical trial, and one case of C-cell hyperplasia with elevated calcitonin in the REWIND trial. Cases in liraglutide-treated patients have been reported in post-marketing surveillance. The labels describe the data as “insufficient to establish or exclude a causal relationship between MTC and GLP-1 receptor agonist use in humans.” The labels have said this for a decade.

> ASK YOUR DOCTOR
> *You're prescribing a drug that causes thyroid tumours in rats at exposures below my own, and the label says monitoring me isn't reliable. What is your actual clinical plan if I develop neck symptoms three years into treatment?*

What the labels admit about mechanism

The Ozempic label, section 12.1, describes semaglutide's effects on glucose: insulin secretion stimulated, glucagon suppressed, early post-prandial gastric emptying delayed. Then: “The mechanism of kidney-related risk reduction has not been established.” The Wegovy label, covering the same molecule for cardiovascular indications, states: “The exact mechanism of CV risk reduction has not been established.” For MASH, Wegovy states that “the precise mechanism of action of semaglutide is not fully understood and may involve multiple pathways mediated by weight loss and other factors”.

Ozempic is approved to reduce kidney and cardiovascular events in diabetics with CKD — evidence from the FLOW trial, 3,533 patients, 24% relative risk reduction. Wegovy is approved to reduce major adverse cardiovascular events in adults with obesity plus established CVD — evidence from SELECT, 17,604 patients, 20% relative reduction. Benefit presented as established; mechanism presented as unestablished.

The distinction matters. A drug that produces a specific physiological effect through a specific mechanism gives its user a model: here is what the drug is doing, here is where it might go wrong, here are the organ systems to watch. A drug that produces an outcome through unspecified pathways provides only the outcome and the inference that taking the drug produced it. The GLP-1 labels report the outcomes in detail. They do not claim to know why the drugs produce those outcomes beyond the glycaemic and appetite effects.

> ASK YOUR DOCTOR
> *If the mechanism of benefit is unestablished, what are you monitoring to tell whether the drug is doing what it's supposed to do versus doing something else entirely?*

Female-rat fertility findings, consistent across the class

In section 13.1 of every label, the same pattern appears in female fertility findings from combined fertility and embryo-fetal development studies. In female rats administered semaglutide (Ozempic and Wegovy), estrus cycle length increased at all dose levels, with reduced corpora lutea at clinically relevant exposures. In female rats administered tirzepatide (Mounjaro and Zepbound), prolonged diestrus appeared at all dose levels, along with decreases in corpora lutea, implantation sites and viable embryos. In female rats administered dulaglutide (Trulicity), prolonged diestrus and dose-related decreases in corpora lutea, implantation sites and viable embryos appeared at exposures at or above 13-fold the human dose.

Corpora lutea are the structures formed after ovulation that produce progesterone; their reduction indicates fewer successful ovulations. Implantation sites are where fertilised embryos attach to the uterine wall. Viable embryos are embryos that survive early gestation. Across three different molecules, the labels report the same class of findings: disruption of the estrous cycle, reduction in ovulation and, for tirzepatide and dulaglutide, direct reductions in implantation and embryo viability.

Each label explains these findings with nearly identical language: the effects are "likely an adaptive response secondary to the pharmacological effect of [drug] on food consumption and body weight," or similar.

The explanation is biologically plausible: rats that eat less and lose weight exhibit disrupted reproduction. It also locates the cause in the weight loss itself rather than the drug's other mechanisms. For a drug prescribed specifically to produce weight loss in humans, the distinction collapses. If the drug's primary effect produces reproductive disruption in rats, the primary effect in a human population is the same primary effect.

> ASK YOUR DOCTOR
> *If I lose substantial weight on this drug, should I expect my own cycle regulation to be affected, and what does the evidence say about human fertility on GLP-1s?*

Embryofetal toxicity in three species

The semaglutide labels report the most detailed embryofetal toxicology data. The rat study found embryofetal mortality, structural abnormalities and alterations to growth at maternal exposures below the maximum recommended human dose. Offspring showed reduced growth and fetuses with visceral abnormalities in the heart blood vessels and skeletal abnormalities in the cranial bones, vertebrae and ribs. The rabbit study reported early pregnancy losses and visceral abnormalities (kidney, liver) and skeletal abnormalities (sternebra) at clinically relevant exposures starting at 0.1-fold the human dose. The monkey study found sporadic abnormalities of vertebrae, sternebrae and ribs at 2-fold human exposure; a pre- and post-natal monkey study found increased early pregnancy losses and delivery of slightly smaller offspring at 2-fold human exposure. All findings coincided with marked maternal body weight loss.

The Mounjaro label reports similar findings in tirzepatide: fetal growth reductions and fetal abnormalities in rats at clinical exposure, fetal growth reductions in rabbits at clinically relevant exposures, coincident with maternal weight and food consumption effects.

The Wegovy label states: "Weight loss offers no benefit to a pregnant patient and may cause fetal harm. When a pregnancy is recognized, advise the pregnant patient of the risk to a

fetus, and discontinue WEGOVY."

Because semaglutide has an elimination half-life of approximately one week and is present in circulation for five to seven weeks after the last dose, both Ozempic and Wegovy labels instruct women of reproductive potential to discontinue at least two months before a planned pregnancy. The Mounjaro and Zepbound labels do not specify a washout period; tirzepatide has a similarly long half-life.

For women taking these drugs for reasons other than pregnancy planning, the labels note that available data in pregnant patients are "insufficient to evaluate for a drug-related risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes." These drugs cause fetal harm in three species at clinically relevant exposures. The labels lack sufficient human data to say whether they cause fetal harm in humans. They instruct women who might become pregnant to stop the drug at least two months in advance. This advice depends on the pregnancy being planned — a substantial share of human pregnancies are not.

> ASK YOUR DOCTOR
> *If I become pregnant unexpectedly while on this drug, what is your protocol, and how will you account for the five to seven weeks during which the drug remains in my circulation after I stop?*

The oral contraceptive interaction

The Mounjaro and Zepbound labels contain a drug interaction instruction that does not appear in the semaglutide or dulaglutide labels. Because tirzepatide delays gastric emptying, it may reduce the efficacy of oral hormonal contraceptives. The delay is largest after the first dose and is reset at each dose escalation.

The instruction: "Advise patients using oral hormonal contraceptives to switch to a non-oral contraceptive method or add a barrier method of contraception for 4 weeks after initiation and for 4 weeks after each dose escalation with MOUNJARO. Hormonal contraceptives that are not administered orally should not be affected."

Tirzepatide dose escalations proceed from 2.5 to 5 to 7.5 to 10 to 12.5 to 15 mg at minimum four-week intervals. A patient escalating to maximum dose on the fastest permitted schedule is in a supplementary contraception window continuously for the first several months of initiation. The same gastric-emptying delay could affect any orally administered drug whose effect depends on precise plasma concentrations — the labels flag narrow-therapeutic-index drugs like warfarin for monitoring.

> ASK YOUR DOCTOR
> *If gastric emptying is delayed enough to affect oral contraceptive absorption, what does that mean for the timing and reliability of other oral medications I take, including ones that weren't in the manufacturer's interaction studies?*

The Wegovy fracture signal

In the SELECT cardiovascular outcomes trial, more fractures of the hip and pelvis were reported on Wegovy than on placebo in female patients — 1% (24 of 2,448) versus 0.2% (5 of 2,424). In patients aged 75 years and older, 2.4% (17 of 703) versus 0.6% (4 of 663). In the MASH trial, fractures occurred in 4.4% of Wegovy-treated patients versus 3.3% of placebo-treated patients, at a median age of 61.

The label does not assign a cause. Possibilities include loss of bone density from substantial weight loss, increased fall risk from muscle loss and orthostatic changes, and blood pressure effects: Wegovy's label reports hypotension-related adverse reactions in 1.3% versus 0.4%, and syncope in 0.8% versus 0.2%. In paediatric patients aged 12 and older, hypotension was reported in 2.3% versus 0%.

The fracture risk at age 75 and over appears to quadruple on the data the label reports. The fracture risk in adult women appears to quintuple. These are the manufacturer's own figures from the manufacturer's own cardiovascular outcomes trial. They are not in most patient-facing materials.

> ASK YOUR DOCTOR
> *If I am a woman over 65, or any patient over 75, on Wegovy for any reason, what is your bone-health monitoring plan, and do I need a baseline DEXA and follow-up imaging?*

Gastrointestinal reactions and the female-specific pattern

The class's most common side effects are gastrointestinal, and the labels quantify them differently depending on whether the dose being studied is a diabetes dose or a weight-loss dose.

Ozempic at 1 mg for type 2 diabetes: nausea 20.3% versus 6.1% placebo, any GI adverse reaction 36.4% versus 15.3%. Wegovy at 2.4 mg for weight reduction: nausea 44% versus 16%, any GI reaction 73% versus 47%. Same molecule, higher dose, roughly double the rates. Mounjaro at 15 mg for type 2 diabetes: nausea 18% versus 4%. Zepbound at 15 mg for weight

reduction: nausea 28% versus 8%.

Severe gastrointestinal reactions are distinguished from common ones. Ozempic at 1 mg: 0.8% severe. Wegovy at 2.4 mg: 4.1%. Mounjaro at 15 mg in adults: 1.2%. Trulicity at 1.5 mg: 4.3%. Permanent discontinuation due to GI reactions: 3.8% of Ozempic-treated patients at 1 mg, 6.8% of Wegovy-treated patients overall.

The post-marketing sections of all five labels list ileus. Four of the five — Wegovy, Mounjaro, Trulicity and Zepbound — also list intestinal obstruction, severe constipation including faecal impaction, and acute pancreatitis including haemorrhagic and necrotising pancreatitis "sometimes resulting in death." The Ozempic label lists ileus alone in the GI post-marketing section — the only label in the class that does not list necrotising pancreatitis as a post-marketing finding, despite Wegovy (the same molecule) listing it.

All five labels contain some version of: "[The drug] is not recommended in patients with severe gastroparesis." Gastroparesis is delayed gastric emptying. The drugs cause delayed gastric emptying. The labels recommend against the drugs in patients with severe delayed gastric emptying. The recommendation relies on prescribers identifying pre-existing severe gastroparesis in a population where, by the drug's mechanism, new gastroparesis-like symptoms can emerge during treatment.

A female-specific pattern runs through the adverse-reactions sections. The Zepbound label reports hair loss in 7.1% of female patients versus 1.3% on placebo (males: 0.5% versus 0%) — a fivefold increase over baseline. Wegovy's fracture signal is concentrated in women and patients over 75. In the paediatric Wegovy trial of 201 patients aged 12 and older, ALT elevations to five times or more the upper limit of normal occurred in 3% versus 0% on placebo; cholelithiasis in 3.8% versus 0%; cholecystitis in 0.8% versus 0%; hypotension in 2.3% versus 0%; rash in 3% versus 0%; urticaria in 3% versus 0%.

The Wegovy label also reports mean increases of 15 to 16% in amylase and 39% in lipase during weight-reduction trials. In the MASH trial, elevations in lipase greater than three times the upper limit of normal occurred in 4.7% (35 of 750) of Wegovy-treated patients versus 1.3% (5 of 374) of placebo-treated patients. "The clinical significance of elevations in lipase or amylase with WEGOVY is unknown in the absence of other signs and symptoms of pancreatitis."

> ASK YOUR DOCTOR
> *If I develop persistent nausea, vomiting, severe constipation, or inability to tolerate normal meals, what is your protocol for distinguishing expected side effects from ileus, pancreatitis, or new-onset gastroparesis requiring drug discontinuation? And if I am a woman on one of these drugs, how does that change my monitoring?*

The pattern of “not studied” admissions

The five labels, read together, accumulate a list of things the manufacturers have told the FDA they have not studied, determined, evaluated or characterised. It is not a list of trivial omissions.

The human relevance of the thyroid C-cell tumours the drugs cause in rats has not been determined. This has been true since 2014 and is still true in the 2026 labels. The mechanism of cardiovascular benefit has not been established for Wegovy. The mechanism of kidney benefit has not been established for Ozempic. The mechanism of action in MASH is not fully understood, and the indication is approved under accelerated approval pending a confirmatory trial.

The effect of long-term glycaemic control with semaglutide on diabetic retinopathy complications has not been studied, despite early worsening of retinopathy having been documented in clinical trials. Mounjaro and Zepbound have not been studied in patients with proliferative diabetic retinopathy or diabetic macular edema.

Paediatric use is not established for most indications. Wegovy explicitly states that paediatric trials for cardiovascular risk reduction are “highly impracticable because of the low prevalence of the condition in pediatric patients” — the trials have not been done and will not be done.

The effects of what the labels call anti-drug antibodies on pharmacodynamics, safety and effectiveness are characterised as insufficiently studied for Wegovy, unknown for Trulicity in paediatric patients, and not clinically significant “as identified” for Mounjaro and Zepbound — where the manufacturers' assays detect these proteins in the majority of treated patients.

Available data are insufficient to inform recommendations for mitigating the risk of pulmonary aspiration during anaesthesia. The background risk of miscarriage for indicated populations is unknown. Whether patients who experienced anaphylaxis on one GLP-1 will experience anaphylaxis on another is unknown.

Each admission is reasonable on its own terms. Medicine does not know what it does not know. What reading the labels together reveals is how much of what a patient or prescriber would want to know about a GLP-1 drug — mechanism, long-term consequences, cross-drug comparability, paediatric safety, pregnancy risk, surgical mitigation — falls into the category of questions the manufacturers and regulators have not answered. For a class on the market for over a decade in its earliest form, the accumulation is notable. The labels do not hide it. They state it, section by section, across all five drugs.

Questions to take to your doctor

If you are taking one of these drugs, considering one, or evaluating the decision for a family member, here is a consolidated list of questions drawn from the label content directly.

1. For patients on Mounjaro or Zepbound: what do the manufacturer's assays detect in roughly half to two-thirds of treated patients, what percentage of what is detected cross-reacts with my own GLP-1 and GIP, and what does the current evidence say about long-term consequences?
2. I know the brand of the drug I'm taking. Which warnings appear on the label for the other brand that contains the same molecule, and why aren't those warnings part of our discussion?
3. If I am scheduled for surgery, what is your actual protocol for managing my GLP-1 — how long before surgery do I stop, what evidence informs that timing, and what is your plan if I have retained gastric contents despite fasting?
4. Given that the drug causes thyroid tumours in rats at exposures below mine, and given that the label says monitoring me for those tumours isn't reliable, what is your actual clinical plan if I develop neck symptoms during treatment?
5. If the mechanism of cardiovascular or kidney benefit is unestablished, what are you monitoring to tell whether the drug is doing what it's supposed to do versus doing something else entirely?
6. If I become pregnant unexpectedly on this drug, what is your protocol, and how will you account for the five to seven weeks the drug remains in my circulation after I stop?
7. On tirzepatide, what does that gastric-emptying delay mean for the reliability of other oral medications I take, including ones that weren't in the manufacturer's interaction studies?
8. If I am a woman over 65 or any patient over 75 on Wegovy, what is your bone-health monitoring plan?
9. If I develop persistent nausea, vomiting, severe constipation or inability to tolerate normal meals, what is your protocol for distinguishing expected side effects from ileus, pancreatitis or new-onset gastroparesis requiring drug discontinuation?
10. For paediatric Wegovy or Mounjaro: what is the appropriate frequency of liver function testing, gallbladder evaluation and blood pressure monitoring?
11. What is the exit plan from this drug? If I lose weight and stop taking it, what do the label and the evidence base say about weight regain, metabolic adaptation, and which side effects resolve versus persist?

> Disclaimer
> This article is not medical advice. Its purpose is to help readers see what is written on drugs they may be taking or considering, and to ask better questions of the clinicians managing their care. Decisions about starting, continuing or stopping any prescription medication belong between a patient and their physician.

Sources

All content in this installment is drawn from the FDA-approved prescribing information for the following products, obtained from FDA.gov/drugsatfda:

- OZEMPIC (semaglutide) injection, Novo Nordisk, NDA 209637, Revised January 2025
- WEGOVY (semaglutide) injection, Novo Nordisk, NDA 215256, Revised August 2025
- MOUNJARO (tirzepatide) injection, Eli Lilly, NDA 215866, Revised December 2025
- TRULICITY (dulaglutide) injection, Eli Lilly, Revised March 2026
- ZEPBOUND (tirzepatide) injection, Eli Lilly, NDA 217806, Revised February 2026

Complete prescribing information for any currently marketed drug is available at FDA.gov/drugsatfda by searching the brand or generic name.