press release

People with type 2 diabetes who were increased to semaglutide 2 mg were as likely to achieve an HbA_{1c} less than 7% and more likely to achieve greater than 5% weight loss than those who were switched to tirzepatide, in real-world data

- Adults with type 2 diabetes on semaglutide 1 mg whose dose was increased to 2 mg were as likely to reach an HbA_{1c} level <7% and were more likely to see weight loss of ≥5% vs those who were switched to tirzepatide 2.5 mg or 5 mg with allowed titration up to 15 mg[1]

- This retrospective claims analysis, across >64,000 US adults, offered exploratory insights of patients with type 2 diabetes who were escalated from 1 mg to 2 mg semaglutide vs switching to tirzepatide, in a real-world dose titration[1]

Plainsboro, NJ and Bagsværd, Denmark, 6 June 2026 – Novo Nordisk today announced new real-world evidence in adults with type 2 diabetes (T2D) treated with once-weekly semaglutide 1 mg that examines how escalating to semaglutide 2 mg compares with switching to tirzepatide and supports patient goals for HbA_{1c} and weight loss. By one year, both groups were associated with similar proportions of patients achieving an HbA_{1c} of <7%, and people on semaglutide 2 mg had a statistically significantly higher event rate for achieving weight loss ≥5% when compared to people switching to tirzepatide (starting on 2.5 mg or 5 mg with the ability to titrate).[1] This retrospective cohort analysis, drawn from a large US claims database (January 2018 - September 2025), supports escalating to semaglutide 2 mg as a clinically appropriate and effective treatment strategy.[1] These findings will be presented at the 2026 Scientific Sessions of the American Diabetes Association® (ADA) on Sunday, June 7.

“These data analyzed an important clinical consideration: for patients already on semaglutide therapy, dose escalation of current therapy may get patients to their treatment goals compared to transitioning to a different therapy,” said Michael Radin, MD, Executive Medical Director at Novo Nordisk Inc. “These real-world findings directly support the established ADA guidelines, which recommend that many adults with type 2 diabetes strive for an HbA_{1c} under 7% alongside at least a 5% to 7% reduction in body weight.”

Novo Nordisk Inc.
US Communications

800 Scudders Mill Road
Plainsboro, NJ 08536
USA

Telephone: +1 609-987-5800

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For blood glucose outcomes, results from the cohort of >64,000 adults living with T2D (escalated to semaglutide 2 mg, n=55,550; switched to tirzepatide, n=9,338; baseline HbA_{1c}: 7.2%) showed comparable rates of patients reaching an HbA_{1c} <7% by one year were observed with both semaglutide 2 mg and tirzepatide. By one year, 74.7% (95% CI: 73.3%–76.2%) of adults who were escalated to semaglutide 2 mg achieved HbA_{1c} <7% compared with 75.1% (95% CI: 74.0%–76.2%) who switched to tirzepatide (P<0.001). Adults in both groups were similarly likely to achieve an HbA_{1C} <7% over the time variable follow-up period (estimate: 0.98; 95% CI: 0.94–1.02; P=0.343).[1]

In terms of weight loss, in a cohort of >56,000 adults living with T2D (escalated to semaglutide 2 mg, n=48,596; switched to tirzepatide, n=8,256), the analysis found that people on semaglutide 2 mg had a higher event rate for achieving weight loss ≥5% compared to people switching to tirzepatide (starting at 2.5 mg or 5 mg with ability to titrate), from a baseline of 105 kg and 106.2 kg, respectively.[1] By one year, 60.5% (95% CI: 58.7%–62.3%) of adults who escalated to semaglutide 2 mg achieved ≥5% weight loss compared with 55.3% (53.9%–56.7%) who switched to tirzepatide (P<0.001). Adults who escalated their dose also had a higher likelihood of achieving ≥5% weight loss over time (HR 1.19; 95% CI 1.15–1.24; P<0.001), underscoring a statistically significant difference for dose escalation in this real-world analysis.[1]

Across both HbA_{1c} and weight loss cohorts, after switching to an initial tirzepatide dose of either 2.5 mg or 5 mg, clinicians had the flexibility to titrate across the tirzepatide dosing regimen, where approximately 24% of the HbA_{1c} cohort and approximately 40% of the weight loss cohort reached doses of tirzepatide that were >5 mg and approximately 3%-5% reached tirzepatide 15 mg.[1]

“These real-world findings offer a useful perspective on how we think about intensifying therapy for adults with type 2 diabetes who may need additional glycemic control,” said Kathryn S. Tierney, MSN, APRN, FNP-BC, FAANP, Middlesex Health MultiSpecialty Group in Middletown, CT. “In practice, many patients already on semaglutide may prefer to build on that foundation rather than start over with a new medication. The potential to reach blood glucose goals with meaningful weight loss makes maximizing semaglutide escalation a sensible, patient-focused approach for healthcare professionals and patients to discuss.”

Real-world study data can provide valuable insights into how treatments work outside of controlled clinical trial settings. Real-world data analyses also have several limitations; results may reflect residual unmeasured confounding, while associations can be demonstrated, causal relationships cannot be definitively established. Additionally, use of retrospective claims data may exclude patients with intermittent coverage or underserved populations, potentially limiting generalizability.

About COMPETE SWITCH

COMPETE SWITCH is a retrospective cohort study using Komodo Health's Healthcare Map with linked laboratory results, a large US healthcare claims database (January 2018–September 2025), which evaluated the dosing and titration of semaglutide and tirzepatide in a real-world setting. Patients included were adults with type 2 diabetes with a prescription claim for semaglutide 1 mg with subsequent claims for either semaglutide 2 mg or tirzepatide 2.5 mg or 5 mg. The study included 64,888 adults in an HbA_{1c} cohort and 56,852 in a weight-loss cohort. As with all observational analyses, the findings have inherent limitations and may not fully translate to all clinical settings. While many patients have HbA_{1c} and weight information, not all do, limiting the ability to characterize those patients who do not. Additional limitations exist in the ability to characterize or describe social determinants that may impact medication adherence or influence switching. There is no reason to suspect these differences will differentially bias the results.[1]

About Novo Nordisk

Novo Nordisk is a leading global healthcare company with a heritage of more than 100 years in diabetes care. Building on this foundation, our purpose is to drive change to defeat serious chronic diseases — from diabetes and obesity to rare blood and endocrine disorders — by pioneering scientific breakthroughs, expanding access to medicines, and working to prevent and ultimately cure disease. We are committed to long-term, responsible business practices that deliver financial, social and environmental value. Headquartered in Denmark and operating in around 80 countries, Novo Nordisk employs approximately 67,900 people and markets products in roughly 170 countries. In the United States, Novo Nordisk has a 40-year presence, is headquartered in New Jersey and employs approximately 10,000 people across more than 10 manufacturing, R&D, and corporate locations in seven states plus Washington, D.C. For more information, visit novonordisk.com and novonordisk-us.com, Facebook and follow us on, Instagram, X, LinkedIn, and YouTube.

Novo Nordisk Inc.
US Communications

800 Scudders Mill Road
Plainsboro, NJ 08536
USA

Telephone: +1 609-987-5800

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Contacts for further information:

Novo Nordisk Media:

Ambre James-Brown
+45 3079 9289
globalmedia@novonordisk.com

Liz Skrbkova (US)
+1 609 917 0632
usmediarelations@novonordisk.com

Novo Nordisk Investors:

Michael Novod
+45 3075 6050
nvno@novonordisk.com

Jacob Martin Wiborg Rode
+45 3075 5956
jrde@novonordisk.com

Sina Meyer
+45 3079 6656
azey@novonordisk.com

Max Ung
+45 3077 6414
mxun@novonordisk.com

Christoffer Sho Togo Tullin
+45 3079 1471
cftu@novonordisk.com

Alex Bruce
+45 3444 2613
axeu@novonordisk.com

Mads Berner Bruun
+45 3075 2936
mbbz@novonordisk.com

Frederik Taylor Pitter (US)
+1 609 613 0568
fptr@novonordisk.com

References:

1. Fang G, Muhammad C, Swift C, et al. Cardiometabolic outcomes in adults with T2D treated with 1 mg semaglutide who titrate to 2 mg semaglutide vs switch to tirzepatide. Poster presentation at the American Diabetes Association Scientific Sessions; 5-8 June 2026, New Orleans, LA.