

GLP-1 agonists, GIP/GLP-1 agonists and DPP-IV inhibitors provide no additive benefit with concurrent use

Glucagon-like peptide (GLP-1) receptor agonists, dual glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 receptor agonists and dipeptidyl peptidase-4 (DPP-IV) inhibitors are widely used medications for the treatment of type 2 diabetes (T2DM). These classes have mechanisms of action that target the incretin system to increase the action of the GLP-1 hormone, which regulates blood sugar levels by stimulating insulin secretion, suppressing glucagon release, slowing gastric emptying and promoting satiety.

Managing diabetes may require combination therapy to achieve treatment goals, however, the American Diabetes Association (ADA) and American Association of Clinical Endocrinology (AACE) do **not** recommend concomitant use of GLP-1 agonists, GIP/GLP-1 agonists or DPP-IV inhibitors, as no additional benefit is provided when used together. Additionally, patients experience increased costs and an increased risk of adverse effects (e.g. gastrointestinal disturbances and pancreatitis).

If you have a patient on GLP-1 agonist or GIP/GLP-1 agonist and DPP-IV inhibitor, guidelines recommend discontinuing the DPP-IV inhibitor and continuing the GLP-1 agonist or GIP/GLP-1 agonist. GLP-1 agonists offer additional advantages over DPP-IV inhibitors, such as more A1c reduction, weight loss and improved cardiovascular benefits (dulaglutide, liraglutide, semaglutide). Note: a taper is not needed when discontinuing either medication.

For more information regarding the selection of treatments for T2DM, please refer to the [Standards of Care in Diabetes – 2025](#).

GLP-1 Agonists	GIP/GLP-1 Agonists	DPP-IV Inhibitors
- dulaglutide (Trulicity®) - exenatide (Byetta®, Bydureon®) - liraglutide (Victoza®) - lixisenatide (Adlyxin) - semaglutide (Ozempic®, Rybelsus®)	tirzepatide (Mounjaro®)	- alogliptin (Nesina®) - linagliptin (Tradjenta®) - saxagliptin (Onglyza®) - sitagliptin (Januvia®)

References:

American Diabetes Association Professional Practice Committee. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2025. Diabetes Care 2025; 48:S181.

American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update Samson, Susan L. et al. Endocrine Practice, Volume 29, Issue 5, 305 – 340.