thetrutides

TIRZEPATIDE

UPDATED 4 AUGUST 2026

Dual GIP/GLP-1 agonist — an approved drug with a compounding complication

Tirzepatide has among the strongest clinical evidence of any compound in this range, backed by the completed SURPASS and SURMOUNT phase III programmes. It also has the most complicated compounding position, and that is the part most buyers have not been told about.

In Plain English

Tirzepatide activates two gut hormone receptors at once. GLP-1 reduces appetite and slows stomach emptying; GIP appears to improve how well GLP-1 works and helps with how the body handles fat and glucose. Hitting both is why it outperformed the single-target drugs that came before it, and the trial results behind that claim are real, large and published.

What people use it for. Weight loss and blood sugar control. Alongside retatrutide, it is the most effective option in the metabolic category.

What to know before you buy. The clinical evidence here is genuinely excellent — large, randomised, published trials, not case reports. The complication is legal rather than scientific. During the 2022-2024 shortage, compounding pharmacies could lawfully make copies of tirzepatide. FDA declared that shortage over in December 2024, which removed that basis. Anyone buying or selling compounded tirzepatide should understand that the ground shifted. Titrate slowly for the same gastrointestinal reasons as retatrutide.

What It's Used For

GOAL	WHAT THAT RESTS ON
Weight loss	SURMOUNT-1 reported ~20.9% mean weight reduction at 72 weeks — large, randomised, placebo-controlled and published
Blood sugar control	The SURPASS programme established glycaemic efficacy in type 2 diabetes
Appetite control	GLP-1 receptor activation slows gastric emptying and reduces appetite
Dual mechanism	Adding GIP is why it outperformed the single-target drugs before it

The left column lists goals people commonly pursue with this compound; the right column states what that rests on. These are described uses and research findings, not proven outcomes or treatment claims. Individual results vary and no outcome is promised.

Pricing & Sizes

PRICING

10mg vial	$60
30mg vial	$130
60mg vial	$170

Bulk pricing: 2-3 vials −5% | 4-6 vials −10% | 7-9 vials −15% | 10+ vials −20%

Ships sealed and lyophilized — stable for years at room temperature, reconstitute before use, or ask and it will be reconstituted free at the volume shown below. **Free shipping on every order, no minimum.** Third-party COA available for every batch — HPLC purity and mass spec verification.

Reconstitution — bacteriostatic water: 10mg vial at 2mL = 5mg/mL, so 10 units on a 100-unit syringe draws 0.5mg; **30mg vial** at 3mL = 10mg/mL, so 10 units on a 100-unit syringe draws 1mg; **60mg vial** at 3mL = 20mg/mL, so 10 units on a 100-unit syringe draws 2mg. Concentrations are arithmetic from vial content and diluent volume, not a dosing recommendation.

At a Glance

CLASS	Dual agonist at GIP and GLP-1 receptors
FDA STATUS	**Approved** — as Mounjaro for type 2 diabetes and Zepbound for chronic weight management
TRIAL EVIDENCE	SURMOUNT-1 reported mean weight reduction of approximately 20.9% at 72 weeks on the highest dose in adults with obesity
COMPOUNDING	FDA declared the tirzepatide shortage **resolved in December 2024**, which ended the shortage-based basis for compounding copies under 503A and 503B
PRACTICAL MEANING	Compounded tirzepatide no longer has the legal footing it had during the shortage period. This is separate from, and unaffected by, the July 2026 PCAC process
FORMAT	10mg, 30mg and 60mg vials

~20.9%	2	FDA	Dec 2024
WEIGHT LOSS, SURMOUNT-1	RECEPTOR TARGETS	APPROVED (BRAND)	SHORTAGE RESOLVED

REGULATORY STATUS — THIS ONE IS DIFFERENT

Tirzepatide is an **FDA-approved drug**, sold as Mounjaro and Zepbound. Because an approved product exists, the rules governing compounded versions are different from every other compound in this range. During the 2022-2024 shortage, compounders could lawfully prepare copies; FDA declared that shortage **resolved in December 2024**, removing that basis. Compounded tirzepatide is therefore in a materially different and more exposed position than it was, and this has nothing to do with the July 2026 PCAC hearing, which did not consider tirzepatide.

What the Trials Show

This is one of the few compounds here where the evidence is unambiguous. The SURPASS programme established glycaemic efficacy in type 2 diabetes; the SURMOUNT programme established weight reduction in obesity. SURMOUNT-1 reported roughly 20.9% mean weight reduction at 72 weeks on the top dose — figures that came from large, randomised, placebo-controlled trials with published results, not case series.

Adverse events were predominantly gastrointestinal and dose-related: nausea, diarrhoea, vomiting and constipation, concentrated during dose escalation. The gradual titration schedules used in the trials exist specifically to manage this, and compressing them is the most common practical error.

What Research-Grade Material Is and Is Not

The trial results above were produced with the approved pharmaceutical product, manufactured under cGMP with full identity, purity and potency controls and dispensed with prescribing information. Research-grade tirzepatide is not that product and inherits none of those controls. The efficacy data belongs to the approved drug; it does not automatically transfer to material from an unregulated supply chain.

This distinction matters more for tirzepatide than for the unapproved compounds in this range, precisely because an approved comparator exists and the gap between the two is measurable.

THE BOTTOM LINE

The strongest efficacy evidence in this range by a wide margin, attached to the most complicated legal position. The science is settled; the compounding pathway narrowed considerably when FDA declared the shortage resolved in December 2024. Anyone buying or selling this should understand that change.

Also in the Range

Compare with **Retatrutide**, which reported larger reductions in phase II and adds a third receptor target, but has not completed phase III and is not approved anywhere.

 Sources: SURMOUNT-1 and SURPASS trial programmes; FDA drug shortage database, tirzepatide shortage resolution December 2024; FDA prescribing information for Mounjaro and Zepbound.