

The role of GLP-1 receptor agonists in managing type 2 diabetes

In the August 2022 issue, an error appeared in Nachawi N, Rao PP, Makin V. *The role of GLP-1 receptor agonists in managing type 2 diabetes*. *Cleve Clin J Med* 2022; 89(8):457–464. doi:10.3949/ccjm.89a.21110. In **Table 1**, the frequency of administration of tirzepatide is once weekly, not once daily. Additional available tirzepatide doses have also been added. The corrected **Table 1** appears below:

TABLE 1
Glucagon-like peptide-1 receptor agonists approved for use in the United States

Drug	Available doses	Frequency and route	Dose approved for weight management
Exenatide	5 µg, 10 µg	Twice daily subcutaneously	Not approved
Liraglutide	0.6 mg, 1.2 mg, 1.8 mg	Once daily subcutaneously	0.6 mg once daily for 1 week, increase by 0.6 mg daily at weekly intervals to a target dose of 3 mg once daily
Exenatide extended-release	2 mg	Once weekly subcutaneously	Not approved
Dulaglutide	0.75 mg, 1.5 mg, 3 mg, 4.5 mg	Once weekly subcutaneously	Not approved
Semaglutide	0.25 mg, 0.5 mg, 1 mg, 2 mg	Once weekly	Titrate every 4 weeks: 0.25 mg, 0.5 mg, 1 mg, 1.7 mg, 2.4 mg once weekly
Semaglutide, oral	3 mg, 7 mg, 14 mg	Once daily by mouth	Not approved
Liraglutide-insulin degludec	0.36 mg-10 U 0.5 mg-16 U	Once daily subcutaneously	Not approved
Lixisenatide-insulin glargine	5 µg-15 U 10 µg-30 U	Once daily subcutaneously	Not approved
Tirzepatide	2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	Once weekly subcutaneously	Not approved

This is now correct on ccjm.org.