

The fifth tirzepatide. How price, the essential drugs list and pills will split Russia's GLP-1 market in 2027

Since a new manufacturer arrived, the gap between retail prices for tirzepatide has widened to almost twofold. In the first nine months of 2026 Russian pharmacies sold RUB 45.7bn worth of tirzepatide, and nearly all of it came from two manufacturers. I look at whether there is room for new players, what inclusion in the ZhNVLP essential drugs list would change, and whether pills can win share from injections.



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In October R-Pharm launched tirzepatide under the trade name Tirvella. The Ministry of Health registered the drug on 26 August 2026 in six doses from 2.5 to 15 mg (ESKLP, the state drug catalogue). According to RNC Pharma, as reported by Vademecum, retail sales of tirzepatide reached RUB 45.7bn in January–September.

In September I wrote about [how semaglutide and tirzepatide carried Russia's pharmacy market](#). In 2025 GLP-1 drugs delivered a tenth of retail growth, and Geropharm and Promomed shared almost the entire market between them. Since then a fifth tirzepatide manufacturer has reached the shelf. To see what will happen to prices and market shares, I collected prices from the Eapteka.ru storefront, compared them with RNC Pharma and DSM Group data, and looked at how the markets of India, Canada, Brazil and the United States developed.

I do not assess the efficacy or safety of the drugs. Clinical trials are mentioned only where they shape demand.

The two leaders hold 99% of tirzepatide sales

By mid-October Russia had registered seven trade names of tirzepatide under six marketing authorisations (ESKLP, 14 October 2026). Market launches have been reported for five of them: Tirzetta (Biokhimik JSC, part of the Promomed group), Sedzharo (Geropharm), Tirzero Slim (PSK Pharma), Tirlideya (Pharmasyntez-Nord) and Tirvella (R-Pharm). Eli Lilly's original products are not registered in Russia.

There are many registrations, but sales are concentrated in two brands. Over nine months Tirzetta took 1.99% of all pharmacy retail sales by value and Sedzharo 1.00% (RNC Pharma). They rank first and second among all brands on the market. By my estimate, Tirzetta accounted for about two thirds of tirzepatide sales and Sedzharo for about a third. All other manufacturers together got less than 1%.

Growth continued after my first article came out. In August Tirzetta brought pharmacies RUB 5.3bn, and for the first time DSM Group recorded a single drug with more than 3.2% of the market. Over eight months antidiabetic drugs contributed 4.4 percentage points of the pharmacy market's 12.2% growth

(DSM Group). Without them the market would have grown by 8.1%.

Prices are falling at the same time. The RNC Pharma price index for the first half of 2026 showed tirzepatide down 36.3% and semaglutide down 11.4%. RNC analysts described both molecules as a "price war" zone within the prescription segment.

The price gap on the storefront: a snapshot on 19 October

For the snapshot I used the storefront of the pharmacy aggregator Eapteka.ru, which Vademecum cited in its note on the Tirvella launch. Prices were collected on 19 October 2026 for Moscow. A month of therapy means four weekly doses: a pack of four prefilled syringes in autoinjectors or a multi-dose pen holding four doses.

MONTH OF THERAPY, RUB	TIRVELLA	SEDZHARO	TIRZETTA	GAP, TIMES
2.5 mg	2,990	4,300	5,785	1.93
5 mg	4,990	6,855	9,000	1.80
7.5 mg	none	8,055*	10,500	1.30
10 mg	none	10,625	13,510	1.27
12.5 mg	8,990	12,280	15,750	1.75
15 mg	none	13,830	16,838	1.22

Source: Eapteka.ru, snapshot of 19 October 2026, Moscow. Prices include storefront discounts, author's calculation. Prices are an observation at the time of the snapshot, not an offer for sale. * Only in the first snapshot of search results.

Where Tirvella is already available, its storefront price is 43–48% below Tirzetta's. Where it is not yet available, Sedzharo and Tirzetta differ in price by 22–30%. The gap between brands of injectable semaglutide is almost the same: a month of therapy at 1 mg costs RUB 3,777 to 4,644, a difference of 23%. The wide spread in tirzepatide prices appeared with the new manufacturer.

The narrow gap in semaglutide comes from regulation. Injectable semaglutide is on the ZhNVLP list, and most Russian manufacturers have registered the same maximum price: RUB 4,279.55 excluding VAT per pen. That is 26% below the registered price of Ozempic. The figures come from the state register of maximum ex-factory prices as of 19 October 2026.

Tirlideya listings on the same storefront showed prices from RUB 2,999 per month, but on 19 October the product could not be added to the basket. The Sedzharo 7.5 mg listing appeared in search results in the first snapshot and could not be found a few minutes later in the second one. The storefront gives no reason.

A month of the new tirzepatide at the starting dose now costs almost as much as a month of semaglutide. A year ago tirzepatide was noticeably more expensive: according to RNC Pharma, the average price per pack in 2025 was RUB 9.1k for tirzepatide and RUB 5.2k for semaglutide.

Why enter the market fifth

A manufacturer entering a market with two established leaders has three arguments in its favour.

The first is volume. Tirzepatide sales grew 14-fold over nine months (RNC Pharma), and within a year the leaders took the top lines of the brand ranking. Even 5% of such a market is worth several billion roubles a year.

The second is patents. At the end of 2024 Eli Lilly gave up two Eurasian patents in Russia (EAPO register). The first (No. 031591) protects GIP and GLP-1 co-agonist compounds, the class that includes tirzepatide. The second (No. 044584) covers compositions based on them. Russian manufacturers produce semaglutide under government permits (Article 1360 of the Civil Code) or court rulings. The tirzepatide patents stopped applying in Russia at the request of the patent holder itself. In 2026 Lilly obtained new Eurasian patents on methods of use and a method of producing tirzepatide (No. 053746, 054787 and 053664). How they relate to the production of Russian drugs is a question for a patent attorney, and I do not assess it.

The third is the active substance. In August 2026 a Chinese-made tirzepatide substance was entered in the Russian register for the first time (Vademecum, 7 August 2026). That makes entry easier for companies that cannot synthesise the peptide themselves.

Tirvella is not R-Pharm's first drug in this group. The company holds the marketing authorisation for Segluria, a semaglutide made in China. Its maximum price was registered in June 2026 at RUB 3,956 excluding VAT per pen, one of the lowest semaglutide prices in the register.

R-Pharm is betting on affordability and format. "Our task is to make this therapy as accessible as possible for Russian patients, and the format plays a key role here," said Igor Borisenko, director of business development, sales and marketing at R-Pharm Group (Pharmvestnik, 31 August 2026). Tirvella comes in single-use autoinjectors. On the storefront Tirzetta is also offered in autoinjectors, while Sedzharo comes as a multi-dose pen.

Price works against entry. The newcomer arrives with a price almost half that of the leader, and the leaders will most likely have to respond. Promomed believes that joining the competition does not pay for new players, because GLP-1 drugs are complex to develop, manufacture and distribute and require large investment (as reported by Kommersant, 13 July 2026). The 36.6 pharmacy chain expects the opposite. In the semaglutide and tirzepatide niche "price erosion may occur", said Alexander Kuzin, the chain's chief executive (Kommersant, 23 September 2026).

The semaglutide story shows that a falling price does not necessarily shrink the market. The average price per pack of semaglutide fell from RUB 11.4k in 2023 to RUB 5.6k in 2024 (RNC Pharma). Sales of the GLP-1 group grew from RUB 11.7bn in 2024 to RUB 39.4bn in 2025 (DSM Group). But that growth went to those who came first. A newcomer will have to win share from the leaders at a time when it no longer sets the price.

What the global experience with semaglutide generics shows

In 2026 semaglutide generics reached several countries at once, and the picture is similar everywhere.

In India Novo Nordisk's patent expired on 20 March 2026. More than a dozen companies entered the market in the first days. Natco's one-month vial cost from INR 1,290, against INR 8,800–11,000 for Ozempic. In April generics accounted for 137,000 of the 170,000 packs of injectable semaglutide sold (Pharmarack, as reported by BioSpectrum). Novo Nordisk responded by cutting prices of starting doses by 36–48% and launching a second brand through a local partner. Sales growth soon faded: monthly

GLP-1 sales rose by 58% in April, 12% in May and 2% in June (Bloomberg, 8 July 2026). Original tirzepatide remained the class leader. According to Pharmarack, it accounted for 63% of all GLP-1 sales in India in the year to April 2026.

In Canada the first semaglutide generic was approved on 28 April 2026. In June Ontario pharmacies sold it for CAD 89–104, against CAD 258–282 for Ozempic. According to Novo Nordisk, prices in Canada fell while volumes barely changed. In Brazil the first synthetic semaglutide went on sale in June at prices from BRL 452 per pen. By July a loyalty programme had brought the price down to BRL 333, while Ozempic sells there for BRL 975–999.

In the United States cheap copies appeared before generics. While the FDA listed tirzepatide and semaglutide as in shortage, compounding pharmacies made them under individual prescriptions. The FDA declared the tirzepatide shortage over in December 2024 and the semaglutide shortage in February 2025, after which these pharmacies had to stop. Novo Nordisk’s chief executive estimated that up to 1.5 million people were on such copies by early 2026. Researchers tested the quality of copies from illegal sources. In semaglutide vials bought from illegal online pharmacies the purity of the substance was 7.7–14.4% instead of the stated 99%, and all samples contained endotoxin (Ashraf et al., JMIR, 2024, three vials tested).

Lilly’s original tirzepatide remains protected in major markets. The main US patent runs until 2036, and data protection expires in 2027 (Eli Lilly reports). In summer 2026 Sandoz and China’s Hybio filed applications for generic tirzepatide in the United States (Sandoz press release of 29 June 2026, Yicai). Local copies are sold in Bangladesh and Pakistan. Russia is one of the few markets where several independent manufacturers produce tirzepatide.

Three scenarios for 2027

The scenarios depend on two government decisions. The first is whether tirzepatide will be added to the ZhNVLP list. The second is whether the permits to produce semaglutide will be extended beyond 31 December 2026.

	SCENARIO A: PRICE COMPETITION	SCENARIO B: TIRZEPATIDE ON THE ZHNVLP LIST	SCENARIO C: SEMAGLUTIDE SUPPLY DISRUPTIONS
What happens	Tirzepatide stays off the list, with five or more manufacturers on the market	Tirzepatide is added to the list and prices are registered	Permits under Article 1360 of the Civil Code are not extended or are narrowed
Price	Keeps falling as the leaders respond with discounts	Fixed below the current level, with capped markups	Semaglutide becomes more expensive or disappears from some manufacturers
Volume in packs	Grows while prices fall, then plateaus	Grows through subsidised prescriptions and public procurement	Part of demand shifts to tirzepatide
What a chain should do	Stock 2–3 brands and monitor prices daily	Recalculate margin in roubles and revise the range against the minimum assortment rules	Rebalance stock between manufacturers

Scenario A is closest to reality. Scenario B is unlikely in 2027: the draft amendments to the ZhNVLP list published by the Ministry of Health on 28 September 2026 add 13 new molecules, and tirzepatide is not among them (Pharmvestnik, Medvestnik, 28 September 2026). I discussed scenario C in detail in my first article. The government permits have been extended every year since 2023, but no decision for 2027 has been published yet.

What the ZhNVLP list would change

Of the GLP-1 drugs, injectable semaglutide and dulaglutide are on the ZhNVLP list (Government Order No. 3867-r of 18 December 2025). Tirzepatide and oral semaglutide are not on the list, nor in the state register of maximum prices (ESKLP and the register of maximum prices, 19 October 2026). At the Ministry of Health commission meetings in April and August 2026 tirzepatide was not among the drugs approved for inclusion.

Inclusion changes the economics of a drug. The manufacturer registers a maximum ex-factory price, and the region caps the wholesale and pharmacy markups. In Moscow a pharmacy may add no more than 15% of the manufacturer's price to a listed drug costing over RUB 500, and a distributor no more than 7% (Moscow Government Decree No. 163-PP of 24 February 2010). On a RUB 9,000 month of tirzepatide the pharmacy markup would not exceed RUB 1.0–1.1k (author's model: the RUB 9,000 includes the 7% and 15% markups on the manufacturer's price and 10% VAT). Today a chain sets its own markup on tirzepatide.

A study by the Infarma association and AlphaRM for 2023–2025 shows how far prices fall after inclusion. The registered price was on average 48.4% below the previous market price, and the retail price fell by 24.9% (Pharmvestnik, 2 April 2026, citing Kommersant). The study covered imported originator drugs, so for Russian follow-on drugs the effect will be smaller. The direction is the same. According to DSM Group, from January to early September 2026 prices of listed drugs fell by 0.97%, while prices of unlisted drugs rose by 4.62%.

China offers a similar case. There tirzepatide was added to the national reimbursement list, but only for type 2 diabetes. According to the Chinese outlet 36Kr, the price then fell by about 70%. Sales of Lilly's tirzepatide outside the United States in the second quarter of 2026 grew mainly through volume, and the company attributes lower prices outside the US primarily to China (Eli Lilly reports).

For a pharmacy, inclusion means a smaller markup in roubles on every pack. In return comes a flow of subsidised prescriptions and public procurement that does not exist today. In January–July 2026 the public sector bought just 894 packs of tirzepatide, against 3.7 million sold in pharmacies (Vedomosti, 28 August 2026). The shopper gets a fixed price and fewer reasons to drop therapy because of its cost.

Injectations or pills

Oral semaglutide is already sold in Russia. Semaltara (Biokhimik, Promomed group) was registered in October 2025 in 3, 7 and 14 mg doses. On the Eapteka.ru storefront on 19 October a pack of 30 tablets cost RUB 4,788, 9,318 and 17,888 respectively. Novo Nordisk's original Rybelsus was not in stock. A month of 14 mg tablets costs 3.9–4.7 times as much as a month of 1 mg semaglutide injections. The tablets are not on the ZhNVLP list.

In the United States pills have become a separate market. The FDA approved oral Wegovy on 22 December 2025, and sales began on 5 January 2026 at prices from USD 149 a month. By July, according to Novo Nordisk, it was getting more than 265,000 prescriptions a week. Lilly's orforglipron pill was approved on 1 April 2026. In 2025 Goldman Sachs estimated that pills would take a quarter of the global GLP-1 market by 2030.

Published trials suggest that pills are unlikely to displace injections. Oral forms produced less weight loss than injectable tirzepatide (Wharton et al. on OASIS 4 and ATTAIN-1, Aronne et al. on SURMOUNT-5, both in NEJM, 2025). The trials used Novo Nordisk's and Eli Lilly's original drugs, and their results do not automatically apply to Russian products. The ATTAIN-MAINTAIN trial tested a different scenario: switching patients from injections to an orforglipron pill to maintain the result. Most of the weight loss achieved was preserved (Aronne et al., Nature Medicine, 2026).

Pills have a logistics advantage. Pens are kept in a refrigerator, and the law on the experiment with remote sales of prescription drugs excluded medicines stored below 15 °C (Article 55.1 of the Law on Circulation of Medicines as amended by Federal Law No. 405-FZ of 20 October 2022). The experiment was set to run until 1 March 2026, and I have not found a law extending it. If remote sales of prescription drugs return on the same terms, pills could be sold with delivery and injections could not.

Market participants in Russia are waiting for pills too. "The drug will be easier for patients to stick to and cost-effective for the consumer," Alexander Panov, co-founder of the chemical holding AppScience, said of the future oral orforglipron (Pharmvestnik, 13 May 2025). Orforglipron is not yet available in Russia, and at current prices pills will remain a niche.

How long therapy lasts

The size of the market depends on the number of new patients and on how long they keep buying. US data show that half to two thirds of patients stop therapy within a year. In a sample of 125,000 people, 64.8% of patients without diabetes and 46.5% with diabetes had stopped treatment after a year (Rodriguez et al., JAMA Network Open, 2025). The most common reasons were cost and lack of insurance (47.6%), followed by side effects (14.6%) and supply disruptions (11.8%) (Gasoyan et al., Obesity, 2025).

Weight returns after stopping. According to a meta-analysis of 37 studies, patients regain on average 0.4 kg a month. Cardiometabolic markers return to baseline in about eighteen months (West et al., BMJ, 2026).

Russian endocrinologists warn of the downside of cheap drugs. "Uninformed patients must under no circumstances self-medicate," says Marina Shestakova, member of the Russian Academy of Sciences (Dedov National Medical Research Centre for Endocrinology). In her words, those who come to doctors with side effects are, as a rule, people who prescribed the drug to themselves (Vedomosti. Zdorovye, 28 May 2026).

Analysts link the next source of demand to clinical guidelines. In August 2026 Vedomosti reported a draft new edition of the "Obesity" guidelines that includes tirzepatide, prepared by the Russian Association of Endocrinologists. It does not yet appear in the official list of draft guidelines submitted to the Ministry of Health. Nikolai Beshpalov of RNC Pharma calls such guidelines groundwork for the next couple of years, when demand driven by word of mouth begins to slow (as reported by Vedomosti, 28 August 2026). Tirzepatide is already included in the Dedov Centre's "Algorithms of specialised medical care for patients with diabetes mellitus" (Diabetes Mellitus, 2026, No. 2S).

Lower prices may keep people on therapy longer and bring more repeat purchases to pharmacies. US data do not transfer directly to Russian retail, because in the United States insurance pays for a large share of therapy. In Russia the shopper pays out of pocket, so price sensitivity here is probably stronger.

What a pharmacy chain should do

If your range has one tirzepatide brand per dose, the chain loses on both price and availability. It is worth stocking two or three brands for each fast-moving dose. One brand brings in customers, the other delivers margin. Availability of individual doses on a single storefront changes during the day, so a second brand in the same dose guards against an empty shelf.

Monitor prices daily, especially for the starting doses of 2.5 and 5 mg. New manufacturers enter the market with these doses, and shoppers compare prices precisely at the start of therapy. I described how such monitoring works in a piece on [monitoring competitors' prices](#). The [parso.ru](#) service, which I am developing, does this too.

Recalculate stock with the cold chain in mind. A month of the market leader's tirzepatide costs RUB 6k to 17k, and such stock ties up significant working capital. When prices fall, stock bought at the old price loses value.

Prepare a calculation for the case of tirzepatide being added to the ZhNVLP list. With the pharmacy markup capped at 15%, the margin in roubles on expensive doses will shrink, and the range will have to be revised. I discussed how to make such decisions with data in a piece on [dynamic pricing](#).

Keep control of prescription-only dispensing. All drugs in the group are prescription-only. Dispensing without a prescription breaches the dispensing rules and licence requirements, and Roszdravnadzor, the healthcare regulator, as a rule treats it as a gross violation (Article 14.1(4) of the Code of Administrative Offences: a fine of up to RUB 200,000 for an organisation or suspension of operations for up to 90 days). As cheap brands multiply, so will the number of shoppers who come without a prescription.

Questions and answers

How many tirzepatide products are registered in Russia? Seven trade names under six marketing authorisations as of 14 October 2026 (ESKLP). Market launches have been reported for five: Tirzetta, Sedzharo, Tirzero Slim, Tirlideya and Tirvella.

How far apart did tirzepatide prices move after the new manufacturer arrived? In a snapshot of one online storefront on 19 October 2026, the lowest- and highest-priced brands at the same dose differed by 1.2–1.9 times. Where the new manufacturer was absent, the gap was 1.2–1.3 times.

Is tirzepatide on the ZhNVLP list? No. Of the GLP-1 drugs, injectable semaglutide and dulaglutide are on the list. Tirzepatide is also absent from the draft amendments to the list for 2027. The manufacturer sets the price of tirzepatide and the pharmacy sets the markup.

What will happen to the price if tirzepatide is added to the ZhNVLP list? The manufacturer will register a maximum price, and the region will cap markups. According to the Infarma and AlphaRM study, after inclusion the registered price of imported originator drugs was on average 48% below the previous market price.

Is oral semaglutide available in Russia? Yes, Semaltara in 3, 7 and 14 mg doses. A month of 14 mg tablets costs several times as much as a month of semaglutide injections.

Why does tirzepatide have several manufacturers in Russia? At the end of 2024 Eli Lilly gave up Eurasian patents in Russia on the compounds that include tirzepatide and on compositions based on them (EAPO register). Lilly's 2026 patents on methods of use and a method of production are listed in the register. The author does not assess how they relate to the production of Russian drugs.

Methodology. Prices were collected by script from the Eapteka.ru storefront on 19 October 2026 for Moscow, from search results. A month of therapy is a pack of four weekly doses. Combination pens and single syringes were excluded. A product was considered available if its listing allowed it to be added to the basket. Brand shares were calculated by the author from RNC Pharma retail shares for Q1–Q3 2026. Legal statuses are as of 19 October 2026.

This material is for information and analysis only and is not advertising of medicines, medical advice or legal advice. The drugs mentioned are prescription-only. Prices are monitoring data at the time of the snapshot, not an offer for sale. The material was not cleared with manufacturers.

SOURCES

- ◆ Eapteka.ru (storefront, snapshot of 19 October 2026)
- ◆ ESKLP, the state register of maximum ex-factory prices, the EAPO register
- ◆ RNC Pharma, DSM Group, Pharmarack
- ◆ Russian Government Order No. 3867-r, Moscow Government Decree No. 163-PP, Federal Law No. 61 -FZ on Circulation of Medicines, Code of Administrative Offences
- ◆ Eli Lilly and Novo Nordisk reports, Sandoz press release
- ◆ Aronne et al., NEJM, 2025
- ◆ Wharton et al., NEJM, 2025
- ◆ Aronne et al., Nature Medicine, 2026
- ◆ Rodriguez et al., JAMA Network Open, 2025
- ◆ Gasoyan et al., Obesity, 2025
- ◆ West et al., BMJ, 2026
- ◆ Ashraf et al., JMIR, 2024
- ◆ "Algorithms of specialised medical care for patients with diabetes mellitus" (Diabetes Mellitus, 2026)
- ◆ Vademecum, Pharmvestnik, Medvestnik, Kommersant, Vedomosti, BioSpectrum, Bloomberg, Yicai, 36Kr