Assessing Prescribing Trends for Select Glucagon-Like Peptide Receptor Agonists (GLP-1s) by Patient Demographics, Providers, and Indication



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Introduction

- •Glucagon-like peptide receptor agonists (GLP-1s) are a class of medications currently approved to manage type 2 diabetes and obesity, with emerging evidence for applications in a broad range of indications from sleep apnea to neurodegenerative conditions.
- •As indications expand, there is value in elucidating patient demographic and provider type trends for existing indications.

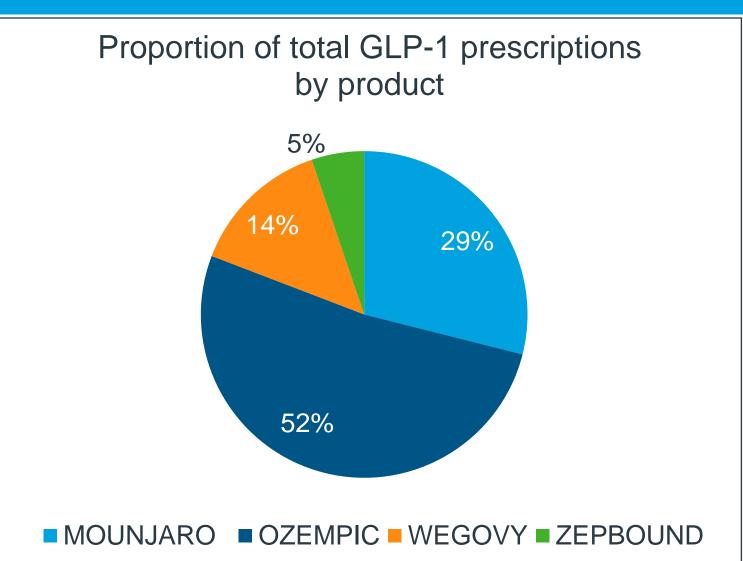
Objective

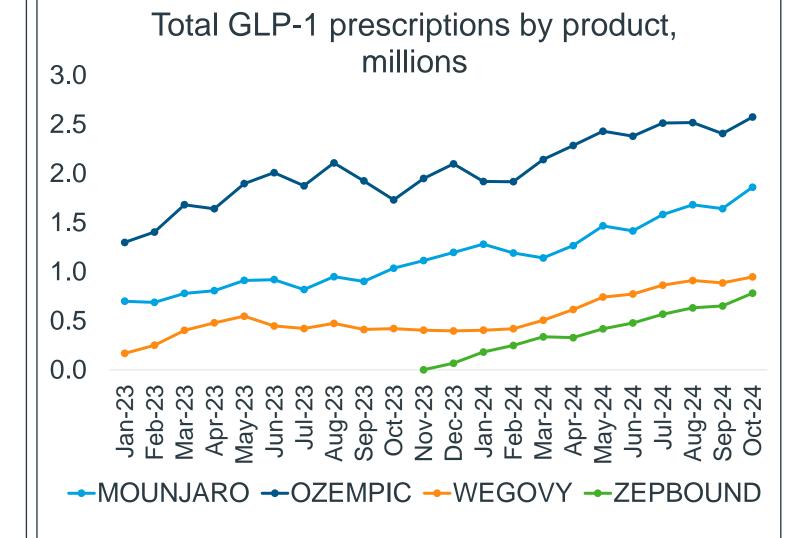
• This study assessed prescribing trends for four of the most frequently prescribed GLP-1s indicated for obesity (Wegovy®, Zepbound®) and diabetes (Mounjaro®, Ozempic®) overall and by age, sex, and provider type, with a focus on the association between indication and utilization patterns.

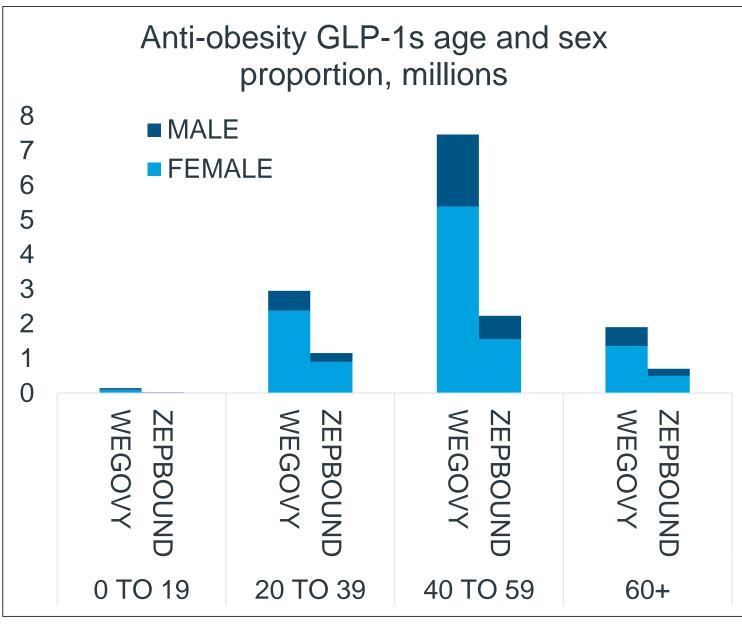
Methods

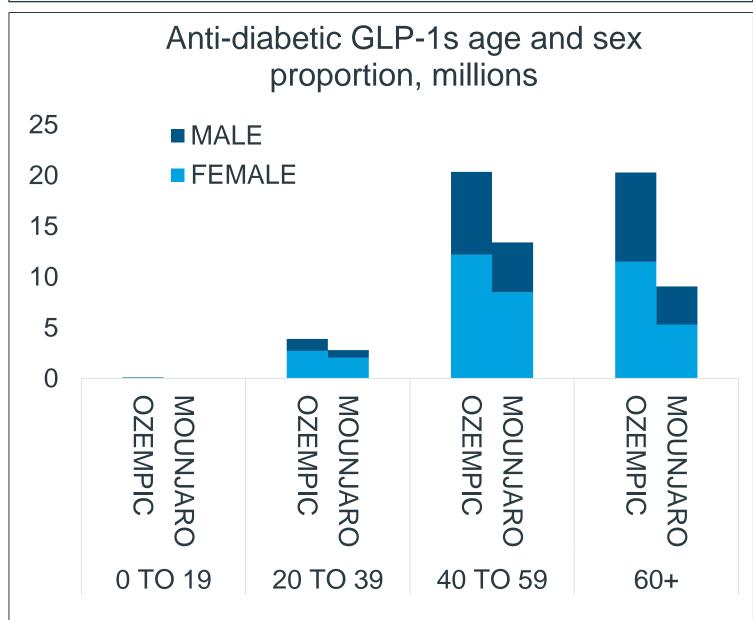
Using the IQVIA National Prescription Audit (NPA), a syndicated dataset capturing >93% of retail coverage and 3.7 billion annual transactions in the US, we identified all prescriptions for the GLP-1s of interest from January 2023 through October 2024.

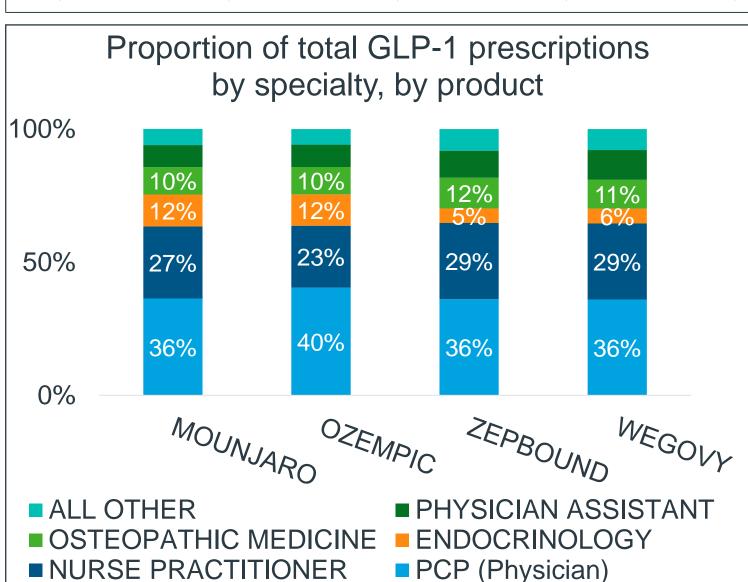
Results

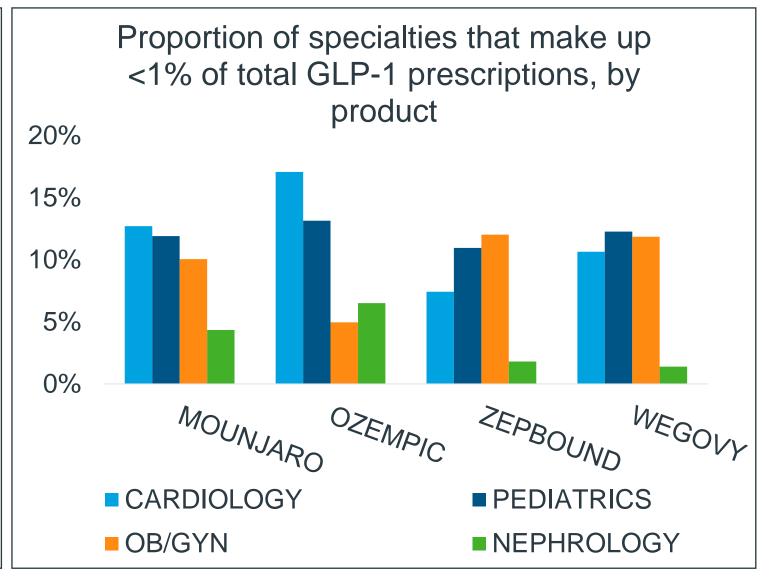












Key Insights

- During the study period, 88.2 million prescriptions were dispensed for the GLP-1s of interest. Ozempic® was the most frequently prescribed (52%), followed by Mounjaro® (29%), Wegovy® (14%), and Zepbound® (5%).
- Most prescriptions indicated for obesity were prescribed to patients 20-39 (25%) and 40-59 (59%), with the majority dispensed to female patients (ages 20-39 Wegovy®: 81%, Zepbound®: 78%; ages 40-59 Wegovy®: 78%, Zepbound®: 75%).
- In contrast, most anti-diabetic prescriptions were written to patients 40-59 (Ozempic®: 46%; Mounjaro®: 52%) and 60+ (Ozempic®: 45%; Mounjaro®: 26%), with a smaller proportion dispensed to female patients compared to anti-obesity prescriptions (ages 40-59 Ozempic®: 60%, Mounjaro®: 63%; ages 60+ Ozempic®: 57%, Mounjaro®: 59%).
- A third of all prescriptions for GLP-1s of interest were written by primary care providers (38%), followed by nurse practitioners (25%). There might be growth potential for Cardiologists, Pediatricians,

Obstetricians/Gynecologists, and Nephrologists, as indications expand.

Conclusion

- GLP-1s indicated for obesity were more likely to be prescribed to younger and female patients, compared to GLP-1s indicated for diabetes.
- Further research is needed to identify factors influencing these prescribing trends, such as patient comorbidities, prescriber and patient preference, and accessibility, as indications expand.