



Use of Glucagon-Like Peptide-1 Receptor Agonists in the U.S. Food and Drug Administration’s Sentinel System

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Background

There is a growing population of new users of glucagon-like peptide-1 receptor agonists (GLP-1RA) and glucose-dependent insulintropic polypeptide (GIP)/GLP-1RA products approved for treatment of type 2 diabetes (T2D) or for weight management the United States (U.S.)

Methods

- Study Population: Initiators of GLP-1RA products of all ages in the U.S. within four commercial and two public insurers in the FDA Sentinel Distributed Database
- Study period: January 1, 2008 – latest available data (cut-off date: May 31, 2024)
- Index date: Date of first dispensing of a GLP-1RA product in 365 days
- Drug utilization: Initiators by calendar year, cumulative duration of use (dispensed days’ supply), number of non-overlapping treatment episodes
- Baseline characteristics (based on diagnosis, procedure or dispensing codes) assessed in 365 days before index date

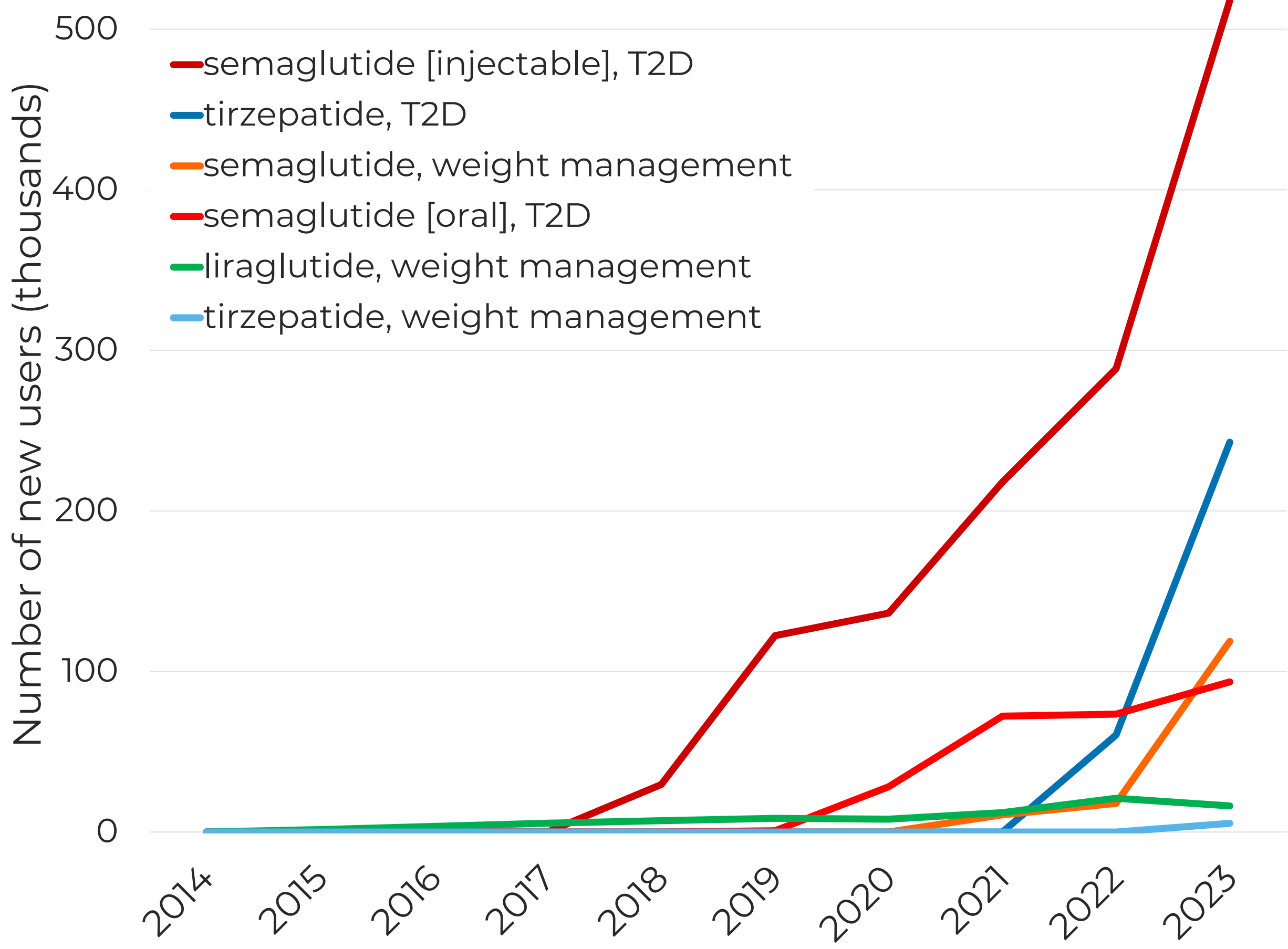
Results

- 3,321,029 initiators of GLP-1RAs and 374,607 initiators of GIP/GLP-1RAs identified
- Roughly 7% of all initiators started a weight management product
- Use of semaglutide and tirzepatide have increased rapidly since approval (Figure 1)
- Overall, 58.8% of initiators were female, and the mean age was 59.3 years
- 39.7% had evidence of T2D and obesity; 36.2% had T2D only; 15.1% had obesity only

Objective

To describe characteristics of initiators of GLP-1RA and GIP/GLP-1RA products in the United States, focusing on approved indication for weight management and for T2D

Figure 1. GLP-1RA Initiation by Calendar Year*



*Figure only includes years for which complete data was available

Table 1. Characteristics of Initiators of GLP-1 RA Products by FDA Approved Indication for Weight Management and for T2D

| GLP-1 RA Approved for Weight Management | | | | Select GLP-1 RA Approved for T2D Treatment | | |
|--|---------------|---------------|-------------|--|---------------|---------------|
| | Liraglutide | Semaglutide | Tirzepatide | Semaglutide | Semaglutide | Tirzepatide |
| | Injection | Injection | Injection | Tablet | Injection | Injection |
| Formulation | | | | | | |
| Number of new users | 84,064 | 163,331 | 27,069 | 277,037 | 1,364,127 | 349,937 |
| Characteristics | | | | | | |
| Age (Mean ± SD) (years) | 45.3 ± 11.0 | 46.4 ± 11.0 | 47.2 ± 10.7 | 63.4 ± 10.8 | 60.9 ± 10.9 | 59.1 ± 10.7 |
| Female (%) | 82.2 | 78.4 | 76.4 | 54.4 | 59.2 | 61.0 |
| Obesity (%) | 77.7 | 78.6 | 78.9 | 51.6 | 61.2 | 67.5 |
| T2D ^a (%) | 11.0 | 6.9 | 4.9 | 86.7 | 77.9 | 76.8 |
| Cross-classification of T2D and obesity | | | | | | |
| T2D only (%) | 2.1 | 1.1 | 0.1 | 43.0 | 31.1 | 24.4 |
| Obesity only (%) | 68.8 | 72.8 | 78.5 | 7.9 | 14.4 | 15.0 |
| T2D and obesity (%) | 8.9 | 5.8 | 0.4 | 43.7 | 46.8 | 52.4 |
| Neither obesity nor T2D (%) | 20.2 | 20.3 | 21.1 | 5.4 | 7.8 | 8.1 |
| Type 1 diabetes (T1D) ^b (%) | 0.6 | 0.5 | 0.4 | 0.3 | 0.9 | 0.7 |
| Hypertension (%) | 41.6 | 40.8 | 39.3 | 81.3 | 78.9 | 76.7 |
| Hyperlipidemia (%) | 38.3 | 41.8 | 44.5 | 80.4 | 76.9 | 77.1 |
| Obstructive sleep apnea (%) | 17.3 | 17.1 | 18.1 | 19.8 | 25.7 | 28.1 |
| Ischemic heart disease (%) | 3.6 | 3.9 | 3.9 | 21.9 | 23.2 | 20.5 |
| Smoking (%) | 11.1 | 9.4 | 9.6 | 19.6 | 22.1 | 19.6 |
| Prior T2D product use | | | | | | |
| Metformin (%) | 15.6 | 11.3 | 10.7 | 68.7 | 60.6 | 54.8 |
| Sulfonylureas (%) | 1.3 | 0.4 | 0.1 | 31.0 | 22.8 | 17.1 |
| DPP-4 inhibitors (%) | 1.0 | 0.2 | 0.1 | 19.8 | 13.1 | 7.2 |
| SGLT-2 inhibitors (%) | 1.8 | 1.0 | 0.5 | 29.4 | 21.5 | 25.5 |
| LIA insulin(%) | 1.8 | 0.8 | 0.3 | 16.1 | 26.9 | 22.9 |
| Short/rapid insulin (%) | 1.5 | 0.8 | 0.5 | 7.7 | 15.2 | 13.7 |
| Exposure information | | | | | | |
| Average # episodes | 3.02 | 2.36 | 1.22 | 2.40 | 3.24 | 2.07 |
| First treatment exposure duration (days) | | | | | | |
| Median (IQR) | 30 (30, 60) | 30 (28, 84) | 28 (22, 46) | 30 (30, 90) | 56 (28, 98) | 52 (28, 112) |
| Mean ± SD | 66.7 ± 93.6 | 81.5 ± 100.1 | 33.9 ± 21.7 | 99.0 ± 150.2 | 104.9 ±162.1 | 88.6 ± 98.3 |
| Cumulative duration of exposure (days) | | | | | | |
| Median (IQR) | 92 (48, 210) | 112 (52, 250) | 32 (22, 56) | 120 (55, 300) | 174 (80, 364) | 119 (55, 241) |
| Mean ± SD | 177.5 ± 219.4 | 164.3 ± 152.0 | 38.6 ± 24.7 | 220.9 ± 248.2 | 283.4 ± 309.5 | 158.5 ± 128.3 |

^a Defined as ≥1 T2D and no T1D codes in the year prior to initiation. ^b >50% of T1D or T2D code days during [-365, -5] were T1D codes (Source: Klompas M, et al. 2013. doi: 10.2337/dc12-0964) DPP-4 = dipeptidyl peptidase-4; IQR = interquartile range; LIA = long or intermediate-acting; SD = standard deviation; SGLT-2 = sodium-glucose cotransporter-2

- Initiators of weight management products appeared younger (age range: 45-48 years) and included a higher proportion of females (76-82%) than the initiators of T2D products (age range 59-64 years, 54-61% females) (Table 1)
- 78-79% of initiators of weight management products had diagnosis of obesity at baseline (vs. 51-68% of initiators of T2D products)
- One in five initiators of weight management products had no diagnoses for T2D or obesity (vs. <10% of initiators of T2D products)
- Less than 12% of initiators of weight management products had a diagnosis of T2D at baseline (vs. 76-87% of initiators of T2D products)
 - Prior use of metformin, sulfonylureas, DPP-4 and SGLT-2 inhibitors was infrequent in initiators of weight management products
 - Metformin was the most observed prior T2D medication among initiators of T2D products
- Prevalence of hypertension and hyperlipidemia were lower in initiators of weight management products (vs. initiators of T2D products)
- Median cumulative days of exposure (and average number of episodes) ranged from 32 days (1.22 episodes; tirzepatide, weight management) to 174 days (3.24 episodes; semaglutide [injectable], T2D), partially reflecting time available on the market (Figure 1)

Conclusions

- In these 3.69 million initiators of GLP-1RA or GIP/GLP-1RA, baseline characteristics, evidence of T2D or obesity diagnoses, comorbidities, and concurrent drug use differed, depending on a product’s indication (for weight management or for T2D treatment)
- Limitations:** Characteristics of initiators of newer GLP-1RA products may change as the market uptake has not stabilized

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- The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, FDA/HHS or the U.S. Government
- CH, IA, JG, DC, AMM, AJ and SEM are employees of HPHCI, an organization which conducts work for government and private organizations, including pharmaceutical companies.
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