

Real-World Uptake and Characteristics of Commercially Insured Initiators of Oral Glucagon-Like Peptide-1 Receptor Agonists for Obesity Treatment



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Background

- Oral glucagon-like peptide-1 receptor agonists (GLP-1s) for obesity treatment have expanded anti-obesity medication (AOM) options for patients and may increase access for patients who are averse to injectable AOMs.^{1,2}
- Oral weight loss-indicated GLP-1 drugs recently came to market with oral semaglutide (Wegovy) and oral orforglipron (Founday), which were approved by the Food and Drug Administration on December 22, 2025, and April 1, 2026, respectively.
- Real-world uptake and characterization of early initiators of oral GLP-1 and differences remain limited.

Objective

Our objective was to describe utilization and demographic and clinical characteristics of commercially insured members who initiated an oral or injectable GLP-1 from January 1, 2026, to August 31, 2026.

Methods

- This retrospective, observational cohort study analyzed Prime Therapeutics’ integrated pharmacy and medical claims data among 16 million commercially insured members from all regions of the United States between July 1, 2025, and August 31, 2026.
- The study population consisted of members who filled an obesity-indicated oral or injectable GLP-1 in 2026. Index dates were identified as the first fill in calendar year 2026.
- Inclusion criteria were continuous enrollment for 180 days before index GLP-1 claim in 2026 (“pre-period”) and age 19+ at index.
- The post-period was defined as 90 days after index GLP-1 claim or the end of the most recent data.
- Descriptive statistics compared AOM oral and injectable GLP-1 users across a range of demographic and clinical characteristics such as age, gender, body mass index (BMI) category, and other cardiometabolic comorbidities and medication use during the pre-period.
- AOM GLP-1 users were considered to be “naive to GLP-1” if they did not have prior use of any GLP-1, defined as the presence of a GLP-1 product claim during the pre-period.

Table 1

Demographic and Clinical Characteristics

	Oral AOM GLP-1 N=6,940	Injectable AOM GLP-1 N=137,076	SMD	P Value
Age in years, mean (SD)	48.2 (12.1)	46.6 (11.2)	0.34	<0.01
Gender–female, N (%)	4,808 (69.3%)	95,294 (69.5%)	0.01	0.68
CCI score, mean (SD)	0.51 (1)	0.45 (0.9)	0.07	<0.01
BMI category, N (%)				
30–34.9	1,215 (17.5%)	24,596 (17.9%)	0.05	0.01
35–39.9	835 (12.0%)	17,845 (13.0%)		
40–44.9	582 (8.4%)	11,445 (8.3%)		
45+	429 (6.2%)	9,410 (6.9%)		
No BMI Z Code	3,879 (55.9%)	73,780 (53.8%)		
Severe obesity, N (%)	1,140 (16.4%)	24,410 (17.8%)	0.04	0.01
Prediabetes, N (%)	770 (11.1%)	16,048 (11.7%)	0.02	0.13
Diabetes diagnosis, N (%)	828 (11.9%)	12,524 (9.1%)	0.10	<0.01
Prior non-GLP-1 weight loss drug use, N (%)	395 (5.7%)	4,149 (3.0%)	0.13	<0.01
Sleep apnea, N (%)	908 (13.1%)	26,341 (19.2%)	0.15	<0.01
Statin use, N (%)	1,704 (24.6%)	25,926 (18.9%)	0.14	<0.01
RASA use, N (%)	1,874 (27.0%)	31,736 (23.2%)	0.09	<0.01
Pharmacy fills, mean (SD)	11.7 (11.2)	13 (10.7)	0.11	<0.01
Prior GLP-1 for obesity, N (%)	1,702 (24.5%)	92,855 (67.7%)	0.96	<0.01
Prior GLP-1 for diabetes, N (%)	147 (2.1%)	1,239 (0.9%)	0.10	<0.01

AOM = anti-obesity medication; SMD = standardized mean difference; SD = standard deviation; BMI = body mass index; CCI = Charlson Comorbidity Index; RASA = renin-angiotensin system antagonist

All users filled an obesity-indicated oral or injectable GLP-1 between 1/1/2026, and 8/31/2026, had continuous enrollment for 180 days before their first fill in 2026, and were ≥19 years old at index.

Figure 1

New-Start Rate Oral and Injectable AOM GLP-1 by Index Month

Month	Oral AOM New Start - Naive to GLP-1	Oral AOM New Start - Non-Naive to GLP-1	Injectable AOM New Start - Naive to GLP-1
Jan	100	50	5500
Feb	500	300	4500
Mar	500	300	4700
Apr	600	300	4500
May	600	300	4000
Jun	700	300	4200
Jul	900	300	4300
Aug	800	300	4200

AOM = anti-obesity medication

All users filled an obesity-indicated oral or injectable GLP-1 between 1/1/2026, and 8/31/2026, had continuous enrollment for 180 days before their first fill in 2026, and were ≥19 years old at index. “Oral AOM New Start - Naive to GLP-1” was defined as members who started an oral AOM GLP-1 between 1/1/2026, and 8/31/2026, and did not have a prior claim for any GLP-1 product during 180 days before their first 2026 GLP-1 fill (“pre-period”). “Oral AOM New Start - Non-Naive to GLP-1” were members who started an oral AOM GLP-1 between 1/1/2026, and 8/31/2026, and had a prior claim for a GLP-1 product during the pre-period. “Injectable AOM New Start - Naive to GLP-1” were members who started an injectable AOM GLP-1 between 1/1/2026, and 8/31/2026, and did not have a prior claim for any GLP-1 product during the pre-period.

References

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- Wharton S, Blevins T, Connery L, et al. Daily oral GLP-1 receptor agonist orforglipron for adults with obesity. *N Engl J Med.* 2023;389(10):877-888. doi:10.1056/NEJMoa2302392

Results

- A total of 8,089 members started an oral AOM GLP-1, and 162,769 filled at least 1 injectable AOM GLP-1 prescription between January 1, 2026, and August 31, 2026. A total of 6,940 (4.84%) oral and 137,076 (95.2%) injectable initiators met inclusion and exclusion criteria.
- Oral and injectable AOM GLP-1 users differed significantly in several demographic and clinical characteristics, including age, severe obesity, diabetes diagnosis, sleep apnea diagnosis, and prior use of non-GLP-1 weight loss drugs ([Table 1](#)).
 - Injectable GLP-1 utilizers have slightly higher rates of severe obesity and sleep apnea.
 - Oral GLP-1 utilizers were slightly older and had higher rates of diabetes diagnoses, statin use, renin-angiotensin system agent (antihypertensive) use, and prior non-GLP-1 AOM use.
- A total of 5,097 (73.4%) oral AOM GLP-1 users and 43,355 (31.6%) injectable AOM GLP-1 users were naive to GLP-1 and newly started a GLP-1 between January 1, 2026, and August 31, 2026 ([Figure 1](#)).
 - Figure 1 shows AOM new-start users naive to GLP-1 were 5 times more likely to start an injectable GLP-1 than an oral GLP-1.
- The number of AOM oral new-start GLP-1 users has been relatively stable at ~500 per month between February and June, with a slight increase in July and August, while the AOM injectable GLP-1 new starters have been declining minimally during the first half of 2026 ([Figure 1](#)).
- 36.2% (N=1,843) of oral GLP-1 users had prior injectable GLP-1 use. Of these users, 92.3% (N=1,702) were previously exposed to an AOM GLP-1, and 8.0% (N=147) were previously exposed to a diabetes-indicated GLP-1.

Limitations

- Data were sourced from administrative healthcare claims, and claims-based identification of GLP-1 utilization may have failed to appropriately classify utilizers of compounded GLP-1 products, individuals procuring GLP-1 through direct-to-consumer programs, or other individuals with nonadjudicated GLP-1 utilization.
- Our study examined a commercially insured membership and therefore is not generalizable to Medicare or Medicaid populations.

Conclusion

- In the initial months of availability, on-benefit use of oral GLP-1s has grown but remains a smaller share with 1 in 20 utilizers taking an oral AOM GLP-1.
- Results should be interpreted in the context of potentially high off-benefit use, which is not captured in claims data.
- Most oral users did not have previous experience with GLP-1 products, with nearly three-quarters appearing to be new to GLP-1 therapy.
- Among oral GLP-1 users with prior injectable GLP-1 use, use of diabetes-indicated products was rare, with less than 8% of oral GLP-1 users using a prior diabetes-indicated GLP-1 product.
- Since oral AOM GLP-1s have come to market, there appears to have been a stable new AOM GLP-1 initiator preference to injectable formulation at a 5 to 1 rate over oral agents with a slight movement towards orals in July and August 2026, among this commercially insured population.
- Future studies should continue monitoring oral GLP-1 utilization trends and assess treatment persistence.