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Year-Two Real-World Analysis of Glucagon-Like Peptide-1 Agonist (GLP-1) Obesity Treatment Adherence and Persistency

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Introduction: A glucagon-like peptide-1 (GLP-1) agonist product has been taken by almost one in five (22%) of individuals in the U.S. who have been told by a doctor that they are overweight or obese in the past five years, according to a recent Kaiser Family Foundation survey.[1] These results follow the finding that Wegovy treatment for three years has cardiovascular benefits, as reported in the *New England Journal of Medicine*.[2] These exciting new cardiovascular benefits are tempered by the knowledge that one year after stopping Wegovy, individuals regained two-thirds of their prior weight loss.[3]

As we learn more about GLP-1 therapy, it's becoming apparent many individuals will need long term GLP-1 obesity therapy to achieve the benefits and maintain weight loss, making it imperative to understand real-world GLP-1 obesity treatment adherence and persistency rates.

In 2023, Prime/MRx released the findings from a real-world, year-one GLP-1 obesity adherence and persistency analysis that showed only 27% adherence, and 32% were still on a GLP-1 after one year of therapy initiation.[4] Details of the analysis findings were recently published in the peer-reviewed *Journal of Managed Care & Specialty Pharmacy.*[5] Little is known of real-world GLP-1 obesity treatment adherence and persistency beyond one year.

Objective: To describe two-year GLP-1 obesity treatment adherence and persistency among commercially insured members without diabetes newly-initiating GLP-1 treatment.

Methods: The methods have been published in the *Journal of Managed Care & Specialty Pharmacy.*[5] Prime/MRx analyzed integrated pharmacy and medical claims data from 16 million commercially insured members. Study inclusion was limited to members with a GLP-1 claim (index date) between 1/1/2021 and 12/31/2021, with continuous enrollment 12-months before (pre-period) and 24-months after (post-period) the index date, and no GLP-1 drug claim during the pre-period. Members were required to have at least one pre-period medical claim, including a diagnosis code for obesity or a Z code for body mass index (BMI) ≥ 30. Members were excluded if they had a medical claim with a diabetes mellitus (DM) diagnosis or a pharmacy DM drug therapy claim during the pre-period. All persistency and adherence measurements were conducted at the GLP-1 product level. Switching GLP-1 products was allowed.

Members were considered persistent if they did not have a 60-day gap in therapy and were censored at the end of the 365-day period. The last day of supply before a gap was defined as the member's discontinuation date for those who were nonpersistent. Adherence was measured using the proportion of days covered (PDC) method endorsed by the Pharmacy Quality Alliance and used by Centers for Medicare and Medicaid Services (CMS) in their Part C & D Star

Ratings, with three differences: (1) all members were naive to GLP-1 therapy with no GLP-1 claim history in the prior 365 days, (2) a single GLP-1 claim allowed a member to be included in the adherence measurement, whereas CMS requires two claims, and (3) all members were continuously enrolled. Members with a PDC of greater than or equal to 80% were considered adherent and those with a PDC of less than 80% were defined as nonadherent.

Results: A total of 3,364 commercially insured members were identified as newly initiating GLP-1 therapy and were continuously enrolled. The mean age of individuals included in the study was 46.5 years and 81.0% were women. Overall, GLP-1 persistence was 47.1% at 180 days, 28.9% at one year, and 14.8% at two years. Utilizers of the weekly injection semaglutide products (Wegovy at 24.1% and Ozempic at 22.2%) had the highest two-year persistency rates, and the daily injection liraglutide products (Saxenda at 7.4% and Victoza at 7.0%) had the lowest persistence rates. Overall, 16.6% were adherent to their GLP-1 obesity treatment during the two years, with an average PDC of 40.7%. Semaglutide product adherence was 24.8% for Ozempic and 24.1% for Wegovy. Twenty six percent of individuals switched to a different GLP-1 drug during the two years.

Conclusions: At the end of two years, GLP-1 obesity treatment persistency and adherence were poor with only 1 in 7 members remaining on therapy and 17% adherent. Wegovy and Ozempic utilizers did do better than the individuals using other GLP-1 products, yet only 1 in 4 were adherent over the two years or still on GLP-1 therapy at two years after starting therapy. In addition, 1 in 4 switched GLP-1 products during the two years.

The value of GLP-1 products is unlikely to be obtained if they are discontinued in the first two years of therapy. These poor GLP-1 obesity treatment findings highlight the potential for substantial GLP-1 therapy investment waste, the importance of developing obesity care management programs to improve therapy adherence, as well as obtaining value-based contracts from pharmaceutical manufacturers.

References:

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