IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Contemporary real-world treatment patterns among patients initiating GLP-1 receptor agonists for obesity management

A retrospective analysis of commercial insurance claims data

Stephen Johnston[1], Allison Tokarski[2], Mosadoluwa Afolabi[1], Janna Volz[2], Prathiksha NV[3], **Jörg Tomaszewski***

*Presenting author; jtomasze@its.jnj.com; Global Medical Affairs, Johnson & Johnson MedTech Surgery; Raritan, NJ, US
1 MedTech Epidemiology & Real-World Data Sciences, Johnson & Johnson, New Brunswick, NJ, US
2 MedTech Surgery, Johnson & Johnson, Blue Ash, OH, US
3 Mu Sigma, Bangalore, India

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain

Disclosures

- Stephen Johnston, Allison Tokarski, Janna Volz and Jörg Tomaszewski are employees of **Johnson & Johnson**.
- Mosadoluwa Afolabi and Prathiksha NV are contractor employees of Johnson & Johnson.

GLP-1RAs have transformed obesity treatment

- 2026 Obesity rate in the U.S. is around 36.4%
- 11% of U.S. adults currently take GLP-1RA (~30m) for weight loss
- Little is known about real world treatment patterns after initiation
- Several RWE studies suggest a high rate of discontinuation

GLP-1RAs have transformed obesity treatment

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

- 2026 Obesity rate in the U.S. is around 36.4%
- 11% of U.S. adults currently take GLP-1RA (~30m) for weight loss
- Little is known about real world treatment patterns after initiation
- Several RWE studies suggest a high rate of discontinuation
- **Study Objective:** Describe 12-month longitudinal dosing, adherence, discontinuation and switching among commercially insured U.S. adults without diabetes initiating semaglutide or tirzepatide for obesity management.

Retrospective observational cohort study

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

MarketScan® Commercial Database

>10 million employer-sponsored insured lives, <65a

Treatment initiators 2021-2025

Pharmacy claim for semaglutide or tirzepatide for obesity treatment

Eligibility criteria

Age ≥18
180-day baseline
365-day follow-up
no GLP1-RA claim before index
no diabetes

Retrospective observational cohort study

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

Measurement of GLP1-RA Treatment Patterns

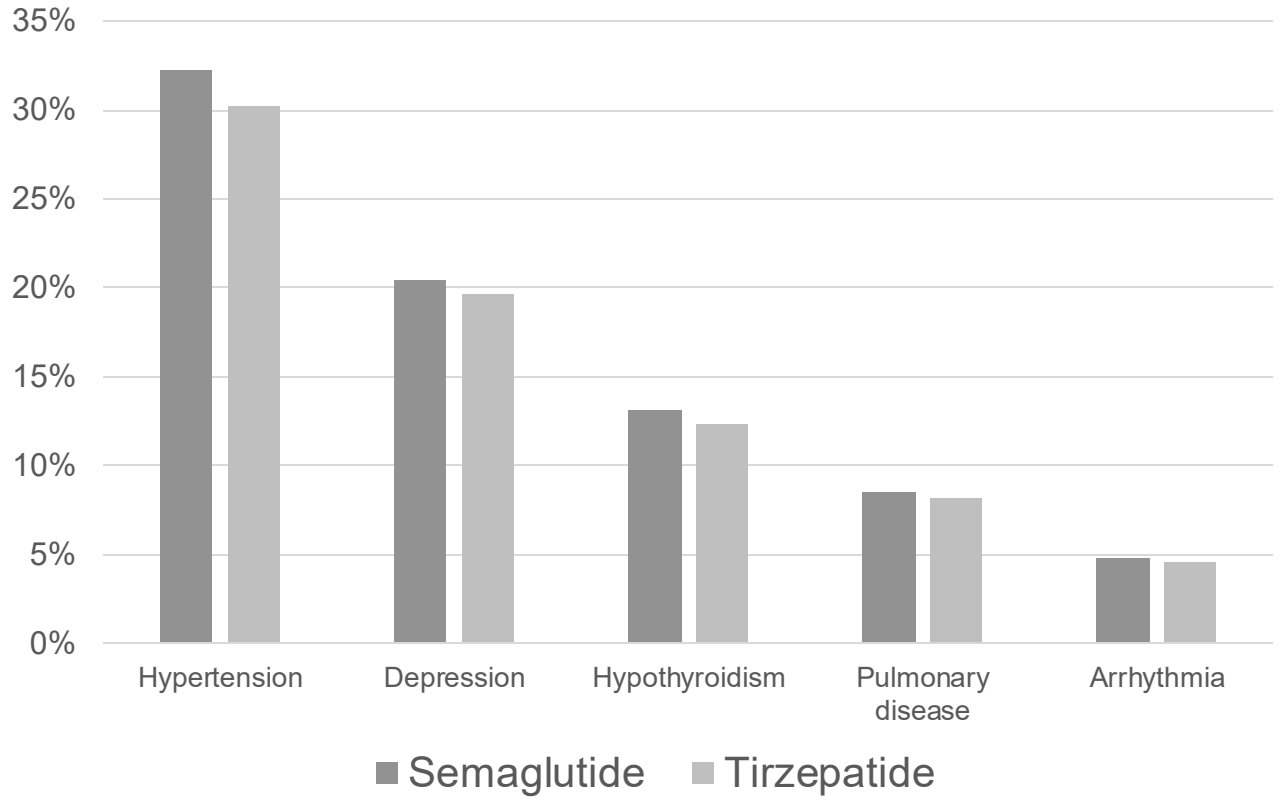
Dose Progression	Dose at index and each subsequent prescription fill down-titration = lower dose than prior fill
Adherence	Proportion of days covered (PDC) = total days supplied during follow-up ÷ 365, capped at 1.0; in RWE studies, 0.8 is often considered as adherence threshold
Discontinuation	≥60-day gap in days supplied for the index GLP-1RA
Switching	Switch of prescription fill between semaglutide and tirzepatide

Descriptive statistics, no statistical hypothesis testing was performed

Patient demographics

Eligible patients	Semaglutide	Tirzepatide
157,654	117,961	39,693
Female	77%	74%
mean Age	45y	

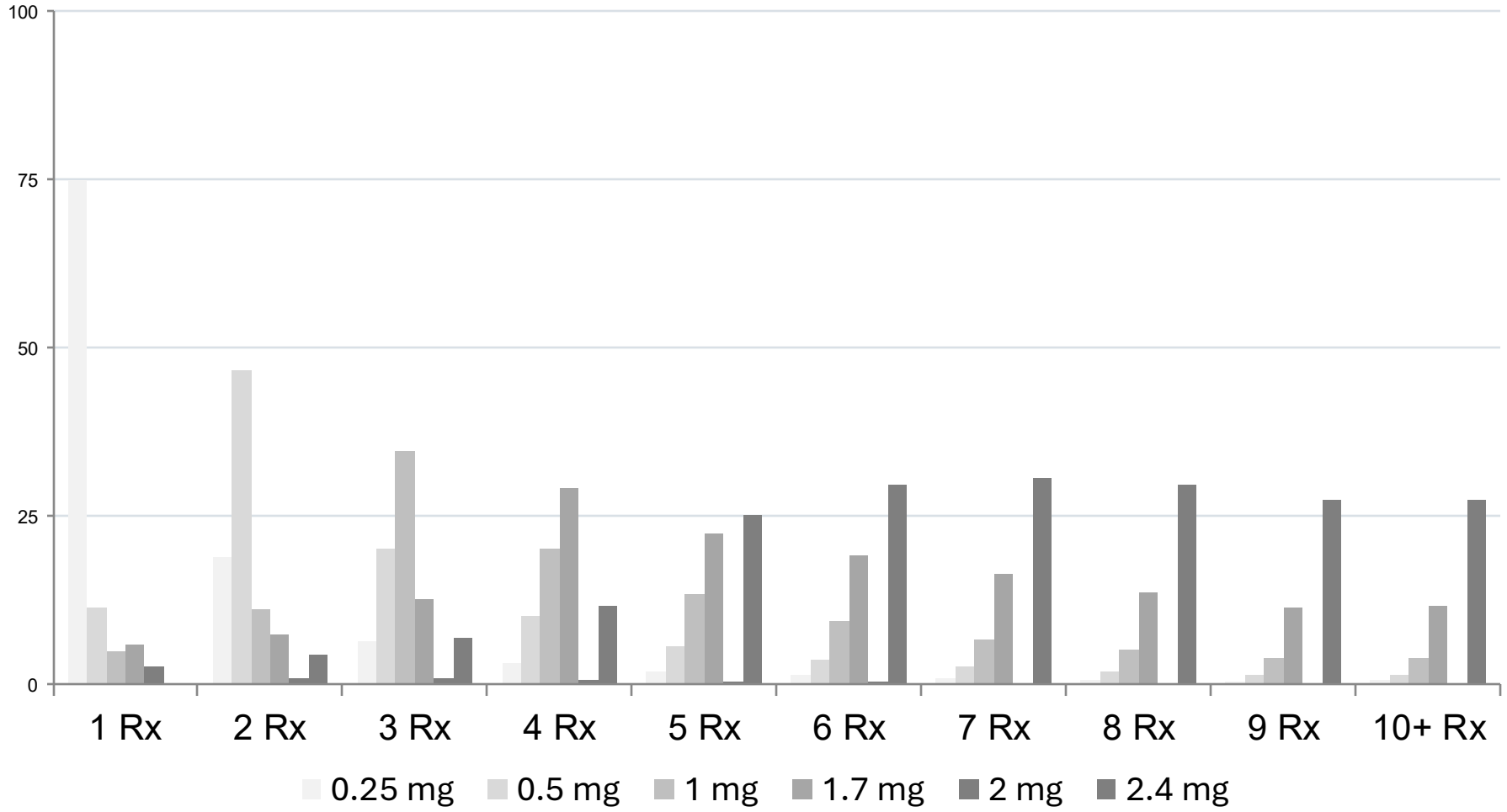
Baseline comorbidities



Both cohorts were broadly similar in age, sex distribution and common baseline comorbidities.

Semaglutide dosing shifted upward across sequential fills

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada



Initiation with 0.25 mg

75.0%

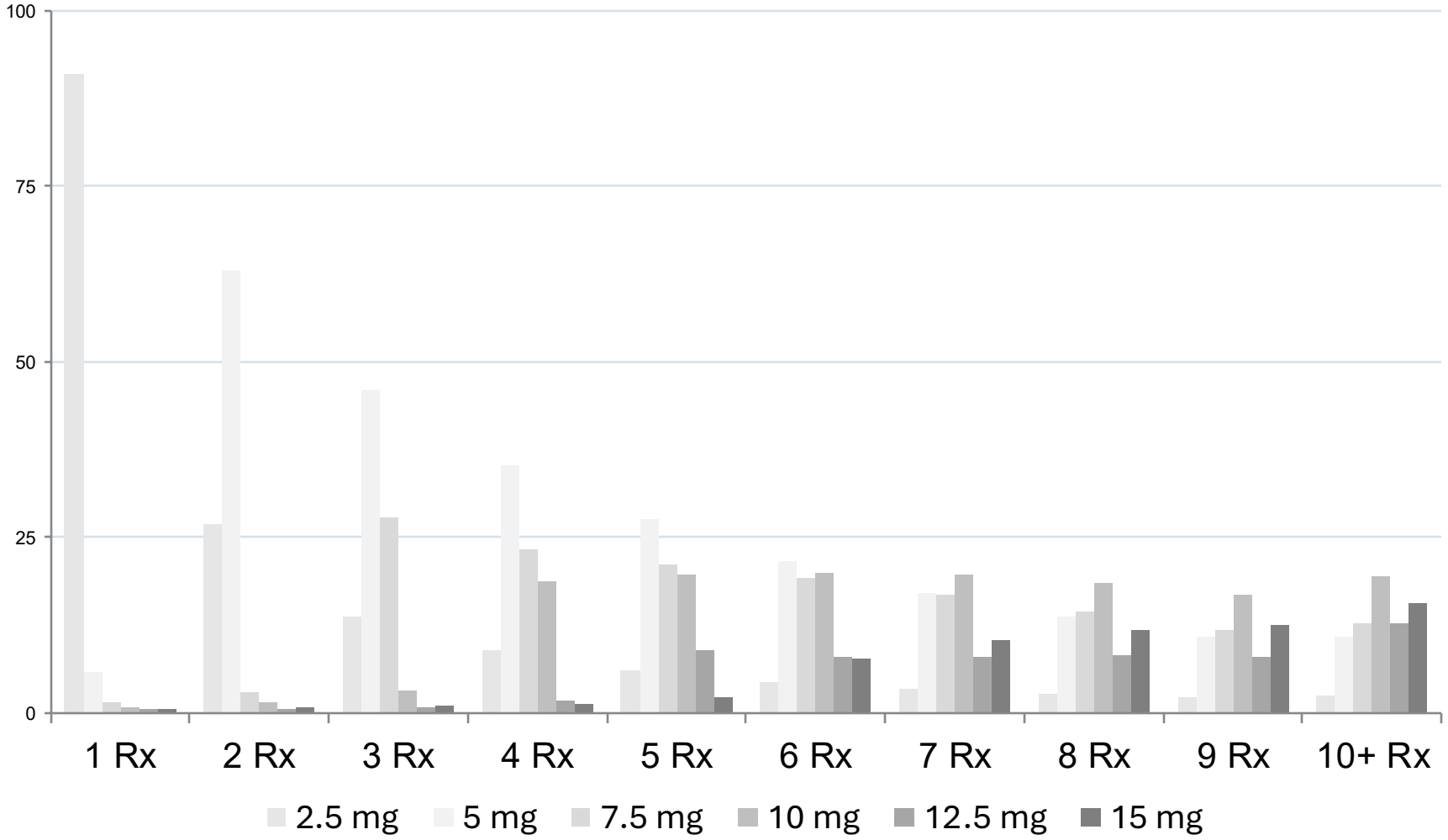
Reached 2.4 mg

46.8%

>1 Down-Titration

21.4%

Tirzepatide dosing shifted upward, with broader dose dispersion



Initiation with 2.5 mg

91.0%

Reached 15 mg

21.1%

>1 Down-Titration

40.4%

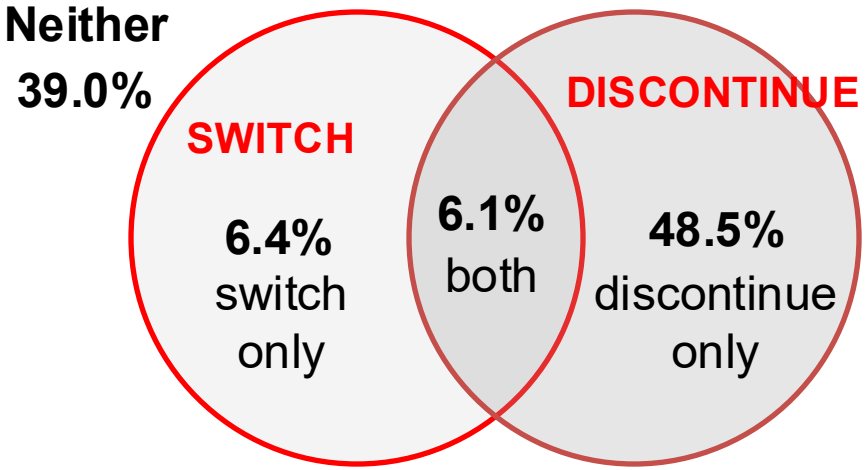
Treatment persistence is challenging over the first year

IFSO
XXIX IFSO World Congress
1-4 September 2026
Toronto, Canada

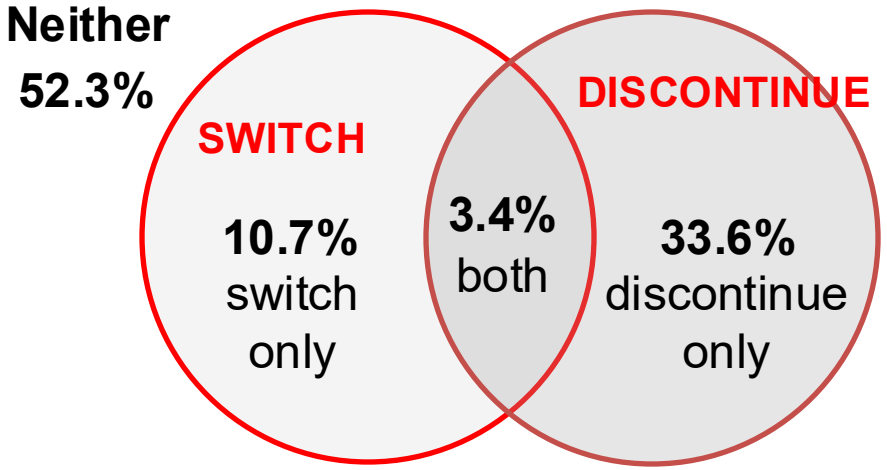
	Initiation	PDC ≥0.80	Discontinuation	Switching
Semaglutide	117,961	44.1%	54.6%	12.4%
Tirzepatide	39,693	60.6%	37.0%	14.1%

Different switching and discontinuation patterns

Semaglutide

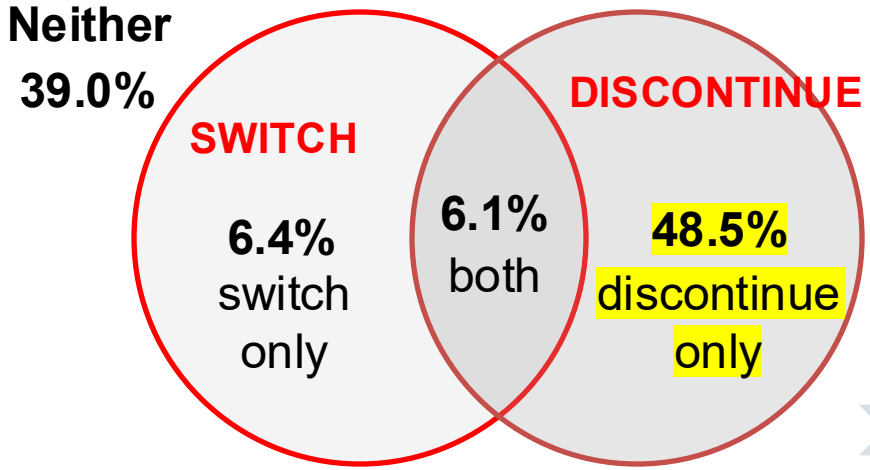


Tirzepatide



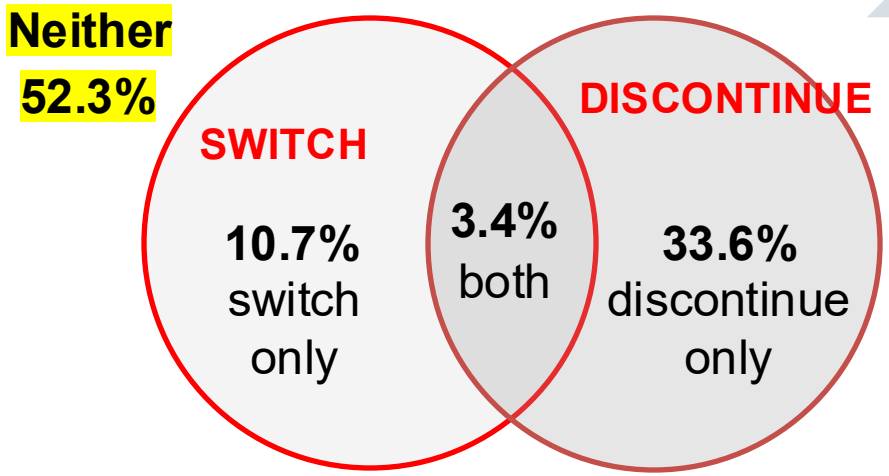
Different switching and discontinuation patterns

Semaglutide



- 13.3% more patients continued treatment with tirzepatide
- 14.9% more patients discontinued without switching with semaglutide

Tirzepatide



Relevance for the obesity treatment pathway

Treatment initiation: population entering the OMM pathway is large

Dosage heterogeneity: RWE treatment does not follow a linear path

Persistence gap: discontinuation interrupts durable results and long-term treatment

Treatment Pathway: identification of optimal treatment algorithm between OMM and MBS

Strengths

- **Large contemporary cohort:** 157,654 patients without diabetes
- **Medication-specific analysis:** semaglutide and tirzepatide reported separately with dosages
- **Longitudinal detail:** dose at sequential fills, PDC, discontinuation and switching

Limitations

- **Claims-based measures:** dispensing and days supplied do not prove ingestion
- **No longitudinal BMI:** no connections between dose trajectories with weight response
- **No information on change:** side effects, coverage and preferences are not directly observed
- **Generalizability:** commercially insured U.S. adults aged <65

Take home

Dose escalation was heterogeneous	maximum dose reached by 46.8% of semaglutide and 21.1% of tirzepatide initiators
Clinical context is essential	maximum dose is not necessarily the optimal dose for every patient
Adherence was suboptimal	PDC ≥0.80 in 44.1% for semaglutide, 60.6% for tirzepatide
Discontinuation remained common	54.6% for semaglutide; 37.0% for tirzepatide
Switching was less common	12.4% for semaglutide, 14.1% for tirzepatide
Integrated care	future research should investigate discontinuation and comprehensive treatment algorithms

Thank you!

IFSO

XXIX IFSO World Congress

1-4 September 2026
Toronto, Canada

TORONTO2026 The Future of Obesity Management: From Weight Loss to Health Gain