

# Clinical Outcomes of Semaglutide 2.4 mg in Patients with Obesity or Overweight in a Real-World Setting: A 6-Month Retrospective Study in the United States

Ruseva A, PharmD<sup>1\*</sup>; Fabricatore A, PhD<sup>1</sup>; Ó Hartaigh B, PhD<sup>1</sup>; Michalak W, MSc<sup>1</sup>; Zhao Z, PhD<sup>1</sup>

Poster  
CO190

<https://sciencehub.novonordisk.com/ispor-us2023/Ruseva1.html?cid=qr-8547854590>



Patients treated with **once-weekly semaglutide 2.4 mg** achieved a mean weight loss of **~10%** at 6 months, consistent with that observed at similar time points in clinical trials

Mean weight loss  
at 6 months

**9.8%**

## Aim

- Once-weekly semaglutide 2.4 mg, a glucagon-like peptide-1 receptor agonist (GLP-1 RA), is approved for chronic weight management in adults with obesity, or overweight with  $\geq 1$  weight-related condition.<sup>1</sup>
- While randomized controlled trials show robust efficacy of semaglutide 2.4 mg, real-world evidence is limited.
- The aim of this real-world study is to understand the impact of semaglutide 2.4 mg on weight loss in patients in the USA. Here, we present the 6-month results.

## Methods

- This observational, retrospective cohort study used data from the IQVIA Ambulatory Electronic Medical Record linked to Longitudinal Access and Adjudication Data.
- Patients aged  $\geq 18$  years with  $\geq 1$  filled prescription of semaglutide 2.4 mg between June and October 2021 (earliest prescription date defined as index date) (Figure 1).
- Patient weight and/or body mass index (BMI) at the index date  $\pm 30$  days and at day 182  $\pm 30$  days were included, with baseline demographic and clinical characteristics reported for the 6-month pre-index period.
- The primary endpoint was to assess change in weight from baseline to end of the 6-month follow-up period, calculated as percentage weight loss, and proportion of patients achieving  $\geq 5\%$ ,  $\geq 10\%$ , and  $\geq 15\%$  weight loss.

## Key results

- Of the 111 patients, 85.6% were female; mean (standard deviation [SD]) age was 47.3 (10.1) years; 81.1% had third-party insurance coverage (Table 1).
- Mean (SD) baseline BMI and weight were 37.5 (5.4) kg/m<sup>2</sup> and 105.0 (20.1) kg, respectively (Table 1).
- The most prevalent comorbidities in the total population were hypertension (39.6%), dyslipidemia (37.8%) and musculoskeletal pain (32.4%) (Table 2).
- Mean (SD) reduction in weight from baseline to the end of the 6-month follow-up period was 10.2 (6.3) kg, equating to a weight loss of 9.8%.
- At 6 months, weight loss of  $\geq 5\%$  was achieved by 87 (78.4%) patients,  $\geq 10\%$  by 53 (47.7%) patients, and  $\geq 15\%$  by 24 (21.6%) patients (Figure 2).

Figure 1: Study schematic

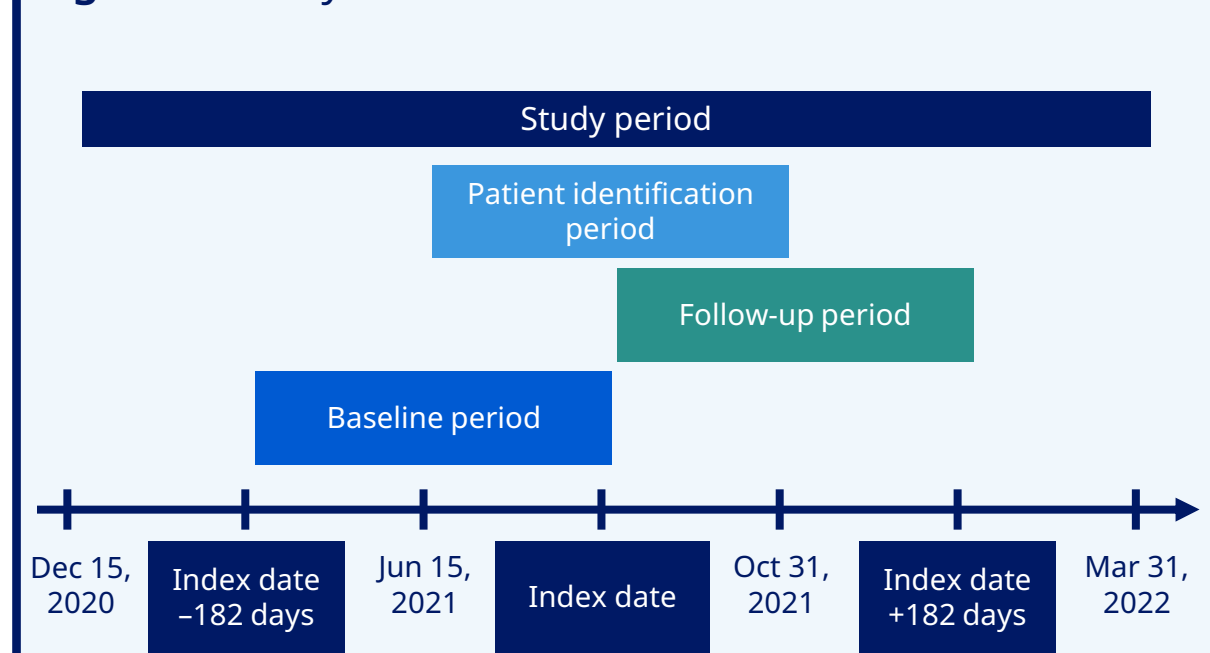


Table 1: Baseline characteristics

	Semaglutide 2.4 mg (N=111)
Mean age, years (SD)	47.3 (10.1)
Sex, n (%)	
Female	95 (85.6)
Male	16 (14.4)
Insurance, n (%)	
Commercial	90 (81.1)
Other	21 (18.9)
Region, n (%)	
Northeast	5 (4.5)
South	81 (73.0)
North Central	21 (18.9)
West	4 (3.6)
BMI	
Mean BMI (SD)	37.5 (5.4)
BMI group, n (%)	
Overweight	13 (11.7)
Obesity Class I	25 (22.5)
Obesity Class II	33 (29.7)
Obesity Class III	40 (36.0)
Mean weight, kg (SD)	105.0 (20.1)

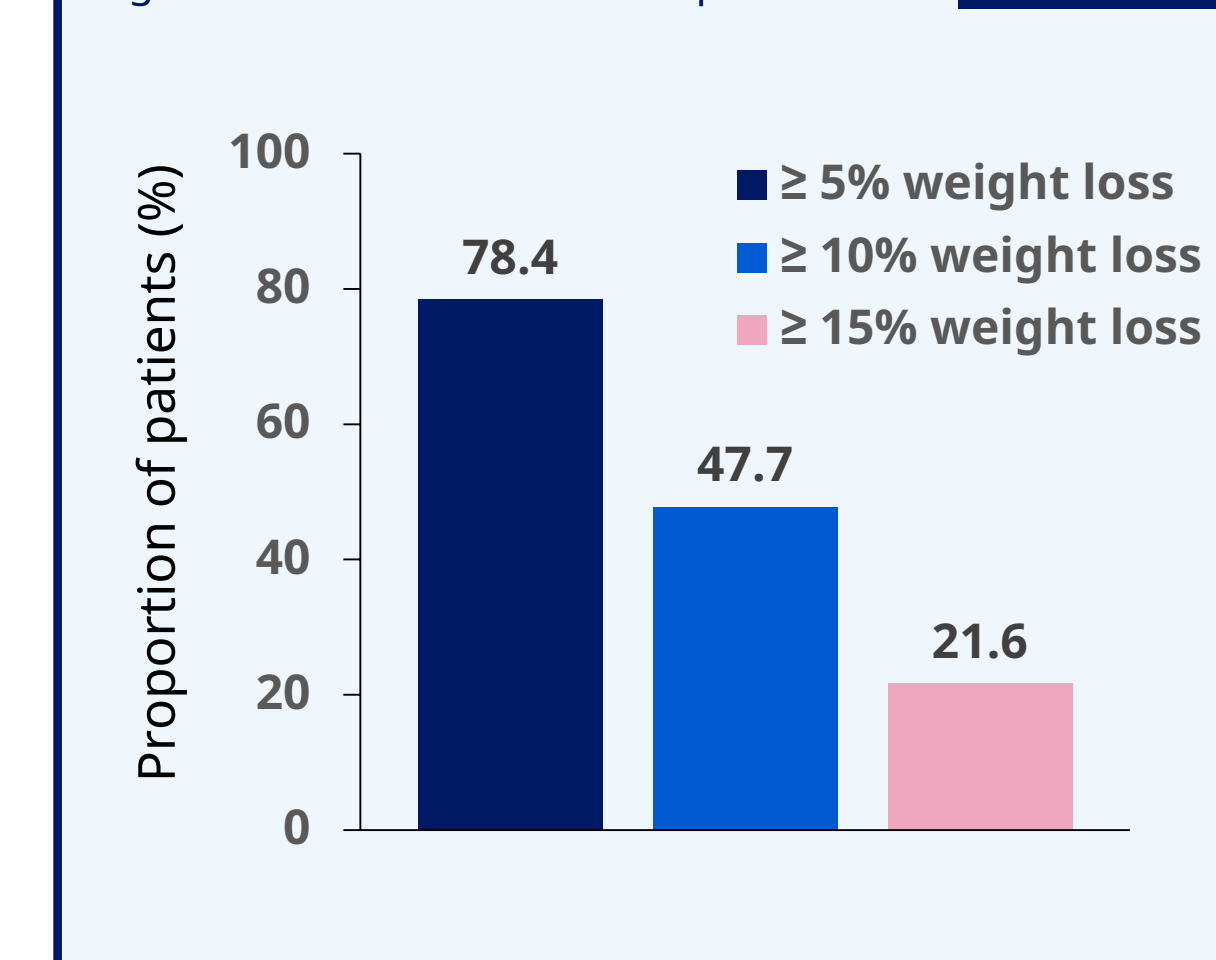
BMI, body mass index; SD, standard deviation.

Table 2: Baseline obesity-related comorbidities

	Semaglutide 2.4 mg (N=111)
Hypertension, n (%)	44 (39.6)
Dyslipidemia, n (%)	42 (37.8)
Musculoskeletal pain, n (%)	36 (32.4)
Gastroesophageal reflux disease, n (%)	23 (20.7)
Obstructive sleep apnea, n (%)	17 (15.3)
Prediabetes, n (%)	26 (23.4)
Asthma, n (%)	13 (11.7)
Type 2 diabetes, n (%)	7 (6.3)
Knee osteoarthritis, n (%)	8 (7.2)
Polycystic ovary syndrome, n (%)	7 (7.4)
Urinary incontinence, n (%)	1 (1.05)
Psoriasis, n (%)	5 (4.5)
HFpEF, n (%)	1 (0.9)

HFpEF, heart failure with preserved ejection fraction.

Figure 2: Proportion of patients achieving targets at the 6-month follow-up



Key result

## Conclusions

- In this real-world, retrospective study, patients treated with semaglutide 2.4 mg achieved a mean weight reduction of  $\sim 10\%$  from baseline to the end of the 6-month follow-up consistent with that observed at similar time points in clinical trials.<sup>2-6</sup>
- Longer follow-up is needed to determine whether real-world results will continue to approximate clinical trial results beyond 6 months.

<sup>1</sup>Novo Nordisk Inc., Plainsboro, New Jersey, USA

This non-interventional study was funded and conducted by Novo Nordisk. The authors acknowledge the medical writing assistance of Katy Adams, Ashfield MedComms (funded by Novo Nordisk). Presented at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) conference, May 7-10, 2023, Boston, MA, USA.

1. Novo Nordisk, US FDA Prescribing Information for semaglutide 2.4 mg, accessed from: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/215256s005lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/215256s005lbl.pdf) on Apr 04, 2023;; 2. Davis M, et al. Lancet 2021;397:971-84; 3. Garvey WT, et al. Nat Med 2022;28(10):2083-2091;

4. Rubino D, et al. JAMA 2021;325(14):1414-1425; 5. Wadden TA, et al. JAMA 2021;325(14):1403-1413; 6. Wilding PH, et al. N Engl J Med 2021;384:989-1002