In US Semaglutide Fuels Rapid Growth as GLP-1RA Use as Payments Rise

Researchers used nationally representative federal survey data to examine trends in glucagon-like peptide-1 receptor agonist (GLP-1RA) utilization and associated payments between 2017 and 2022.

The study's findings revealed a marked increase in GLP-1RA use among Americans, both with and without a reported history of diabetes, largely driven by increased semaglutide use following its approval for weight management. The analysis further found that while mean annual patient out-of-pocket payments decreased, mean total annual payments per user increased in nominal dollars, raising affordability concerns, particularly if treatment continues over a lifetime.

Study

The present study aimed to address this persistent knowledge gap by analyzing data from the Medical Expenditure Panel Survey (MEPS) to investigate how usage patterns and associated payments differed across GLP-1RA types and by diabetes status, and to inform policies intended to reduce total and out-of-pocket GLP-1RA payments.

MEPS is a comprehensive, nationally representative, repeated cross-sectional sample of US adults. The present study focused on patterns from 2017 to 2022 to capture usage and payment trends immediately before and after the expansion of GLP-1RA indications. The pooled sample comprised 1,878 participants, representing an estimated 20,343,000 US adults who reported GLP-1RA use across the six survey years, rather than a national cohort at a single point in time.

Summary statistics revealed that 52% of the included participants were women and 90% had a history of diabetes. The average participant age was 59.8 years for individuals with diabetes and 47.8 years for those without. For analyses by drug type, semaglutide and liraglutide were evaluated separately, while dulaglutide, exenatide, and unspecified glucagon-like peptide-1 agonists were grouped as “other GLP-1RAs.”

Furthermore, the study's primary financial endpoints comprised two measures. Mean annual out-of-pocket payments included payments by patients or families, including deductibles, copays, and coinsurance, as well as payments for services or providers not covered by other sources. Mean total annual payments per person combined payments from Medicare, Medicaid, patients or families, state or local government, Tricare, veterans' programs, employers, private insurance, other federal sources, and other insurers. These financial endpoints were evaluated

over the multiyear study timeframe to describe changes in per-person payments according to diabetes status and GLP-1RA type.

Results

The analysis documented the recent nationwide expansion in GLP-1RA use, revealing that from 2017 to 2022, overall GLP-1RA utilization grew by 230% among individuals with diabetes. Estimated use increased from 1,545,000 to 5,092,000 users, with a P for trend of less than 0.01.

Among individuals without a reported history of diabetes, GLP-1RA use increased from 115,000 to 855,000 users, a 643% increase (P for trend < 0.01). When investigating the drivers of these trends by drug type, the analyses indicated that increased semaglutide use drove much of the overall growth in GLP-1RA use.

Semaglutide accounted for just 10% of users with diabetes and 8% of users without diabetes in 2018. By 2022, however, these proportions had increased to 54% and 65%, respectively. Meanwhile, liraglutide's share decreased from 42% to 12% among users with diabetes and from 58% to 21% among those without diabetes, although its estimated absolute number of users without diabetes increased.

Payment analyses showed divergent patterns. Mean annual out-of-pocket payments decreased in nominal dollars, dropping from $414 to $252 for patients with diabetes and from $212 to $157 for those without.

In contrast, the mean total annual payments per user increased. Payments from all included sources rose from $4,936 to $6,722 for users with diabetes and from $2,651 to $6,811 for those without.

In 2022, users without diabetes who received semaglutide had a mean annual total payment of $7,588, with a mean annual out-of-pocket payment of $162.

Conclusion

Overall, the findings show that by 2022, semaglutide had become the predominant GLP-1RA among surveyed US users, likely reflecting its greater weight-management effectiveness reported in earlier research, as well as its 2021 approval for that indication.

The findings also indicate that while observed mean annual out-of-pocket payments decreased, high mean annual total payments raise affordability concerns, particularly with potentially lifelong use. Further studies are needed to evaluate policies and strategies for reducing both total and out-of-pocket GLP-1RA payments.

Source:

https://www.news-medical.net/news/20260720/Semaglutide-fuels-rapid-growth-in-US-GLP-1RA-use-as-payments-rise.aspx