

3-Month Real-World Weight Outcomes Among Patients With Overweight or Obesity After Switching From Injectable Semaglutide or Tirzepatide to Oral Semaglutide for Weight Management: The OCTANE Study

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By scanning the QR code, we may collect aggregate data for analytics. No personal information will be collected.

Background

- Injectable semaglutide (Wegovy® injection) and tirzepatide (Zepbound®) are established incretin-based therapies indicated for weight management
- Oral semaglutide (Wegovy® tablets) is the first oral glucagon-like peptide-1 (GLP-1) receptor agonist indicated for weight management in adults with overweight or obesity, providing an injection-free therapeutic option
- Clinical trials have demonstrated significant weight reduction with oral semaglutide^{1,2,3}
- Real-world evidence on weight outcomes, adherence, and treatment satisfaction after switching from injectable semaglutide or tirzepatide to oral semaglutide is limited

Objective

- To evaluate weight and body mass index (BMI) changes, treatment adherence, and satisfaction 3 months after switching from an injectable (semaglutide or tirzepatide) to oral semaglutide for weight management

Methods

Study Design

- This was a retrospective cohort analysis using de-identified data from the Ro telehealth platform in the US integrating electronic health records, patient-reported data, and pharmacy records

Study Population

- A random sample of adults initiating oral semaglutide for weight management was identified (January 5 – February 7, 2026; date of initiation = the index date)
- Patients were continuously enrolled on the telehealth platform and had a prior prescription for injectable semaglutide or tirzepatide before the index date
- Patients had self-reported weight within 30 days pre-index (“baseline weight”) and at 3 months (±15 days)
- At baseline, study-eligible patients had BMI ≥30.0 kg/m², or BMI 27.0–29.9 kg/m² with ≥1 obesity-related complication (ORC)*
- Persistence on oral semaglutide over the 3-month follow-up period (no gap >30 days in days’ supply) was required
- Patients were excluded if they had a history of diabetes, bariatric surgery, or eating disorder

Analysis

- Changes in weight and BMI from baseline to 3 months were evaluated using paired t-tests; change in the proportion of patients with obesity was evaluated using McNemar’s test
- Oral semaglutide dose distributions were assessed at initiation and over the 3-month follow-up (maximum dose achieved)
- Patient-reported adherence (over the past week), satisfaction (optional), and treatment improvements (using a predefined multiple-response checklist) were assessed at 3 months (±15 days), as available

*Hypertension, lipid disorder, obstructive sleep apnea, or cardiovascular disease

Results

- The final sample comprised 194 patients who switched from an injectable (semaglutide or tirzepatide) to oral semaglutide (**Table 1**)
- 50% of patients switched from injectable semaglutide while 50% switched from tirzepatide

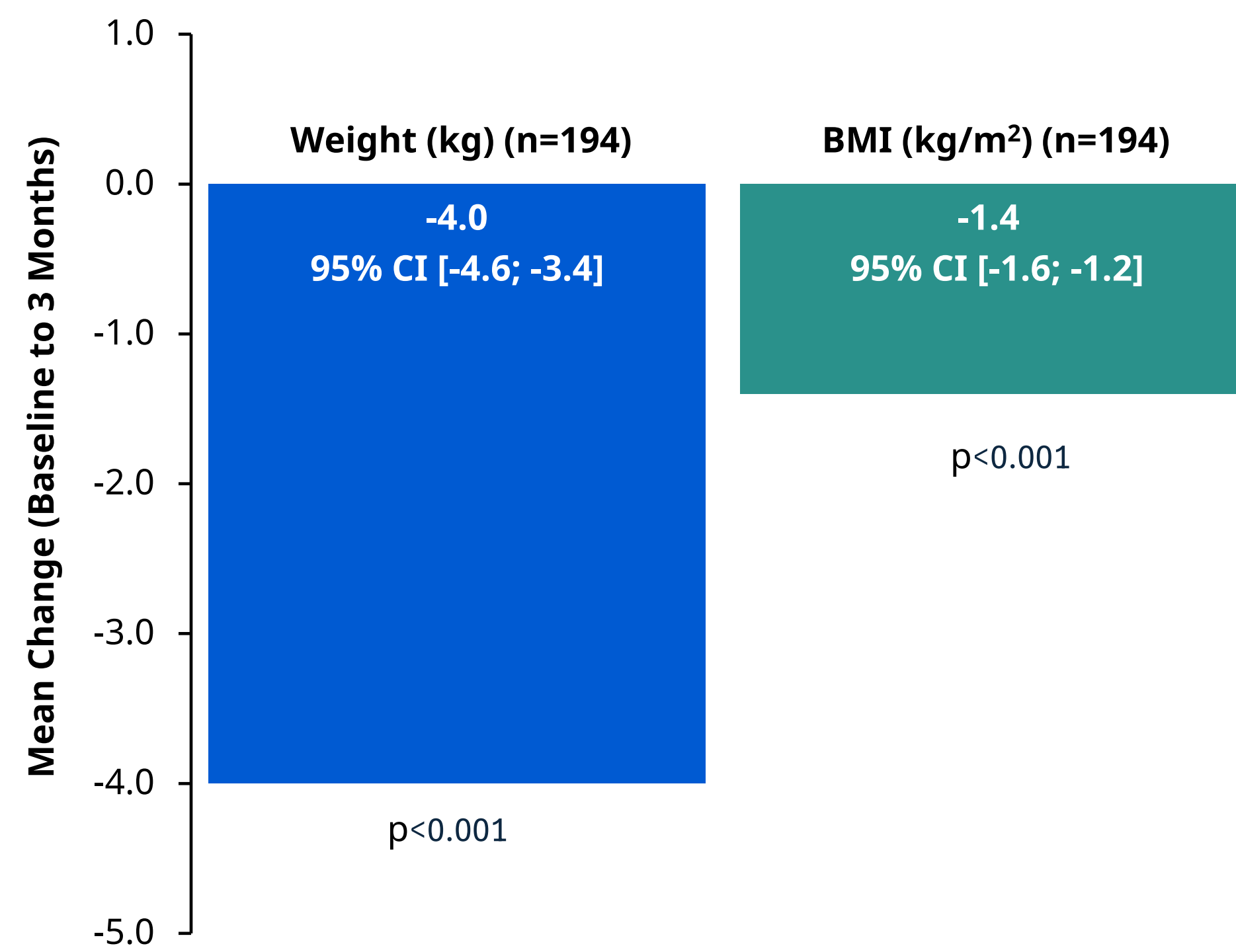
Table 1: Sample characteristics

Baseline Characteristics	Switchers (N=194)
Mean age (SD), years	45.4 (11.6)
Female, %	56.2%
White, %	67.0%
Mean weight (SD), kg	100.5 (20.8)
Mean BMI (SD), kg/m²	34.5 (6.0)
Mean time (SD) from enrollment* to index date, months	5.2 (6.3)
Mean time (SD) from last injectable prescription to index date, days	36.8 (31.2)
Switched from semaglutide injection, %	50.0%
Last prescribed dose ≥1.7 mg, %	30.9%
Switched from tirzepatide, %	50.0%
Last prescribed dose ≥5.0 mg, %	58.8%

* Ro platform enrollment or onboarding

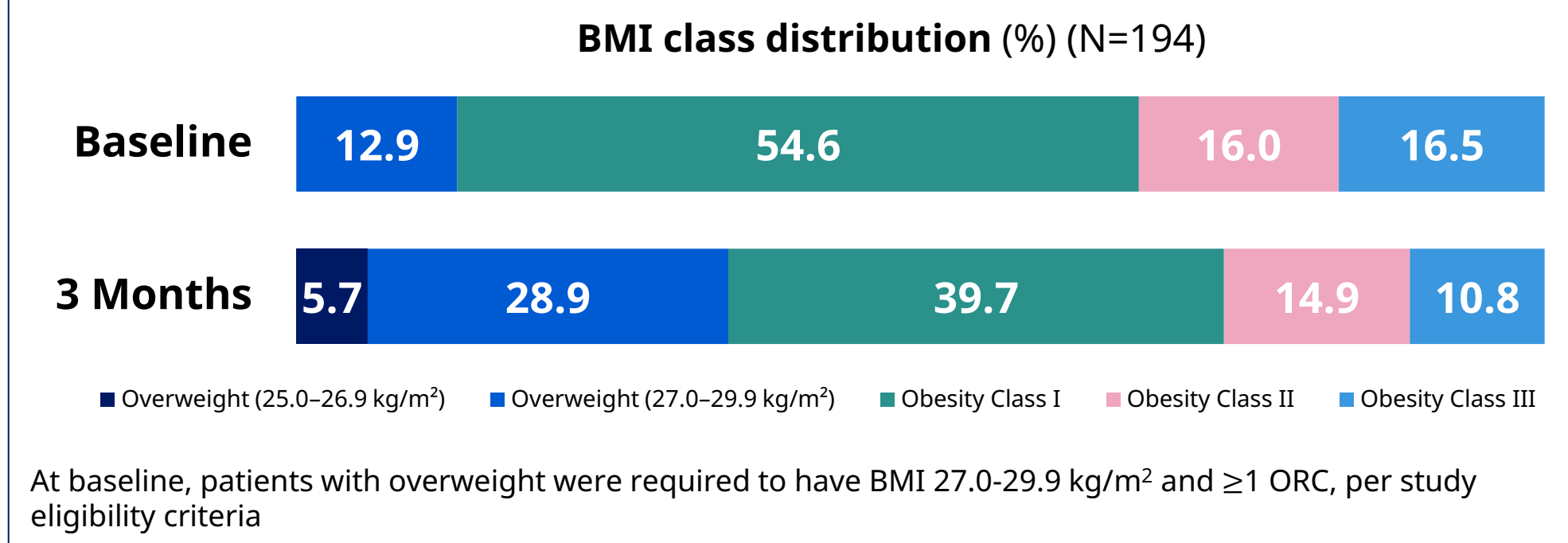
- Mean weight and BMI significantly decreased from baseline to 3 months (p<0.001) (**Figure 1**)
 - Mean body weight decreased by **4.1%** at 3 months post-switch
 - 40.7%** of patients achieved ≥5% weight loss at 3 months post-switch

Figure 1: Change in weight and BMI from baseline to 3 months



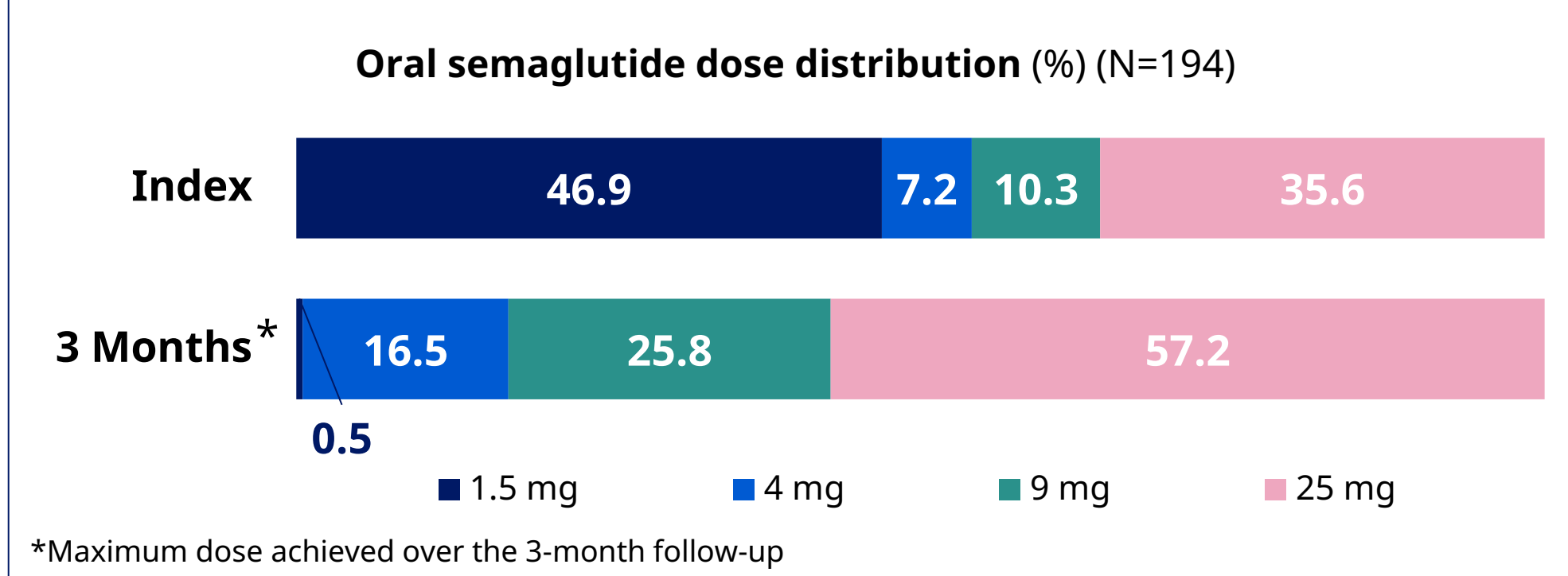
- A downward shift in BMI class distribution was observed from baseline to 3 months (**Figure 2**)
- The proportion with obesity (BMI ≥30.0 kg/m²) decreased from **87.1%** at baseline to **65.5%** at 3 months (p<0.001)

Figure 2: Changes in BMI class distribution from baseline to 3 months after switching



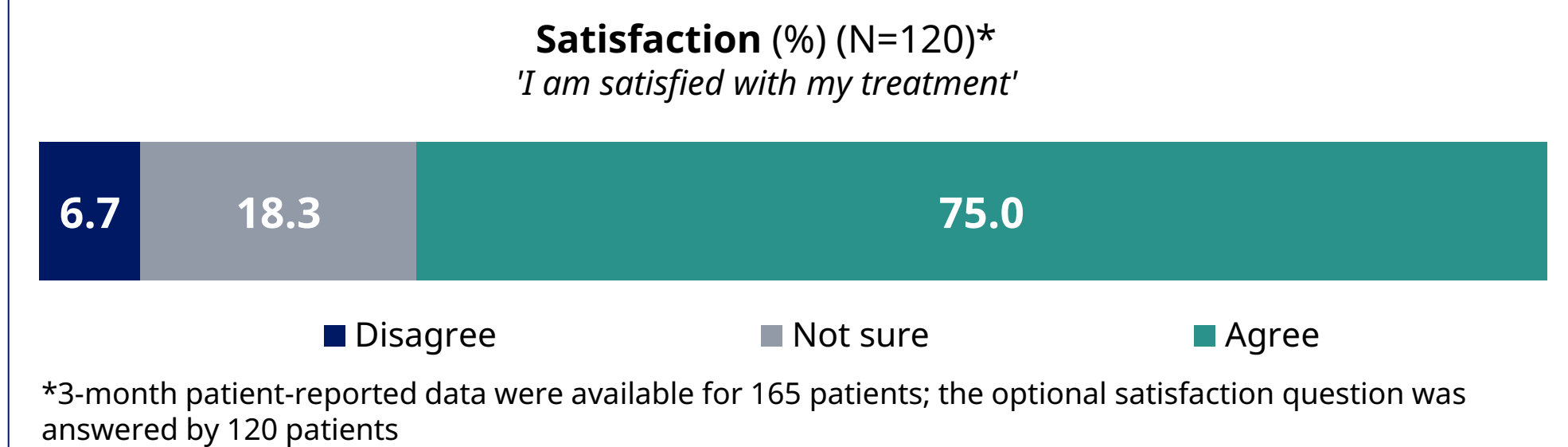
- During the 3-month follow-up period, most patients escalated to a higher dose (**Figure 3**)
 - The most common index dose was 1.5 mg (46.9%)
 - 57.2% of patients achieved the 25 mg dose during the 3-month follow-up

Figure 3: Changes in oral semaglutide dose over 3 months



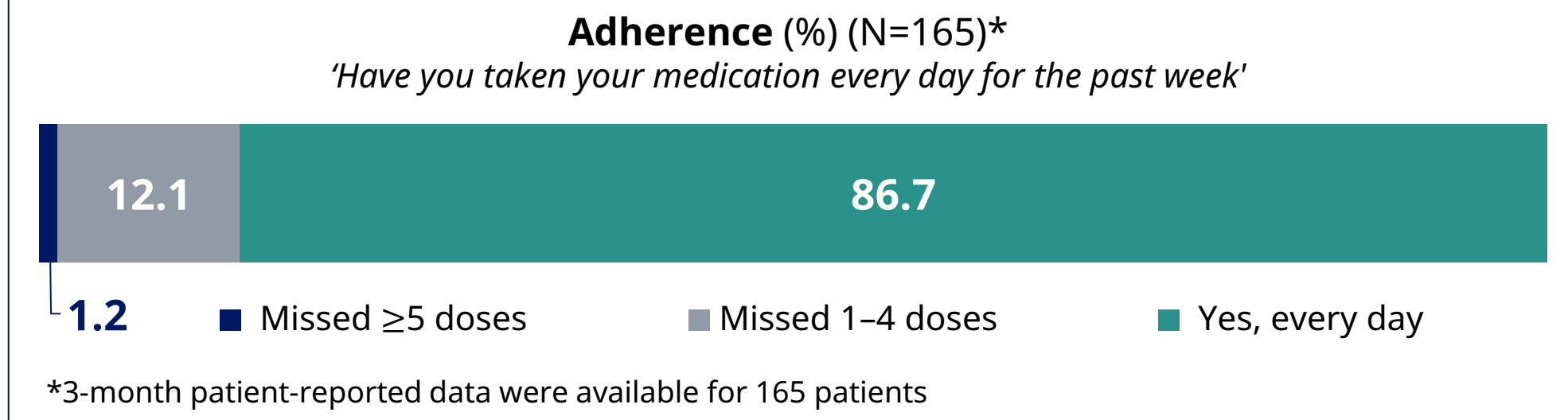
- Most patients (75.0%) were satisfied with their treatment at 3 months (**Figure 4**)

Figure 4: Treatment satisfaction 3 months after switching



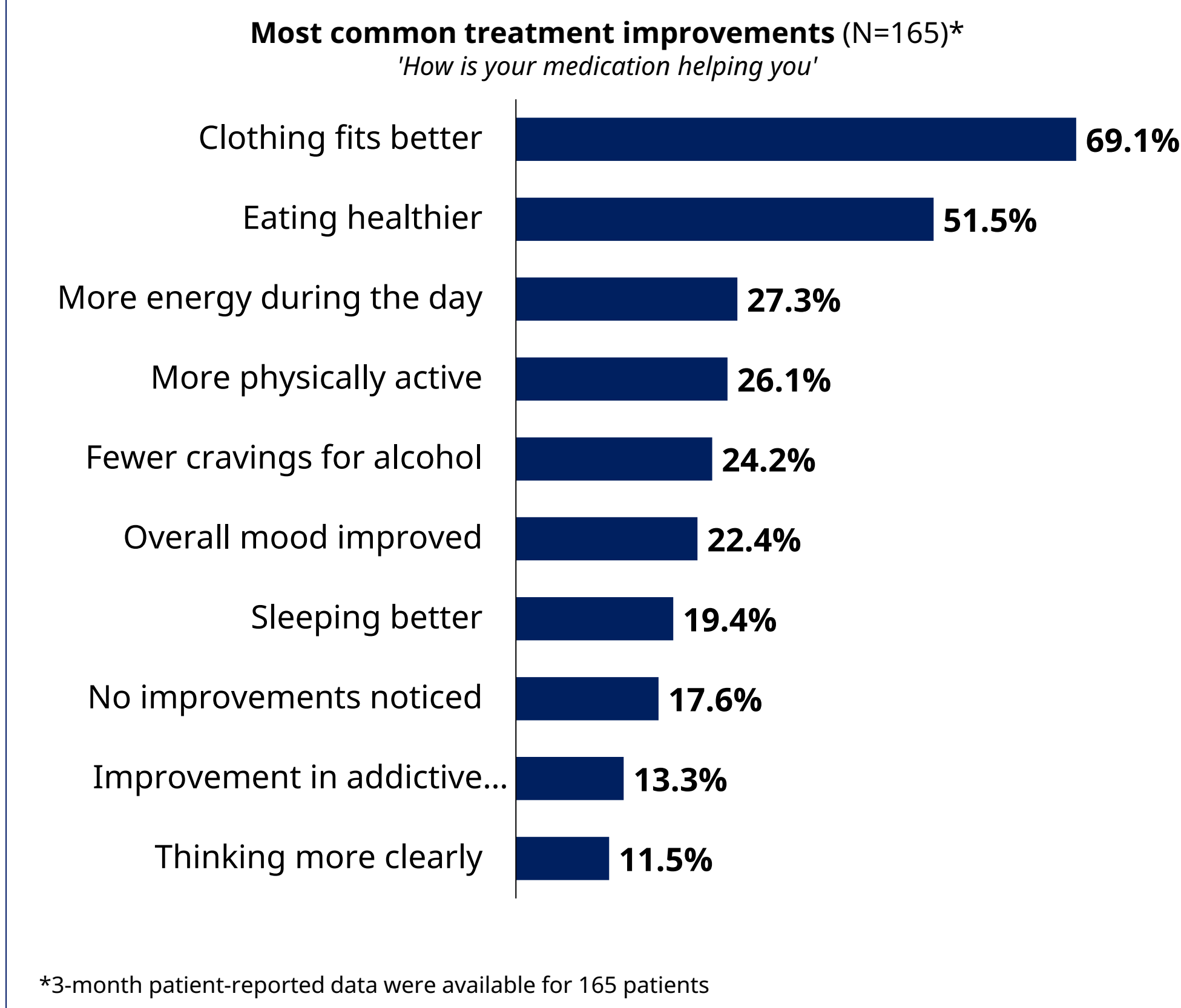
- Most patients (86.7%) reported taking their medication every day over the past week at 3 months (**Figure 5**)

Figure 5: Treatment adherence 3 months after switching



- Most patients (**82.4%**) reported at least 1 treatment improvement
 - Over half reported improvements related to clothing fitting better and healthier eating (**Figure 6**)

Figure 6: Treatment improvements 3 months after switching



Limitations

- Data were collected during routine telehealth care, which may result in variable timing and completeness of assessments
- Self-reported weight and patient-reported outcomes may be subject to measurement, recall, reporting, and social desirability bias
- Requiring treatment persistence over the 3-month follow-up and available 3-month weight data may introduce selection bias
- The study sample may not be representative of the broader population of patients switching from an injectable (semaglutide or tirzepatide) to oral semaglutide for weight management

Conclusion

- Three months after switching from an injectable (semaglutide or tirzepatide) to oral semaglutide for weight management:
 - Patients experienced significant reductions in weight and BMI**
 - 40.7% achieved ≥5% weight loss
 - The proportion of patients with obesity decreased from 87.1% to 65.5%
 - Patients reported positive treatment experiences**
 - 3 in 4 were satisfied with their treatment after switching
 - 86.7% were adherent to oral treatment at 3 months
 - 82.4% reported ≥1 meaningful treatment improvement
- These early findings from a telehealth setting support oral semaglutide as an alternative treatment option for weight management among patients experienced with injectable incretin-based therapies

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Author Disclosures:

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