

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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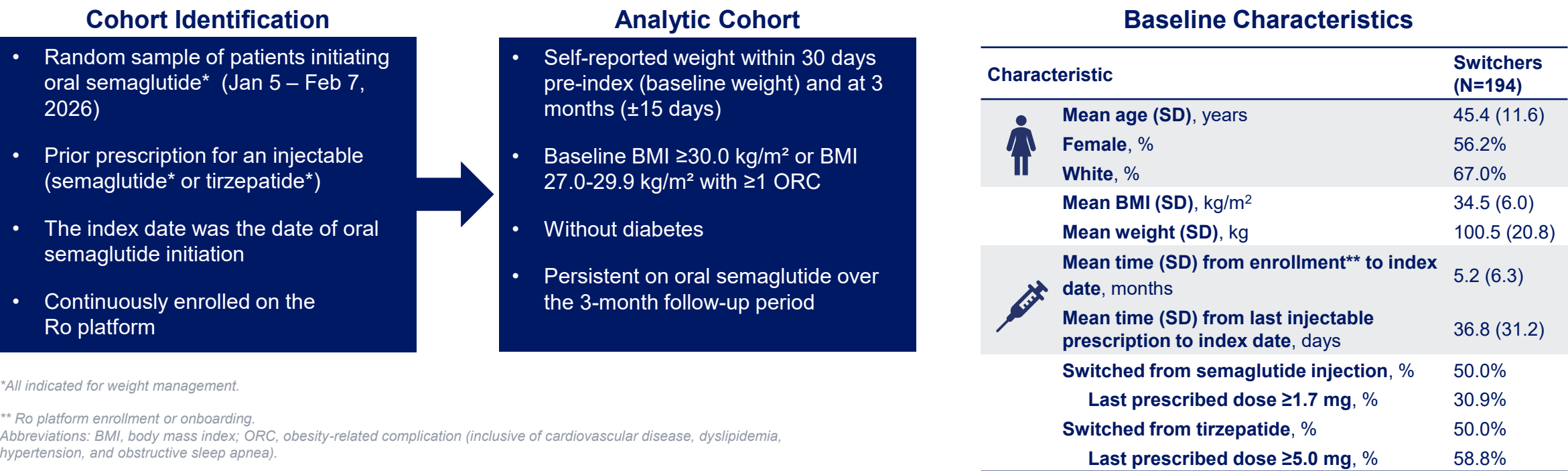
The authors thank Ramsey Samara, PhD, and Benjamin Doty, PhD, MPH, of KJT Group, Inc., Rochester, NY, USA, for providing medical writing support, which was funded by Novo Nordisk Inc., Plainsboro, NJ, USA, in accordance with Good Publication Practice (GPP 2022) and International Committee of Medical Journal Editors (ICMJE) guidelines.

Study Overview

Background: Oral semaglutide for weight management provides a novel therapeutic option for patients experienced with injectable incretin-based therapies

Aim: To evaluate weight and BMI changes, adherence, and satisfaction, 3 months after switching from an injectable (semaglutide or tirzepatide) to oral semaglutide

Study Design: Retrospective cohort study using de-identified data from the Ro telehealth platform in the U.S.

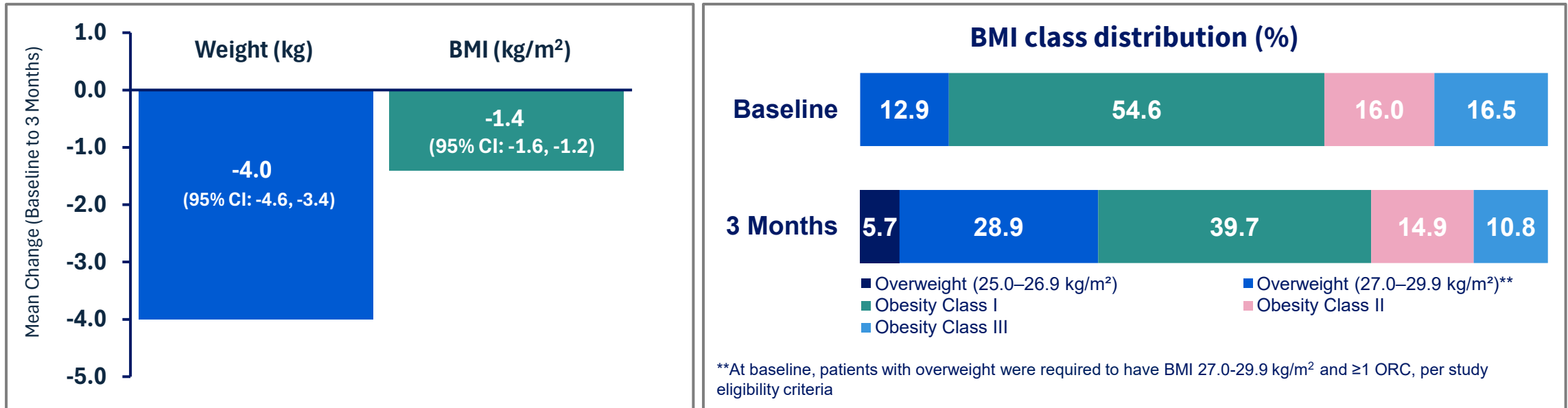


**All indicated for weight management.*

*** Ro platform enrollment or onboarding.*

Abbreviations: BMI, body mass index; ORC, obesity-related complication (inclusive of cardiovascular disease, dyslipidemia, hypertension, and obstructive sleep apnea).

Weight and BMI decreased significantly 3 months post-switch*

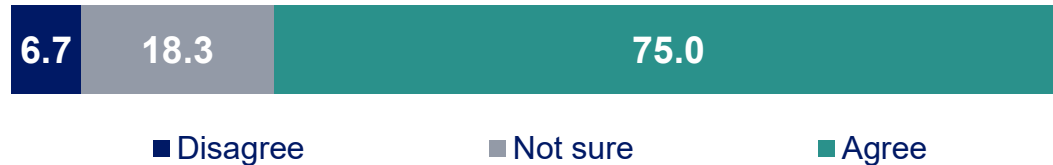


- Mean body weight decreased **4.1%**
- **40.7%** of patients achieved ≥5% weight loss by 3 months
- The proportion of patients with obesity decreased from **87.1%** at baseline to **65.5%** at 3 months

*Changes in weight and BMI from baseline were evaluated using paired t-tests (both $p < 0.001$). Change in the proportion of patients with obesity was evaluated using McNemar's test ($p < 0.0001$).

High satisfaction, adherence, and meaningful treatment improvements at 3 months post-switch

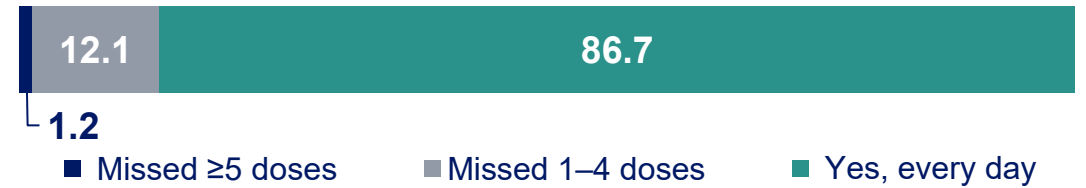
Satisfaction (%) (n=120*)
“I am satisfied with my treatment.”



75.0% were satisfied with their treatment

Adherence (%) (n=165*)

“Have you taken your medication every day for the past week?”



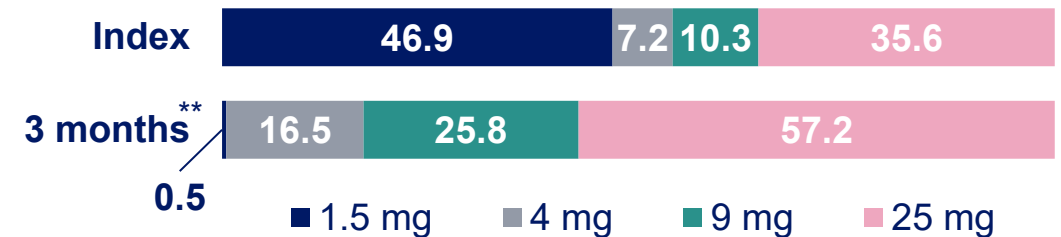
86.7% took medication daily

Most common treatment improvements (n=165*)
“How is your medication helping you?”



82.4% reported ≥1 improvement

Oral semaglutide dose distribution (%)
(n=194)



57.2% achieved the 25 mg dose during follow-up

*3-month patient-reported data were available for 165 patients; the optional satisfaction question was answered by 120 patients

**Maximum dose achieved over the 3-month follow-up

Conclusions

Three months after switching from an injectable (semaglutide or tirzepatide) to oral semaglutide for weight management:



Patients experienced statistically significant reductions in weight and BMI

- ✓ Mean body weight decreased by 4.1%
- ✓ 40.7% achieved $\geq 5\%$ weight loss
- ✓ The proportion of patients with obesity decreased from 87.1% to 65.5%



Patients reported positive treatment experiences

- ✓ 86.7% were adherent
- ✓ 3 in 4 were satisfied with their treatment
- ✓ 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

Acknowledgments & Disclosures

Medical writing support:

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Disclosures:

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- Louis Aronne is a consultant for Novo Nordisk Inc. and Roman Health Ventures.
- Beverly Tchang reports current or past consulting/advisor fees from Novo Nordisk, Roman Health Ventures, Skye Bioscience, Circadian Care, Amgen, Lilly, Boehringer Ingelheim, Gelesis, Cloud Health Systems, SAI MedPartners, Tern Pharmaceuticals, and Intellihealth/Flyte Health.

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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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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

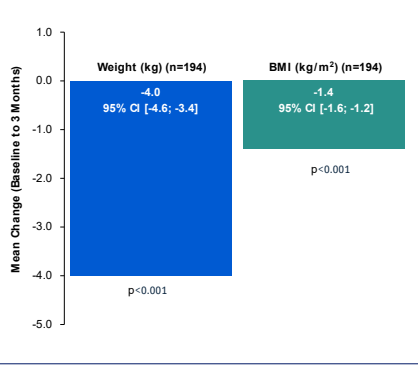
Table 1: Sample characteristics

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/m ²	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

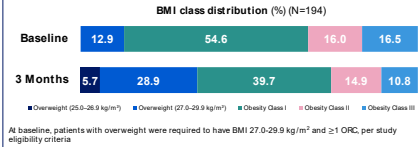
- Mean weight and BMI significantly decreased from baseline to 3 months (p<0.001) (Figure 1)
- Mean body weight decreased by 4.1% at 3 months post-switch
- 40.7% of patients achieved ≥5% weight loss at 3 months post-switch

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)

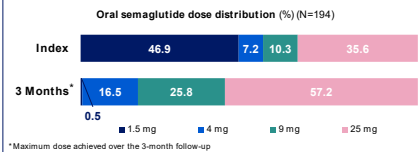
Figure 2: Changes in BMI class distribution from baseline to 3 months after switching



At baseline, patients with overweight were required to have BMI 27.0-29.9 kg/m² and ≥1 ORC per study eligibility criteria

- 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

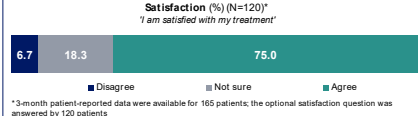
Figure 3: Changes in oral semaglutide dose over 3 months



*Maximum dose achieved over the 3-month follow-up

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

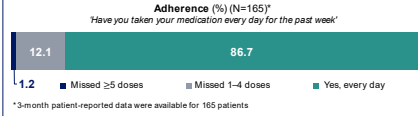
Figure 4: Treatment satisfaction 3 months after switching



*3-month patient-reported data were available for 165 patients; the optional satisfaction question was answered by 120 patients

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

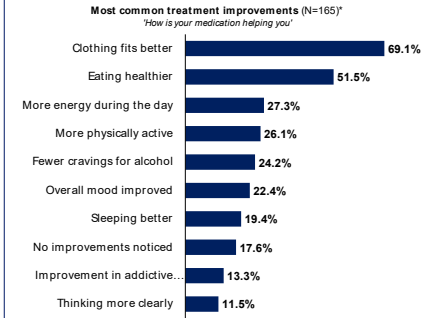
Figure 5: Treatment adherence 3 months after switching



*3-month patient-reported data were available for 165 patients

- 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



*3-month patient-reported data were available for 165 patients

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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