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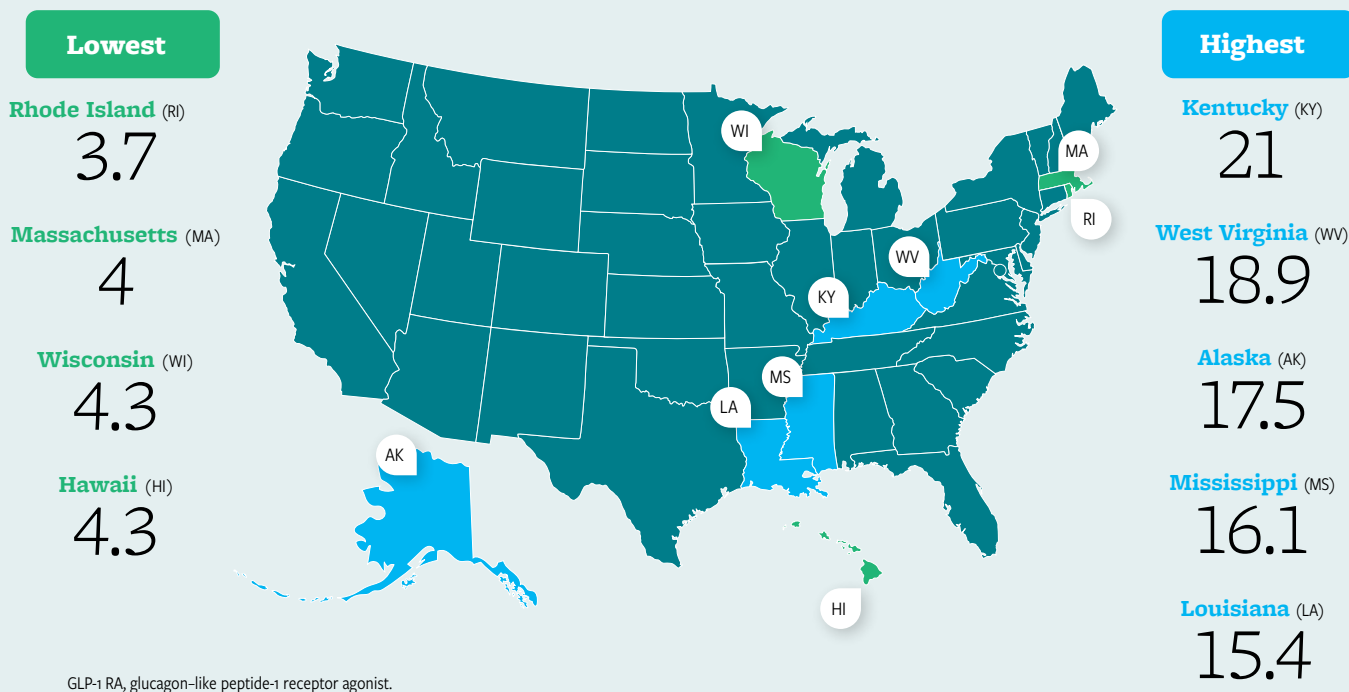
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Where is All the Wegovy Going?

Highest and Lowest Prescribing States

FIGURE. Individuals per 1000 with GLP-1 RA prescription



By **Grace Halsey**, Senior Editor

Approximately 21 of every 1000 individuals in Kentucky have been prescribed a glucagon-like peptide-1 receptor agonist (GLP-1 RA) from the short list of very popular antiobesity and type 2 diabetes (T2D) drugs, according to a report by Axios. That is the highest rate of any state in the US based on insurance claims data collected by health analytics company PurpleLab.

Louisiana and Mississippi are among the handful of other Southern states with the highest prescribing rates for Novo Nordisk’s semaglutide (Ozempic for T2D; Wegovy for weight loss). The data also include prescriptions written for GLP-1 RA tirzepatide (Mounjaro for T2D; Zepbound for weight management) from Eli Lilly (**FIGURE**).

CDC data indicate that the higher prescribing patterns in these states align with the greater prevalence of both diseases in the Southern US, according to the report.

Because the data aggregate prescriptions, it’s not possible to discern how often the drugs were prescribed for obesity vs for T2D, according to the report. Nor does the analysis account for how long individuals took the medications. Regarding celebrity promotion of weight loss using the medications, the report also notes that if “it seems that California’s prescribing rate is lower than expected, the data [don’t] pick up prescriptions that were paid for in cash.” ■

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Semaglutide Linked to Lower Risk of Suicidal Ideation in Patients with Obesity, Type 2 Diabetes

By **Sydney Jennings**, *Editor*

Semaglutide was associated with a lower risk of first-time and recurrent suicidal ideation in individuals with obesity or overweight or who had type 2 diabetes (T2D), according to data from a recent retrospective analysis of the 2 patient populations.¹

Findings published in *Nature Medicine* showed that among 240 618 participants with obesity or overweight, those taking semaglutide had a significantly lower risk of suicidal ideation compared with those who received non-glucagon-like peptide-1 receptor agonist (GLP-1 RA) antiobesity medications (0.11% vs 0.43%; HR, 0.27; 95% CI, 0.20-0.36).¹

Similarly, in a second cohort of 1 589 855 individuals with T2D, results showed that the semaglutide group had a significantly lower risk for incident suicidal ideation than the matched non-GLP-1 RA antiobesity medication group (0.13% vs 0.36%; HR 0.36; 95% CI, 0.25-0.53), according to corresponding author Nora Volkow, MD, director of the National Institute on Drug Abuse, and colleagues.¹

“Previous concerns raised by case reports associating semaglutide with suicidal ideations have led to an investigation by the European Medicines Agency,” wrote researchers in a separate research briefing on the study. “In contrast to these case reports, this cohort study found that semaglutide did not further increase the risk of suicidal ideations

compared with other weight loss or antidiabetes medications. This study contributes to the evidence base regarding safety profiles of real-world semaglutide use.”²

For the current study, Volkow and colleagues used US electronic health records from the TriNetX Analytics Network. They followed participants for 6 months to examine the first incidence and relapse of suicidal ideations, according to the study.¹

The first cohort consisted of 240 618 individuals with obesity or overweight (mean age, 50.1 years; 72.6% women; 16% Black individuals) who were prescribed semaglutide or non-GLP-1 RA antiobesity medications from June 2021 through December 2022. Among the

cohort, 232 771 individuals did not have a history of suicidal ideation and 7847 did.¹

In the second analysis, investigators replicated the original investigation with 1 589 855 individuals with T2D (mean age, 57.5 years; 49.2% women; 15.4% Black individuals) who were prescribed semaglutide or non-GLP-1 RA antidiabetes medications from December 2017 through May 2021. Among this cohort, 1 572 885 participants did not have a prior history of suicidal ideation and 16 970 did.¹

Participants in both cohorts were matched for demographic characteristics, medical history, lifestyle issues, mental and substance use disorders, and prior suicidal ideation and behavior, according to the researchers.¹

In addition to the findings on incident suicidal ideation, results showed similar data on the association between semaglutide and the risk of recurrent suicidal ideation. Study participants with obesity or overweight who received semaglutide had a significantly lower risk of recurrent suicidal ideation compared with those taking other non-GLP-1 RA obesity medications (6.5% vs 14.1%; HR 0.44; 95% CI, 0.32-0.60).¹

“In contrast to these case reports, this cohort study found that semaglutide did not further increase the risk of suicidal ideations compared with other weight loss or antidiabetes medications.”

“Further studies should evaluate the association of semaglutide and other GLP1R agonist medications with the incidence and recurrence of suicidality in other at-risk populations,” Volkow et al concluded.¹ ■

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Eli Lilly Letter Warns Against Taking Tirzepatide for “Cosmetic Weight Loss”

By **Grace Halsey**, *Senior Editor*

“**LILLY STANDS AGAINST USE** of its medicines for cosmetic weight loss,” the company states in an open letter to the public released online in January 2024. It was referring to the 2 formulations of Eli Lilly’s dual incretin mimetic tirzepatide, marketed as Zepbound for chronic weight management and as Mounjaro to reduce hyperglycemia in persons with type 2 diabetes (T2D).¹

The drugs “are indicated for the treatment of serious diseases; they are not approved for—and should not be used for—cosmetic weight loss,” the statement noted. “Lilly does not promote or encourage use of Mounjaro, Zepbound, or any Lilly medicines outside of a medicine’s FDA-approved indication.”

The company detailed the indications specified in the approved FDA labeling for both drugs and also warned the public about the circulation of counterfeit and compounded tirzepatide.

“Patient safety is Lilly’s top priority, and we actively engage in monitoring, evaluating, and reporting safety information for all our medicines,” the letter stated. “We are aware of certain practices relating to our tirzepatide medicines that we wish to address publicly to ensure that our medicines are prescribed and used safely.”

As reported on *Patient Care*, the FDA approved tirzepatide as an adjunct to diet and exercise to

improve glucose control in adults with T2D in May 2022 as Mounjaro. It was approved for chronic weight management in addition to a reduced-calorie diet and increased physical activity among adults with obesity or overweight with at least 1 weight-related comorbidity (eg, hypertension, high cholesterol) in November 2023.

Miracle drugs

The 2 Lilly drugs entered both medical and consumer markets primed by previous FDA approvals of the Novo Nordisk incretin mimetic semaglutide for the same diseases.

by celebrities and social media influencers, has also led to an illegal market of counterfeit products including potentially dangerous formulations prepared by compounding pharmacies. The company states it has found “high amounts of impurities” in compounded tirzepatide samples it has tested, including one instance where the product was “nothing more than sugar alcohol.” The letter warned, “Tirzepatide products not manufactured by Lilly may expose patients to potentially serious health risks.”¹ The company also said it is engaged in legal action against medical spas, wellness

“Patient safety is Lilly’s top priority, and we actively engage in monitoring, evaluating, and reporting safety information for all our medicines.”

Semaglutide for adults with T2D is marketed as Ozempic and for adults with overweight or obesity as Wegovy. Initial reports of the significant weight loss that accompanied improvement in symptoms of T2D with Ozempic triggered an outsized media response that continues around all 4 drugs, driving off-label prescribing for cosmetic weight loss and nationwide shortages, making it more difficult for those with the diseases to obtain the drugs.¹

The demand, driven in large part by viral online promotion

centers, compounding pharmacies, and others making or selling products that claim to contain the active ingredient for tirzepatide as well as against organizations that import or distribute the products.

Lilly’s concern followed by less than a month an FDA drug safety alert about reports of adverse events following use of compounded semaglutide (Ozempic, Wegovy), a communication that reviewed previous steps the FDA had taken on the matter in April and October 2023.²

The Lilly letter urges anyone who suspects they may have purchased or used counterfeit or compounded tirzepatide to contact their health care professional to discuss further action.¹

Read labels

The company advises health care professionals to review the instructions for use for both Mounjaro and Zepbound and carefully consider the information on risks associated with tirzepatide detailed in the prescribing information and medication guide for both products. The drugs should only be prescribed by a licensed health care professional, and their use should be discussed in a clinician-patient consultation to

determine the patient's eligibility for either formulation. The letter also cautions that Mounjaro and Zepbound have not been evaluated in individuals with severe gastrointestinal disease, including severe gastroparesis, and so should not be recommended for those patients.¹ ■

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Resources



Click here to access the full [prescribing information](#) and [medication guide](#) for Mounjaro.

Click here to access the full [prescribing information](#) and [medication guide](#) for Zepbound.



If a health care provider has questions about the use of Lilly's tirzepatide medicines, they can chat online with a Lilly medical professional [here](#) or contact Lilly at 1-800-LillyRx (1-800-545-5979).



Patients and health care providers are encouraged to report counterfeit Mounjaro and Zepbound products to the Lilly Answers Center at 1-800-LillyRx (1-800-545-5979).

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