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These 15 metro areas saw biggest jumps in Ozempic use. They might not be where you expect.

Karen Weintraub and Cecilia Garzella USA TODAY
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Experts say increased use in Ozempic for weight loss could come with severe side effects
Experts are warning of the possible side effects of popular diabetes medications such as Ozempic and Mounjaro when used for weight loss.

A diabetes medication in short supply for the last two years often was prescribed to people who didn't have the disease, and prescribing rates varied dramatically across the country, new data shows.

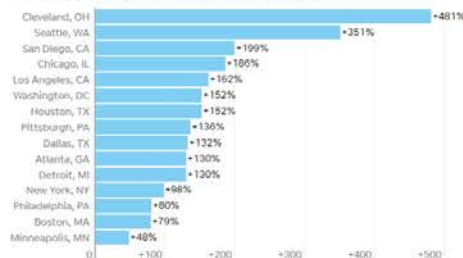
In a study out Wednesday, Trilliant Health estimated prescription rate increases for Ozempic, a drug approved for diabetes in 2017. Its popularity exploded in mid-2021 after Wegovy, a higher dose of the same underlying medication, was approved for weight loss.

Both Ozempic and Wegovy have been in short supply essentially since then, as Danish drugmaker Novo Nordisk struggled to keep up with the demand.

The new data shows huge geographic variation in Ozempic prescribing among 15 major metropolitan areas during the first year after Wegovy's approval, with prescriptions skyrocketing by 481% in Cleveland and 351% in Seattle, but just 48% in Minneapolis and 79% in Boston.

Ozempic usage varies by market and is often disproportionate to prevalence of obesity, diabetes, heart disease

Change in Ozempic patients by metro area from Q3 2021 - Q3 2022



SOURCE: Trilliant Health national all-payer claims database

The figures are not related to rates of diabetes, obesity, or heart disease in those communities. Philadelphia, for example, where rates of all three conditions are extremely high, saw only an 80% increase, while Seattle, which has relatively low levels of disease, saw a gigantic increase in prescriptions.

"We've not seen anything like this in medicine before," said Dr. Joseph Leach, senior vice president and chief medical officer at Prime Therapeutics, a pharmacy benefit management company not involved in the new analysis that has conducted similar research.



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Leach said his company's data shows similar use spikes and geographic variations not correlated with medical conditions. "Every month it is skyrocketing," he said.

One of the biggest prescribers of Ozempic in his database, Leach said, is a dermatologist, who obviously isn't treating people with diabetes.

Such "off-label" prescribing is legal but not particularly ethical, said Sami Inkinen, CEO co-founder of Virta Health, an online specialty medical clinic that treats diabetes with nutrition information and other lifestyle changes.

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"If you cut corners, I don't know what to say about that," Inkinen said. "But if I had providers who were doing that, I think those providers would not be equipped to be our team members. Medical boards might be interested in looking into that."

The Trilliant analysis was based on prescriptions covered by insurance, so it does not capture people, like Hollywood celebrities, who are wealthy enough to pay for the drugs themselves. Ozempic retails for about \$900 a month, while Wegovy, which is also a brand name for the drug semaglutide but is given in a higher dose for weight loss, sells for more than \$1,300. The drugs are meant to be taken monthly indefinitely, just as a cholesterol-lowering drug or blood pressure medication would be taken for life.

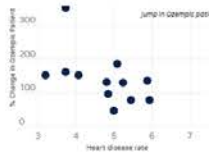
About half the prescriptions for Ozempic, which is only approved to treat diabetes, went to people whose medical records do not indicate a diabetes diagnosis, Trilliant data shows.

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About the same proportion went to people who had not visited a doctor or had a telehealth visit within a few weeks of their prescription, suggesting they did not follow the traditional route for medical care.

"This is just another example where we have a therapeutic in the market or a care option that maybe is intended for a very specific use case but those who are accessing it are not exactly the ones it's intended for," said Sanjula Jain, the Trilliant chief research officer and health economist who led the analysis.



NOTES: Obesity, diabetes, heart disease rates not provided for San Diego, CA and Detroit, MI
SOURCE: Behavioral Risk Factor Surveillance System, 2021

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An internet search turns up thousands of offers of Ozempic prescriptions, many "with no office visit needed." Look up "how do I get a prescription for" and Google will fill in "Ozempic" because so many people have searched for those terms.

The people getting Ozempic prescriptions without diabetes likely have obesity, which affects more than 40% of Americans. Diabetes requires regular treatment and increases the risk of amputations, blindness, stroke, kidney disease and heart disease. Obesity increases the risk for some types of cancer, as well as heart disease and diabetes but over a longer time frame.

Historically, insurers have covered treatment for diabetes but not obesity.



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A new diabetes drug may cause dramatic weight loss in patients. Here's when it could become available and how much it could cost. *Just the FAQs, USA TODAY*

"Many patients were likely getting Ozempic for obesity given the issues with insurance coverage for Wegovy and the shortages," said Dr. Angela Fitch, president of the Obesity Medicine Association and chief medical officer at the health care company knownwell, which offers primary care and obesity medicine. "When the initial coupon program for Wegovy expired as well in late 2021, early 2022 many people also switched to Ozempic."

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There are also regional variations in insurance plans, Fitch said, with employers in northern and midwestern cities like Boston and Minneapolis more likely to cover obesity medications – which might explain the relatively small increases in prescriptions there. "While in the South they don't have good Wegovy coverage so you would expect the Ozempic spike."

In Cleveland, where Ozempic prescriptions jumped by 481%, the increase was not as high for Wegovy or a similar diabetes drug, Mounjaro, according to the Trilliant data, suggesting a preference for one drug over the others.

This geographic distribution likely reflects locations of large weight centers and areas where providers are knowledgeable about obesity medicine, said Dr. Katherine Saunders, an obesity medicine specialist at Weill Cornell Medicine in New York and co-founder of Intellihealth, which provides obesity care to individuals and health care systems.

When a patient's Wegovy coverage is denied, clinicians often prescribe Ozempic since it's the same medication. For patients without diabetes, sometimes it's covered by insurance, sometimes it's not, Saunders said.



Companies and insurers are still wrestling with how to cover obesity medications that have clear benefits, but also astronomical long-term costs, said Michael Thompson, president and CEO of the National Alliance of Healthcare Purchaser Coalitions, which represents employer health plans.

"The cost of the treatment and the potential for it to apply to a very high percentage of the population is scary – it's scary for anybody picking up the bill," Thompson said.

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Some companies chose early on to cover nearly anyone who wanted access to these medications, while others are still withholding coverage. "I think we're in a period of feeling out how best to cover these medications moving forward," he said. "I don't think you're ever going to get to the point where it's an open door."

Thompson, Leach and Inkinen said people on these medications, known as GLP-1 receptor agonists, also need support to eat nutritious diets and exercise regularly, and should not view drugs as a magic solution to obesity.

"We have to move from making (medication) a fad to making it a much more professional and thoughtful course of treatment that applies to the part of the population where it's most warranted," Thompson said.

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