

Analysis of pharmacotherapy for weight loss in Ontario for 2022–2024-year period using IQVIA database

Ori D. Rotstein^{1,2}, Deborah Shinyanbola^{1,3}, Mirjana Jerkic¹

¹The Keenan Research Centre for Biomedical Science of St. Michael's Hospital, Unity Health Toronto, Toronto, Canada; ²The Division of General Surgery, St. Michael's Hospital, Department of Surgery University of Toronto, Toronto, Canada; ³Royal College of Surgeons, Dublin, Ireland

Current obesity rates in Ontario mirror the national average of ~30% of adults living with obesity (BMI \geq 30kg/m²), with similar rates among men and women. Management strategies typically begin with lifestyle changes followed by pharmacotherapy and/or bariatric surgery. The aim of our study was to examine trends in the utilization of weight loss pharmacotherapy across Ontario. We assessed treatment patterns by sex, age, region, year, and payment method, to better understand demographic and geographic variations in the uptake of these therapies.

Methods: This retrospective study analysed data available through the IQVIA database from December 2022 to October 2024, focusing on six medications: semaglutide (Ozempic; Wegovy), tirzepatide (Mounjaro), liraglutide (Saxenda), naltrexone/bupropion (Contrave), and phentermine/topiramate (Qsymia). The dataset included defined age groups, sex (male/female), regional identifier, payment method, medication name, dosage, and refill frequency. The data were analysed using R software.

Results and Conclusions: We found that prescription volumes for weight-loss medications increased substantially during the study period, particularly for semaglutide and tirzepatide. Northern Ontario exhibited the highest per-capita prescribing, while the Greater Toronto Area had the highest absolute numbers. Females accounted for 52.5% of prescriptions, while drugs were more frequently prescribed to adults aged 30–59 (32.7%) and 60–80+ (34.8%). Private insurance and cash were the most common payment methods. In conclusion, disparities by age, sex, region, and payment method highlight gaps in equitable access to care. Future research should link prescription data with patient long-term clinical outcomes, including effects on bariatric surgery volume within the province.

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