



Patient Experience Report Series

GLP-1 RA and SGLT2-I Adoption and Retention in Patients with Diabetes

INSIGHTS CAPTURED FROM THE MOST
COMPREHENSIVE AND CLINICALLY
REPRESENTATIVE DIABETES PATIENT
DATABASE IN THE USA

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Patients who switch from Trulicity to Ozempic 2x more satisfied

After switching to Ozempic, former-Trulicity users report two-fold increase in satisfaction (39% Trulicity users vs. 79% Ozempic users)

Dissatisfied Ozempic users switching to Mounjaro ~2x more satisfied

Of those who previously tried Ozempic and were dissatisfied, 80% of current Mounjaro users report satisfaction with their treatment (v. 46% on Ozempic)

Current GLP-1 RA users much more likely to be highly satisfied with treatment

67% of current Ozempic and 61% of current Mounjaro users say they're "extremely satisfied" with treatment compared to just 35% of all respondents

Only 1 in 3 dissatisfied with Ozempic experience have tried Mounjaro

Only 29% of former Ozempic users who reported treatment dissatisfaction have since tried Mounjaro





Farxiga discontinuation 2.5x more likely to be cost-influenced than competitors

38% of former Farxiga users cited cost as a reason for discontinuing the drug, as compared to only 13% for Invokana and 15% for Jardiance

Needle-aversion points to high potential for adoption for oral forms of GLP-1 RAs

GLP-1 RA injectable-naive patients 20% more injection-hesitant than GLP-1 RA injectable-experienced patients

Invokana falls behind with 2x attrition over Farxiga and Jardiance, with lower rates of reported weight-loss and overall treatment satisfaction

31%

reported a very high satisfaction level with Jardiance, 26% with Farxiga, and only 15% with Invokana

77%

of Invokana users eventually discontinued the drug, as compared to only 33% of Farxiga and 36% of Jardiance users

46%

of Jardiance and 45% of Farxiga users report weight loss as a benefit of their current treatment plan, as compared to 32% of Invokana users



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GLP1-RA ADOPTION



High potential for adoption of oral forms of Ozempic, Mounjaro: 20% of patients who can benefit from these drugs may be avoiding injectables

Alongside managing A1C levels, weight loss is another commonly sought benefit among T2D therapies. Seventy-five percent of all surveyed T2D patients indicate weight loss as a goal of theirs. Among the therapies currently used by these patients, Mounjaro and Ozempic exhibit the highest rates of self-reported weight loss at 67% and 64%, respectively.

Among patients seeking weight loss, those who have never tried any GLP-1 RA injectable indicate a higher rate of aversion towards injectables, with 58% of such patients stating that injections affect their willingness to try a new therapy. This contrasts significantly with patients who are GLP-1 RA injectable experienced, of whom only 38% report such hesitancy. Even when considering the total sample of patients seeking weight loss, a markedly lower rate of injection-aversion exists with 45% indicating such.

	Total	GLP-1 RA Experienced	GLP-1 RA Naive
	1,138	730	408
Greatly affects	19.1%	12.1%	31.6%
Somewhat affects	26.3%	26.0%	26.7%
Does not affect	54.7%	61.9%	41.7%

***Degree that administration via injection affects one’s willingness to try a new therapy. All respondents indicate weight loss as a goal.**



GLP1-RA ADOPTION



Additionally, patients who currently use Ozempic or Mounjaro indicate high levels of satisfaction, with 67% and 62%, respectively, stating they are “extremely satisfied” with their current treatment. This contrasts with not only GLP-1 RA-naive patients but also the general sample of weight loss seeking patients as both segments report merely a 35% rate of such degree of satisfaction.

	All Weight Loss Seekers	GLP-1 RA Injectable Naive	Mounjaro Current Users	Ozempic Current Users
	1,138	408	76	253
Extremely Satisfied	34.7%	34.8%	67.1%	61.7%
Somewhat Satisfied	47.7%	44.4%	21.1%	25.7%
Neutral	11.6%	14.2%	11.8%	9.5%
Somewhat Dissatisfied	5.2%	5.4%	0%	2.4%
Extremely Dissatisfied	0.8%	1.2%	0%	0.8%





KEY TAKEAWAYS

As many as 1 in 5 of T2D patients may not be receiving the optimal therapy to meet their goals due to hesitancy towards injectables. GLP-1 RA injectable-naive weight loss seekers indicate a much higher rate of injection aversion, as well as lower levels of overall satisfaction than their Ozempic or Mounjaro-treated counterparts.

These findings point to an underserved patient segment and suggest that introduction of a non-injectable form of these therapies would likely garner substantial and immediate interest. Even among current users of Ozempic and Mounjaro, there exists a sizable portion (30%) that voices hesitancy toward injections, so it is likely that many of these patients would switch to an oral counterpart, once available.

Additionally, the high levels of satisfaction reported from current users of these therapies as well as the much lower rate of injection-aversion among those who have tried a GLP-1 RA injectable may indicate potential for acquiring long-term users upon converting GLP-1 RA injectable-naive patients, despite the initial hesitancy.



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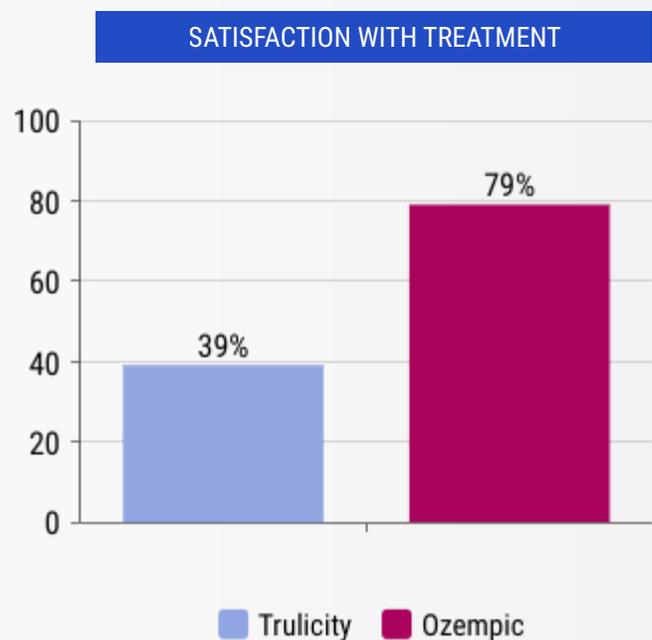
GLP1-RA SATISFACTION METRICS



Newer GLP-1 RAs boast doubled rates of patient satisfaction, yet nearly half of unsatisfied users of older drugs yet to switch

Switching from Trulicity to Ozempic, patients report 2x satisfaction rate

Among those commonly-prescribed GLP-1 receptor agonists, 66 patients who switched from using Trulicity to Ozempic were queried. After switching, this group reported a two-fold increase in the number of satisfied patients from 26 (39%) to 56 (79%). However, of all 111 former Trulicity users who indicate an unsatisfactory experience (neutral or dissatisfied), only 54% have ever tried the newer Ozempic.



Patients experienced with multiple GLP-1 RAs overwhelmingly prefer the newest one

When examining patients who've ever had experience with both Trulicity and Ozempic, nearly 3x more are currently still taking Ozempic at 70 (56%) of 125 comprising this group v. only 24 (19%) still using Trulicity. When making the same comparison for Ozempic and Mounjaro, nearly 4x of those experienced with both remain on Mounjaro at 35 (69%) out of 51 patients v. only 9 (18%) on Ozempic.

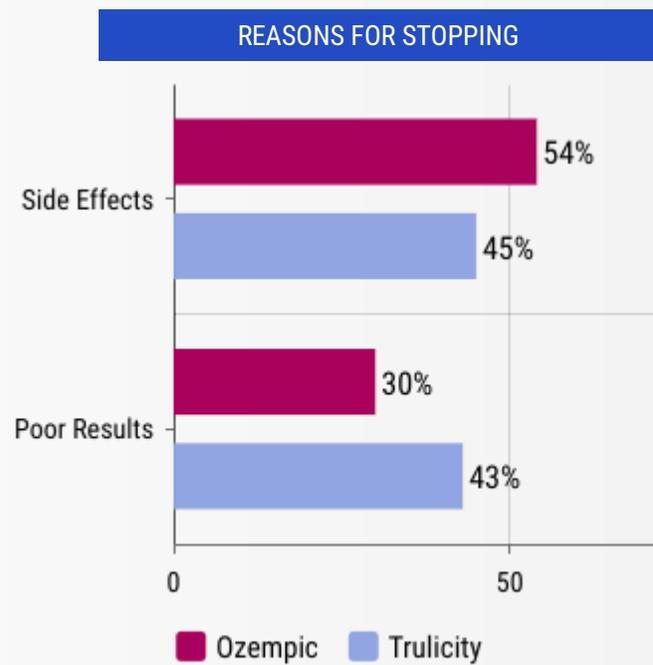
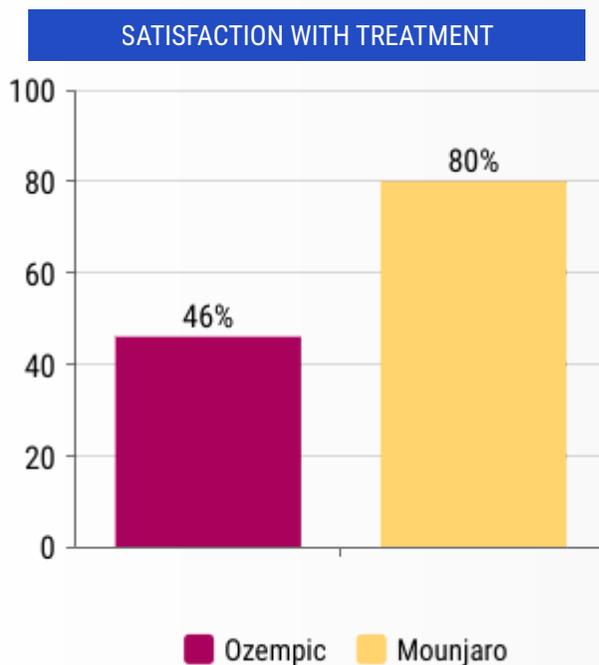




Unsatisfied Ozempic users who moved to Mounjaro are now twice as satisfied

When comparing Ozempic with another newer therapy, Mounjaro, a similar trend is observed. Of the 35 people identified who've switched from the former to latter, twice as many say they are satisfied with Mounjaro compared to Ozempic (80% v. 46%). Notably, only 23 (29%) of all 79 surveyed unsatisfied former users of Ozempic have tried Mounjaro.

Among unsatisfied former users of either Trulicity or Ozempic, the most commonly cited reason for discontinuation is side effects at 45% and 54% respectively. Interestingly, those who discontinued Ozempic indicated lack of desired results at a lower rate than those who discontinued Trulicity at 30% v. 43%.





KEY TAKEAWAYS

Switched patients of older GLP-1 RAs indicate much higher rates of satisfaction with newer therapies. Additionally, they demonstrate a much lower rate of attrition and higher rates of achieving desired results. Despite these, our findings indicate that there exists a sizable portion of unsatisfied former GLP-1 RA users who have yet to try these newer therapies.



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SGLT2-I COMPETITIVE DYNAMICS



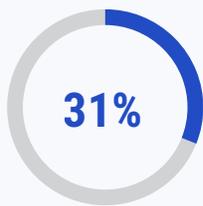
Invokana lags behind competition in weight loss and satisfaction; sees over a 2x attrition rate than Jardiance, Farxiga

In evaluating the patient experience among users of three commonly-prescribed SGLT-2 inhibitors, Farxiga, Invokana, and Jardiance, 167, 116, and 453 ever-users were identified, respectively.

There was a striking difference in patient satisfaction and attrition metrics, with Farxiga and Jardiance overwhelmingly coming out on top of Invokana.

Farxiga and Jardiance users report higher satisfaction rates than for Invokana

Of those who have ever used these drugs, 31% reported a very high satisfaction level with Jardiance, 26% with Farxiga, and only 15% with Invokana. Of those currently using Farxiga, 43% report being “very satisfied”. While 38% of current Jardiance users report high satisfaction, only 26% of those on Invokana express this.



Very satisfied with Farxiga



Very satisfied with Jardiance



Very satisfied with Invokana





3 out of every 4 Invokana users have since discontinued the therapy as compared to only 1 in 3 of Farxiga and Jardiance users

Strikingly, 77% of Invokana users eventually discontinued the drug, as compared to only 33% of Farxiga and 36% of Jardiance users.

Among the respondents who reported having tried both Farxiga and Invokana, only 8% are still taking Invokana, while 58% are still using Farxiga, following Invokana use. Although the sample size for this group was small (n=24), this finding further underscores the degree of attrition for Invokana as compared to Farxiga.

Similarly, of those reporting experience with both Jardiance and Invokana (n= 58) 57% are still taking Jardiance, while only 10% are still on Invokana.

Of those who have ever tried Jardiance as well as Farxiga (n = 42), 45% are still taking Farxiga, as compared to just 21% for Jardiance.



Only 1 in 3 discontinued Farxiga or Jardiance



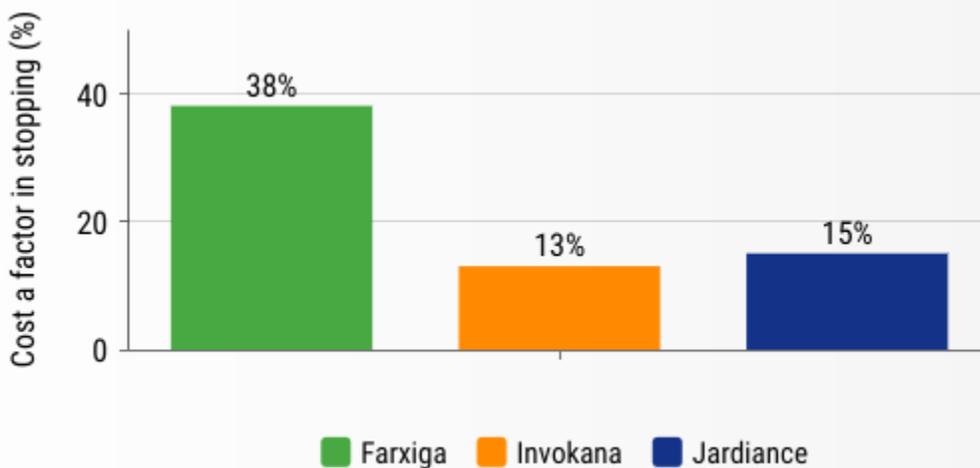
3 in 4 discontinued Invokana





Reasons for discontinuing SGLT2-I therapy

Among those who discontinued, there were few differences in the reported duration of use, or in the specific reasons cited for discontinuation among the three brands. Top reasons cited for discontinuation were side effects and not achieving the desired results. Notably, cost was more likely to be cited as a reason for discontinuing Farxiga - 38% of former Farxiga users cited cost as a reason, as compared to only 13% for Invokana and 15% for Jardiance.



Weight loss a key factor in satisfaction and retention metrics

Meanwhile, 78% of current Jardiance users and 67% of current Farxiga users said they desired to lose weight as compared to 52% of current Invokana users. Combined with the similar self-reported A1C outcomes and benefits of Farxiga and Jardiance for weight loss, these findings suggest that the satisfaction and retention metrics may be substantially influenced by weight loss outcomes.





KEY TAKEAWAYS

Weight loss benefits may be a key driver of patient satisfaction and retention with commonly prescribed SGLT2 inhibitors, despite them not formally indicated for weight loss. Despite similar self-reported glycemic management outcomes reported by the three competing SGLT2 inhibitors, weight loss benefits were reported at higher rates among Farxiga and Jardiance users, as were the patient satisfaction and retention metrics. The retention metrics were particularly striking, with Invokana users being about 2.3x more likely to have discontinued their therapy as compared to Farxiga and Jardiance users.





Summary

Users of Ozempic and Mounjaro report significantly higher satisfaction compared to non-users and those on older GLP-1 RAs. However, a substantial portion of unsatisfied former users of older GLP-1 RAs have not yet tried the newer alternatives, highlighting an opportunity for increased adoption.

There is a notable demand for oral forms of GLP-1 RAs, as many express aversion to injectables. **Roughly 20% may not be receiving the optimal therapy due to hesitancy toward injectables, underscoring the need for non-injectable GLP1-RA alternatives.**

In the SGLT2 inhibitor space, **Farxiga and Jardiance outperform Invokana**, with significantly higher patient satisfaction and retention rates. These drugs are effective in providing weight loss benefits, despite not being formally indicated for it. Reasons for discontinuing SGLT2 inhibitors vary, with cost being more frequently cited for Farxiga.

Altogether, these insights emphasize increased patient satisfaction with newer GLP1-RAs and highlight the growing demand for therapies that address injectable aversion in GLP-1 RAs. Understanding and communicating the significance of weight loss benefits with SGLT2 inhibitors may help increase adoption.



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APPENDIX



APPENDIX A

Methodology and Demographics

Sample

- Adults with type 2 diabetes across the US who take prescription medications for diabetes management
- All data collected between 6/13/2023 - 6/20/2023 using the Thrivable proprietary diabetes panel

Demographics

- n = 1,511
- Female = 49%
- White = 60%
- All 50 states represented
- Ages 22-90 represented

APPENDIX B

Sample Size by Medications Ever-Used

- Trulicity: n = 425
- Ozempic: n = 428
- Victoza: n = 227
- Mounjaro: n = 110
- Wegovy: n = 33
- Byetta: n = 124
- Invokana: n = 116
- Jardiance: n = 453
- Rybelsus: n = 98
- Farxiga: n = 167
- Bydureon: n = 89

