



# Disparities in Access to Semaglutide and Tirzepatide Due to Race, Diabetes, and Insurance Status

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## BACKGROUND

- ✓ 42% of the U.S. population has obesity.
- ✓ Overweight and obesity affect minorities disproportionately.
- ✓ Disparities in access to GLP-1 and GLP-1/GIP agonists by race and ethnicity are widely reported in the news.

## METHODS

1 Identified 952 patients across 956 medical weight loss clinic appointments in January 2024.

2 Retrospective analysis of patient demographic and visit information.

3 Determined anti-obesity medication (AOM) prescribed at the visit.

## RESULTS

	Tirzepatide (N=332)	Semaglutide (N=239)	Other (N=237)	None (N=148)	P-value
<b>Age Mean (SD)</b>	49.6 (12.4)	51.6 (14.8)	50.1 (15.0)	50.8 (15.3)	0.384
<b>Gender</b>					
Female	279 (84.0%)	195 (81.6%)	200 (84.4%)	122 (82.4%)	0.783
Male	51 (15.4%)	42 (17.6%)	34 (14.3%)	24 (16.2%)	
Genderqueer	0 (0%)	1 (0.4%)	0 (0%)	1 (0.7%)	
<b>Race</b>					
White	246 (74.1%)	178 (74.5%)	146 (61.6%)	94 (63.5%)	0.004
Black	36 (10.8%)	30 (12.6%)	41 (17.3%)	22 (14.9%)	
Other	14 (4.2%)	8 (3.3%)	6 (2.5%)	3 (2.0%)	
<b>Ethnicity</b>					
Non-Hispanic	277 (83.4%)	195 (81.6%)	169 (71.3%)	113 (76.4%)	0.006
Hispanic	34 (10.2%)	28 (11.7%)	51 (21.5%)	27 (18.2%)	
<b>BMI Mean (SD)</b>	37.0 (7.44)	33.3 (7.21)	35.9 (7.83)	36.0 (8.96)	<0.001
<b>Diabetes Status</b>					
No	284 (85.5%)	200 (83.7%)	205 (86.5%)	137 (92.6%)	0.216
Yes	47 (14.2%)	39 (16.3%)	32 (13.5%)	11 (7.4%)	
<b>MBS</b>					
No	287 (86.4%)	200 (83.7%)	197 (83.1%)	121 (81.8%)	0.536
Yes	45 (13.6%)	39 (16.3%)	40 (16.9%)	27 (18.2%)	
<b>Income</b>					
Upper	250 (75.3%)	162 (67.8%)	160 (67.5%)	94 (63.5%)	0.035
Middle	71 (21.4%)	64 (26.8%)	61 (25.7%)	39 (26.4%)	
Lower	11 (3.3%)	13 (5.4%)	16 (6.8%)	15 (10.1%)	
<b>Vulnerability</b>					
Comfortable	232 (69.9%)	153 (64.0%)	139 (58.6%)	83 (56.1%)	0.036
Middle	51 (15.4%)	42 (17.6%)	45 (19.0%)	28 (18.9%)	
At Risk	48 (14.5%)	44 (18.4%)	53 (22.4%)	37 (25.0%)	
<b>Payor</b>					
Public	17 (5.1%)	50 (20.9%)	55 (23.2%)	27 (18.2%)	<0.001
Private	315 (94.9%)	189 (79.1%)	181 (76.4%)	121 (81.8%)	
<b>Appointment Type</b>					
In Person	171 (51.5%)	92 (38.5%)	104 (43.9%)	53 (35.8%)	0.002
Virtual	161 (48.5%)	147 (61.5%)	133 (56.1%)	95 (64.2%)	
<b>Provider</b>					
MD	206 (62.0%)	130 (54.4%)	136 (57.4%)	82 (55.4%)	0.267
NP/PA	126 (38.0%)	109 (45.6%)	101 (42.6%)	66 (44.6%)	
<b>New Patient</b>					
New	120 (36.1%)	16 (6.7%)	75 (31.6%)	61 (41.2%)	<0.001
Established	212 (63.9%)	223 (93.3%)	162 (68.4%)	87 (58.8%)	

Table 1. Univariate Analysis of Patient Demographics and Visit Characteristics by AOM Prescribed

## RESULTS

Factor	aOR	95% CI	P-value
Black Race (White)	0.521	0.333-0.814	0.004
Diabetes (No Diabetes)	2.153	1.374-3.431	0.001
Private Insurance (Public)	2.641	1.743-4.028	<0.001
Established Patient (New)	2.201	1.603-3.033	<0.001

Table 2. Adjusted Odds Ratio of Being Prescribed Tirzepatide/Semaglutide or Other AOM

Multiple variable logistic regression adjusted for: age, gender, race, ethnicity, BMI, diabetes status, MBS history, vulnerability, insurance, provider, established status, and appointment type.

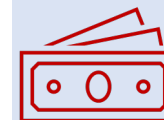
## CONCLUSIONS

Being prescribed Tirzepatide or Semaglutide is...



✓ More likely with T2DM

✓ Less likely if patient is Black



✓ More likely with private insurance



✓ More likely if an established patient