

## HEALTHCARE PROVIDER SURVEY ANALYSIS

# GLP-1 HCP Survey Analysis

Prescribing patterns, policy impact, and future outlook following the White House pricing/access deal

 Survey of Primary Care, Endocrinology, and Cardiology/Obesity specialists

 Analysis of prescribing trends across 20 data points

# Executive Summary

## ADOPTION

50%

Primary Care Providers

## GROWTH

78%

Expect to increase initiations

## POLICY IMPACT

60%

Would switch based on price

## TOP BARRIER

40%

Prior authorization friction

## Key Findings

Broad adoption across specialties (Primary Care 50%, Endocrinology 30%, Cardiology/Obesity 20%)

Strong historical growth (66% increased in past year) and outlook (78% expect further increases)

T2D remains primary indication (62%), with obesity (26%) and CV-risk (12%) growing

Low policy awareness (15% very familiar), but high willingness to act on price (60% would switch)

**Key barriers:** Prior auth (40%), Cost/OOP (22%), Clinic workload (19%)

## Future Directions

68% expect broader coverage guidelines; 79% plan to add care resources

62% likely to adopt oral GLP-1 when available; 73% confident in CV data

76% shifting to "cardiometabolic benefit" messaging vs weight loss

## Strategic Implications

Survey reveals significant growth momentum with expanding indications beyond T2D. Access challenges remain primary barrier, but policy changes may alleviate. HCPs are ready to adopt new formulations and extend treatment durations while shifting toward cardiometabolic benefit messaging.

# Growth Momentum & Future Outlook

## PAST GROWTH

**66%**

Increased initiations in past 12 months

## FUTURE GROWTH

**78%**

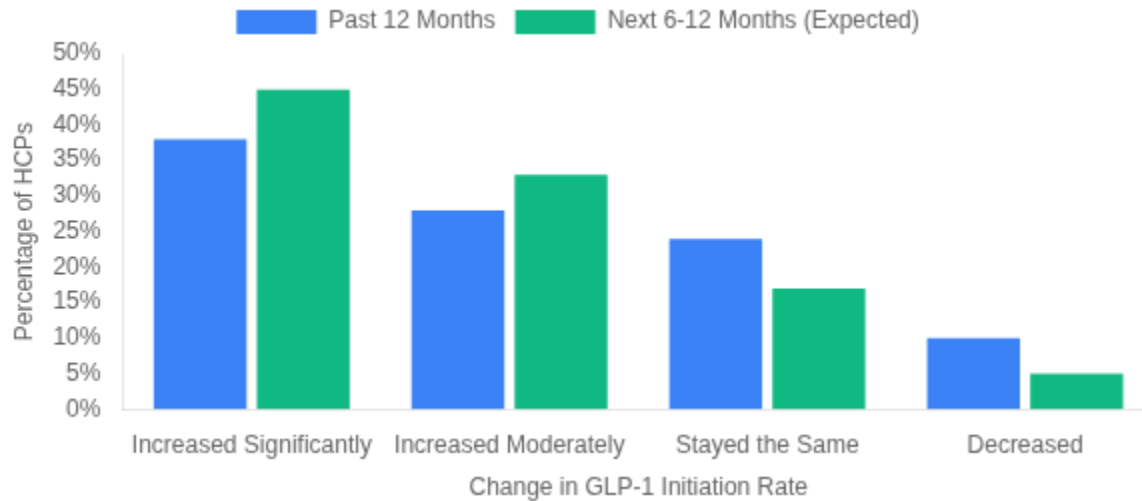
Expect to increase initiations

## MEDICARE IMPACT

**79%**

Will increase starts for ≥65 patients

## Historical vs. Expected Growth



## Key Growth Insights

- Strong historical growth with 38% of HCPs reporting significant increases, 28% moderate increases
- Even stronger future outlook with 45% expecting significant increases, 33% moderate increases
- Only 5% expect decreased prescribing in the next 6-12 months

## Key Growth Drivers

**Medicare Expansion**  
79% of HCPs will increase GLP-1 starts for Medicare-eligible patients (≥65)

**CV-Risk Segment**  
60% will prescribe more often for obese/non-T2D patients with CV-risk

**Oral GLP-1 Interest**  
62% likely/very likely to adopt oral GLP-1 when available

## Treatment Duration Impact

After policy changes, 29% expect increased treatment durations (≥24 months), while 51% anticipate maintaining current durations (12-24 months). Only 20% expect decreased durations.

# Expanding Indications & Patient Populations

T2D PRIMARY

**62%**

of primary indications

CARDIOMETABOLIC MESSAGING

**76%**

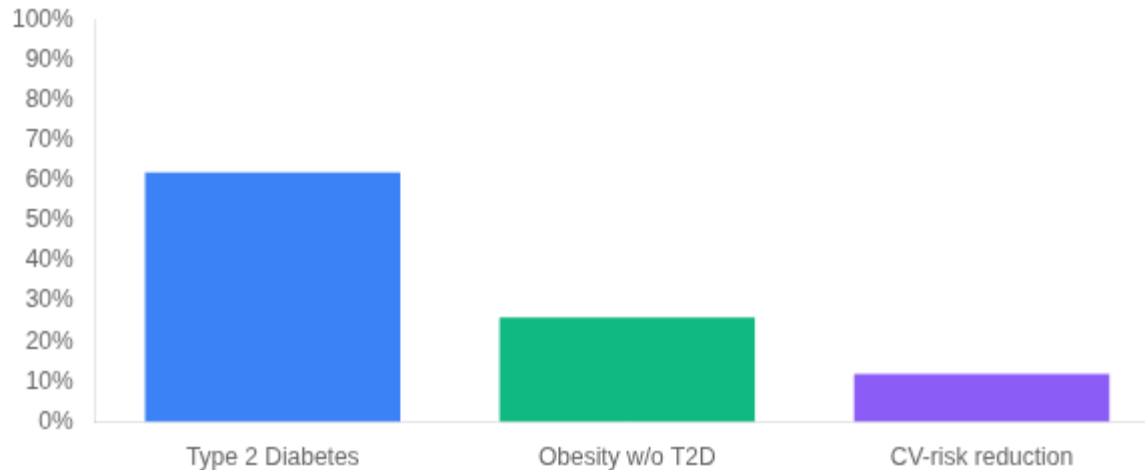
shifting from "weight loss"

CV EVIDENCE

**73%**

confident in data (e.g., SELECT)

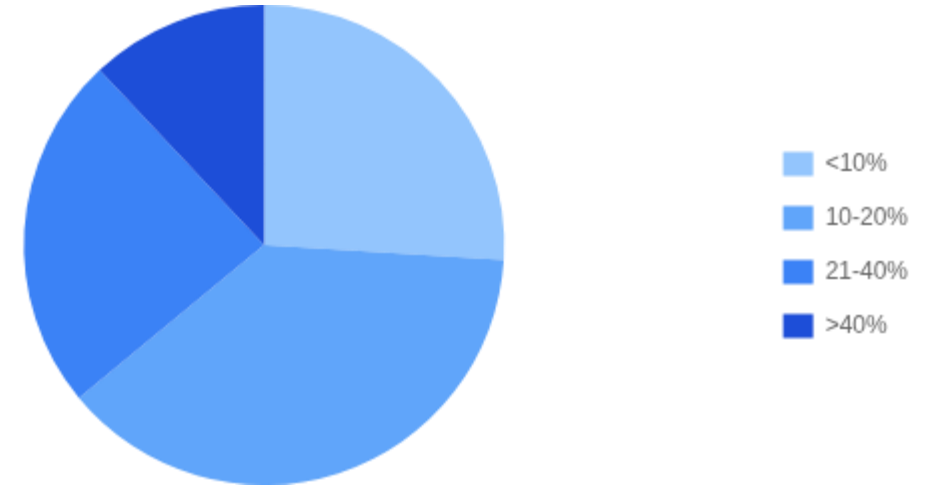
## Primary Indications



### Indication Trends

While T2D remains the dominant indication (90% of HCPs prescribe for it), obesity without T2D is gaining traction (62% prescribe) and CV-risk reduction is emerging (34% prescribe) as an important consideration.

## Obesity Patient Mix

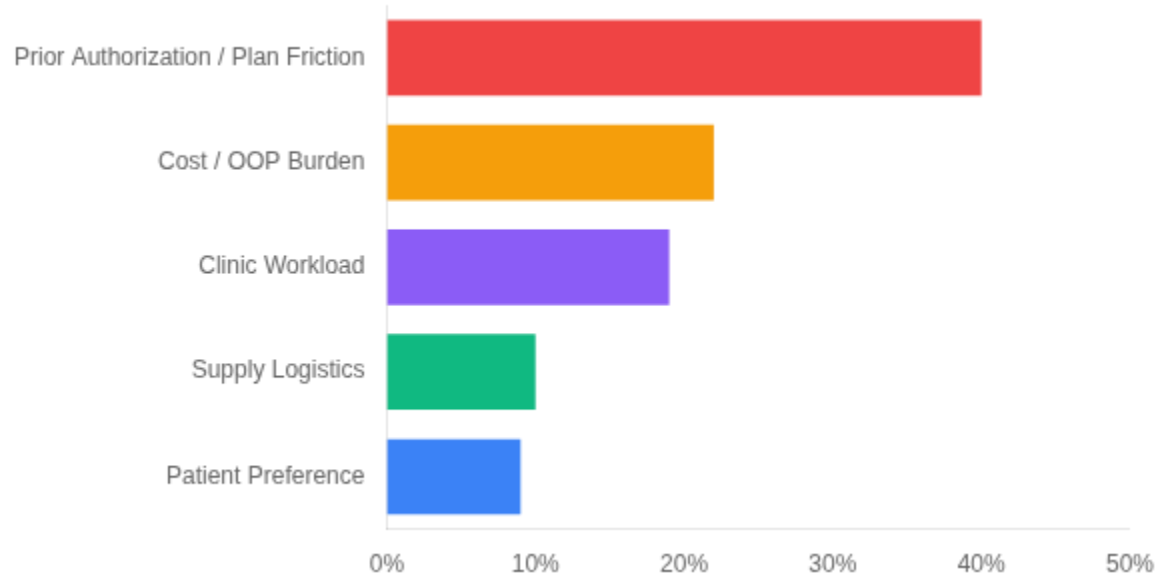


## Positioning & Evidence

- 76% will emphasize "cardiometabolic benefit" over "weight loss" (32% almost always)
- 73% confident in CV-benefit evidence (27% very confident, 46% somewhat confident)
- 68% expect guidelines & coverage criteria to broaden in next 12 months

# Barriers vs Enablers

## Top Barriers to GLP-1 Prescribing



### Key finding:

Administrative and financial barriers dominate, with prior authorization processes creating the most significant friction point (40% of respondents).

## Enablers & Access Improvements

### Expected Guidelines Expansion

68%

Expect broader guidelines/coverage criteria in next 12 months

### Resource Allocation

79%

Plan to add care resources (dietitians, digital tools)

### Time Burden Management

60%

Report moderate/low time burden for titration/monitoring

## Pricing Dynamics & Policy Impact

Low policy awareness: Only 15% very familiar with White House deal

High switching willingness: 60% would switch patients based on price/copay changes

Duration impact: 29% expect increased treatment duration ( $\geq 24$  months)

# Thank You

Do you have any questions?

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