LATE-BREAKING ABSTRACT · EASD 2026

3-Month Real-World Weight Outcomes Among Patients With Overweight or Obesity After Switching From Injectable Semaglutide or Tirzepatide to Oral Semaglutide for Weight Management: The OCTANE Study

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ABSTRACT

Background

The recent US approval of oral semaglutide for weight management provides a novel alternative for patients experienced with injectable incretin-based therapies. This study evaluated 3-month (3M) weight change, in addition to adherence and satisfaction, among patients with overweight or obesity switching from injectable semaglutide or tirzepatide to oral semaglutide via telehealth.

Methods

This retrospective cohort analysis leveraged de-identified data from a large, US telehealth platform, which integrates electronic health records, patient-reported data, and pharmacy records. A random sample of adults who were continuously enrolled on the platform and switched from injectable semaglutide or tirzepatide to oral semaglutide (all indicated for weight management) was identified (Jan 5-Feb 7, 2026; oral semaglutide initiation date = index date). Persistence on oral semaglutide over the 3M follow-up period (no gap >30 days) was required, as well as self-reported weight within 30 days pre-index ("baseline weight") and at 3M (±15 days). At baseline, study-eligible patients had BMI ≥30.0 kg/m², or BMI 27.0-29.9 kg/m² with ≥1 obesity-related complication, and no history of diabetes. Changes in weight and BMI from baseline were evaluated using paired t-tests. Dosing patterns were characterized. Patient-reported adherence (over the past week) and satisfaction were assessed at 3M (±15 days), when available.

Results

The final sample comprised 194 patients who switched to oral semaglutide on the platform (Table). Mean (SD) baseline weight was 100.5 (20.8) kg. Over the 3M follow-up, the mean (SD) change in weight was -4.0 (4.1) kg (p <0.001), representing a 4.1% reduction. Weight loss ≥5% was achieved by 40.7%. The mean (SD) change in BMI was -1.4 (1.4) kg/m² (p <0.001). The proportion with obesity (BMI ≥30.0 kg/m²) decreased from 87.1% at baseline to 65.5% at 3M. The most common oral semaglutide index dose was 1.5 mg (46.9%), followed by 25 mg (35.6%). Over half (57.2%) had ≥1 prescription for the 25 mg dose during the 3M follow-up. At 3M, the vast majority (86.7%; n=143/165) reported they took their medication every day of the past week and 75.0% (n=90/120) agreed with the statement "I am satisfied with my treatment."

Conclusions

Patients switching from injectable semaglutide or tirzepatide to oral semaglutide for weight management experienced statistically significant weight loss in the 3 months following switch. High treatment satisfaction and adherence were also reported. These early findings support oral semaglutide as an effective alternative for weight management among patients experienced with injectable incretin-based therapies.

Table. Baseline Characteristics

Characteristic	Switchers[†] (N=194)
Age (years) / % Female	45.4 (11.6) / 56.2%
Age Group 18-44 / 45-64 / ≥65, %	45.9% / 51.0% / 3.1%
White, %	67.0%
BMI (kg/m²)	34.5 (6.0)
Overweight[‡] / Class I Obesity, %	12.9% / 54.6%
Class II / III Obesity, %	16.0% / 16.5%
Index dose 1.5 / 4 / 9 / 25 (mg), %	46.9% / 7.2% / 10.3% / 35.6%
Switched from semaglutide injection, %	50.0%
Last prescribed dose ≥1.7 mg, %	30.9%
Switched from tirzepatide, %	50.0%
Last prescribed dose ≥5.0 mg, %	58.8%

Continuous variables reported as mean (SD).

Overweight: BMI 27.0–29.9 kg/m²; Class I Obesity: BMI 30.0–34.9 kg/m²; Class II Obesity: BMI 35.0–39.9 kg/m²; Class III Obesity: BMI ≥40.0 kg/m².

[†]Switchers were defined as patients on the platform who had a prescription for injectable semaglutide or tirzepatide for weight management prior to oral semaglutide initiation.

[‡]Patients had BMI ≥27.0 kg/m² at oral semaglutide initiation per study eligibility criteria. Those with BMI 27.0–29.9 kg/m² were required to have ≥1 qualifying obesity-related complication (CVD, dyslipidemia, hypertension, obstructive sleep apnea).

POSTER

