



SURVEY REPORT

# Primary Care Perspectives on GLP-1 Prescriptions



**Amid access issues and cost concerns surrounding GLP-1 weight loss medications, their popularity continues to surge in the U.S. One in eight Americans have used a GLP-1, while researchers estimate that 129 million Americans are eligible for semaglutide, one of the GLP-1 medications for weight management. As demand skyrockets, the healthcare industry has seen a sharp increase in third-party telehealth providers offering GLP-1 prescriptions to patients.**

In some cases, this takes place without the knowledge or involvement of patients' primary care physicians (PCPs), complicating a main function of primary care, which is to **oversee care coordination, and prevent and treat** chronic diseases like obesity. PCPs are a bedrock of healthcare, managing complex relationships with patients, learning each individual's unique medical history, and addressing comorbidities. As GLP-1s continue to shape a new normal in obesity treatment, how do PCPs think third-party telehealth prescribing<sup>1</sup> of GLP-1s will impact patient care?

As a virtual care provider that works to complement primary care, Omada is committed to supporting our members and, consequently, the skilled PCPs that work with them. In an effort to better understand the attitudes of PCPs at this pivotal moment, Omada Health surveyed over 2,000 PCPs in partnership with **Sermo**. Here's what we found.

**81%** of PCPs met this screening criteria:

- ✓ Specializes in IM, FP, or GP
- ✓ Practices full-time in the US
- ✓ Prescribes GLP-1/GIPs for weight loss
- ✓ Spends at least 25% of time seeing patients
- ✓ Less than 50% of new Dx/Tx visits are via telemedicine

<sup>1</sup> Responses were collected between 12/30/2025 and 1/7/2025. Respondents received nominal pay for their participation.

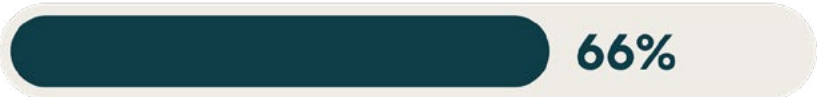
# PCPs Prescribe GLP-1s to Over Half of Patients Who Request Them

As interest in GLP-1s for weight loss increases, it should come as no surprise that physicians have reported an **increase** in patients proactively requesting prescription weight loss medications. On average, PCP respondents from this survey said that 29% of patients come into their practice asking for a GLP-1 prescription to help them lose weight, and PCPs grant these requests 53% of the time.

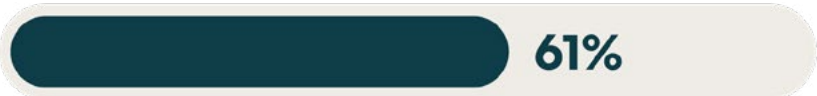
When asked about their GLP-1 prescribing process, PCP respondents said they evaluate for other conditions approximately 77% of the time prior to prescribing or rejecting a request for GLP-1 treatment. The top reasons requests are rejected include:



**GLP-1 prescribing is not clinically appropriate**



**Lifestyle changes have not been sufficiently exhausted**



**Concerns about side effects**



**Safety concerns**



Prior to prescribing a GLP-1 for weight loss, 56% of PCPs either agreed or strongly agreed that they require their patients to try non-pharmacological approaches, emphasizing the importance of behavior change in GLP-1 treatment for weight loss.

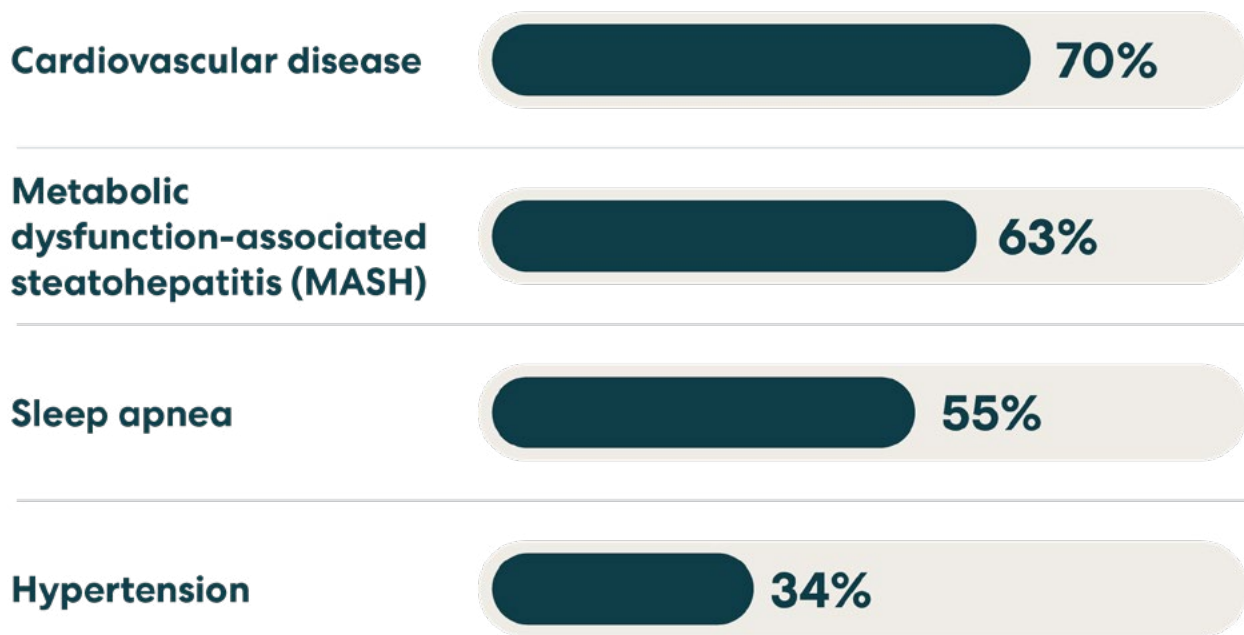
# Knowledge of Patient Comorbidities Impacts Prescribing Decisions

Obesity is associated with **comorbid chronic conditions**, including hypertension, cardiovascular disease, sleep apnea, and type 2 diabetes. As such, 79% of survey respondents agree or strongly agree that they're more likely to prescribe a GLP-1 for weight loss if a patient also has diabetes, while 75% felt the same about patients with cardiometabolic comorbidities. Respondents noted that, aside from obesity and diabetes, the top comorbidities that may increase their likelihood of prescribing a GLP-1 are cardiovascular disease (70%),

metabolic dysfunction-associated steatohepatitis (MASH) (63%), sleep apnea (55%) and hypertension (34%).

Prescriptions may continue to increase going forward, particularly as **new GLP-1 indications** are emerging, such as **sleep apnea** and **chronic kidney disease** for patients with type 2 diabetes. In the future, indications for this class of medications may include conditions like certain forms of cancer, addiction, and neurodegenerative diseases.

## Top comorbidities that may increase PCPs likelihood of prescribing a GLP-1



# PCPs are Concerned about the Safety of Third-Party Prescriptions

The phenomenon of third-party telehealth GLP-1 prescriptions is also reflected in the lived experiences of surveyed PCPs. More than half (54%) of respondents either agreed or strongly agreed that patients have asked them about accessing GLP-1s through third-party telehealth providers, which can be an uncomfortable patient-provider dynamic. Among PCPs who say they have patients asking about third-party telehealth prescribing, close to two-thirds of them (64%) say they actively advise against it.

When asked, only 18% of respondents agree or strongly agree that they would be comfortable with their patients using third-party telehealth providers to prescribe GLP-1s for weight loss treatment. A much larger group (57%) indicated they caution patients against accessing GLP-1 treatment through third-party telehealth providers. Patient safety is also a main concern, with 67% of surveyed PCPs agreeing or strongly agreeing that GLP-1 prescriptions for weight loss through a third-party telehealth provider may put their patient's health at risk. Their top overall concerns are displayed in the chart to the right.

An overarching concern of PCPs is getting GLP-1s to patients who need and will benefit from them most. In the survey, more than half (56%) of respondents expressed concern about third-party telehealth GLP-1 prescriptions because of perceived overprescribing, particularly clinically inappropriate prescribing.

## Top PCP Concerns with Third-Party GLP-1 Prescriptions

Overprescribing (clinically inappropriate)



Continuity of care (e.g. follow-up visits, titration, tapering off medication)



Lack of complete medical history



Medication interactions and/or side effect management



Lack of transparency to the patient's broader care team



Prevalence of compounded GLP-1s/GIPs



Lack of holistic support of weight-management



# Third-Party Prescriptions May Compromise Continuity of Care

GLP-1 prescriptions through third-party telehealth providers may leave patients without ongoing support and cause issues with continuity of care. In the survey, 50% of PCP respondents listed “continuity of care” as a top concern for patients getting third-party GLP-1 prescriptions, while 61% agree or strongly agree that patients don’t always tell them when they get a GLP-1 prescription for weight loss from a third-party telehealth provider.

Without transparency, it can be more challenging for PCPs to properly address side effects, lifestyle support, and the emotional aspects of each patient’s GLP-1 treatment journey, which are instrumental in improving weight loss outcomes.

Unsurprisingly, most surveyed PCPs believe lifestyle support is a critical component of GLP-1 treatment. The rise of third-party telehealth GLP-1 prescriptions without PCP involvement raises concerns about who can facilitate continuity of care for patients on complex medications like GLP-1s. In accordance with [FDA recommendations](#) for GLP-1s, 87% of PCP respondents agree or strongly agree that GLP-1s need to be paired with diet to drive healthy weight loss, while 79% feel the same way about exercise.

The following graphic expresses what PCPs cited as the best supportive tools that help increase the chances of positive weight loss outcomes with GLP-1s.

## Ways to Maximize Positive Weight Loss Outcomes from GLPs

Nutritional support

88%

Cardiovascular exercise

81%

Strength or resistance training

69%

Support with emotional eating

63%

Peer support

49%

Support with medication persistence

44%

Support when discontinuing GLP treatment

55%



# PCPs Believe Compounded GLP-1s Are Not a Long-Term Supply Strategy

It also appears that PCPs believe that when it comes to pharmacological treatments for weight loss, GLP-1s represent a breakthrough compared to alternatives. The survey showed that only 20% of respondents agreed that their patients should try alternative anti-obesity medications before trying branded GLP-1s. **Compounded GLP-1 medications** are not approved by the FDA and therefore the safety, effectiveness and quality of compounded GLP-1 medications are not **verified**. In the face of supply shortages, these compounded medications have filled a gap and become more widespread, and PCPs hold strong points of view on them.

While 45% of PCP respondents agree or strongly agree that compounded GLP-1s can be a stop-gap for current shortages, they don't believe them to be a viable long-term supply strategy. Only 30% of respondents agreed or strongly agreed with the notion that they're comfortable with prescribing a compounded GLP-1, while 41% said that if a patient comes to them on a compounded GLP-1, they would transition said patient to a branded GLP-1.

Those concerns are well-merited, as analyses have noted confusion and misinformation in the compound GLP-1 market. One study found that **37%** of websites marketing compounded GLP-1s or prescriptions stated or implied that the drugs were FDA-approved. Nearly half of the websites didn't include information about potential adverse effects or warnings.

## Conclusion

This survey exists against the backdrop of expanding GLP-1 indications, medication shortages, and an influx of telehealth providers writing GLP-1 prescriptions. These trends are likely to continue and lead to more patients seeking GLP-1 prescriptions. With that in mind, these findings underscore the importance of responsible GLP-1 prescribing from PCPs, given their acute areas of focus: patient relationships, understanding medical histories, and addressing comorbidities. Their involvement is an essential part of high-quality coordinated care that's specific and relevant to each individual patient's

needs that help achieve healthy, sustained weight loss.

As **research** continues to highlight the importance of lifestyle support in **improving** and **maintaining** GLP-1 weight loss outcomes, we believe virtual care is uniquely positioned to support, not replace the function of primary care in the age of GLP-1s. This is especially true once a patient decides with their PCP that GLP-1 treatment is the logical next step in their weight loss journey. Together, PCPs and virtual care providers can form a valuable partnership designed to complement—not compete with—one another. ●