

A Real-World View of GLP-1 and CPAP Treatment Patterns Among Adults With Obstructive Sleep Apnea After FDA Approval of Tirzepatide

Overview

This brief summarizes real-world treatment patterns among adults with obstructive sleep apnea (OSA) following the U.S. Food and Drug Administration's December 2024 approval of tirzepatide (Zepbound) for treatment of moderate to severe OSA in adults with obesity.

The analysis is based on the Komodo Healthcare Map[®], which is comprised of de-identified real-world data representing the individual healthcare experiences of more than 330 million de-identified U.S. patients, and evaluates:

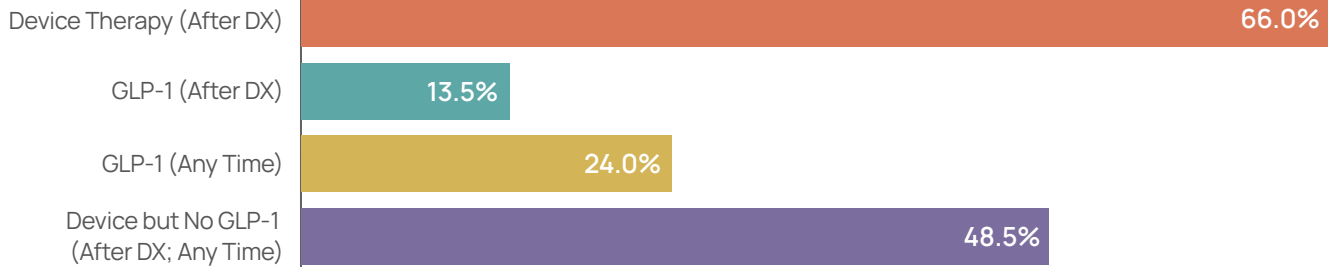
- Tirzepatide uptake and initiation patterns
- Timing of treatment relative to OSA diagnosis
- CPAP initiation and engagement
- Provider specialty patterns
- Payer mix and age distribution

Findings are descriptive and do not assess clinical effectiveness, safety, or comparative outcomes.

ANALYSIS POPULATION

Across the observation window (January 2022–December 2024), the total **OSA cohort** included several million de-identified patients within the broader OSA and obesity cohort.

Patients with:



These distributions reflect administrative claim activity rather than clinical eligibility or unmet need.

UPTAKE FOLLOWING LABEL EXPANSION

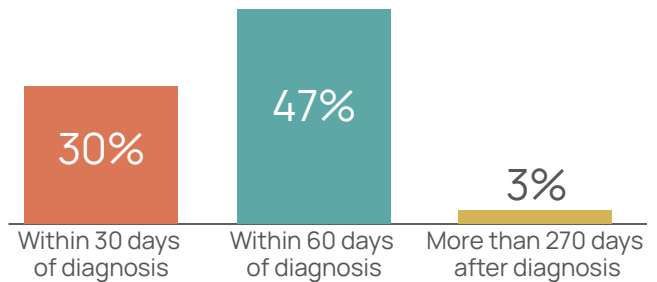
During the post-approval observation period, tirzepatide initiation increased among patients with OSA. In the six months following approval (January–June 2025):

16% increase in new tirzepatide starts among patients with OSA

These metrics capture related but distinct dimensions of uptake and should be interpreted independently.

TIMING OF TREATMENT INITIATION

Tirzepatide was frequently initiated early in the OSA care pathway:



These patterns indicate that, based on the timing of claims relative to diagnosis, tirzepatide initiation frequently occurs early in the observed care pathway.

CPAP INITIATION AMONG PATIENTS WITHOUT PRIOR CPAP USE

Among patients with OSA and no prior CPAP-related claims:

Only

4%

of those who initiated tirzepatide went on to start CPAP therapy within six months

Compared with

22%

of patients without GLP-1 exposure

This represents an

83%

relative difference in observed CPAP initiation rates between cohorts

CPAP ENGAGEMENT AMONG EXISTING CPAP USERS

Among patients with OSA and no prior CPAP-related claims:

26%

of patients who initiated tirzepatide exhibited a six-month gap with no CPAP-related claims

Compared with

15%

of matched patients who did not receive any GLP-1

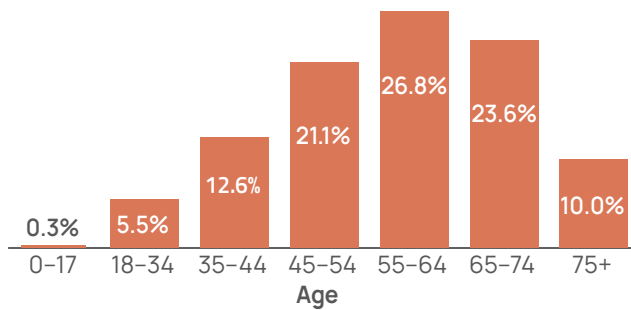
75%

relative difference in observed six-month CPAP claims gaps

While a gap in claims does not confirm clinical discontinuation, the difference reflects lower observed CPAP-related claims activity during the follow-up period.

AGE DISTRIBUTION OF TIRZEPATIDE USE IN OSA

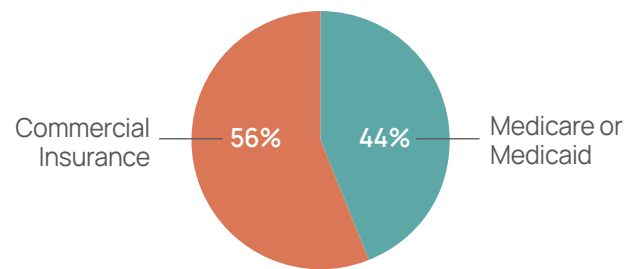
Among patients with OSA receiving tirzepatide:



Tirzepatide use among patients with OSA was most commonly observed among adults ages 45-74 by volume, with the highest initiation rate relative to the OSA population occurring among adults ages 45-54.

PAYER DISTRIBUTION

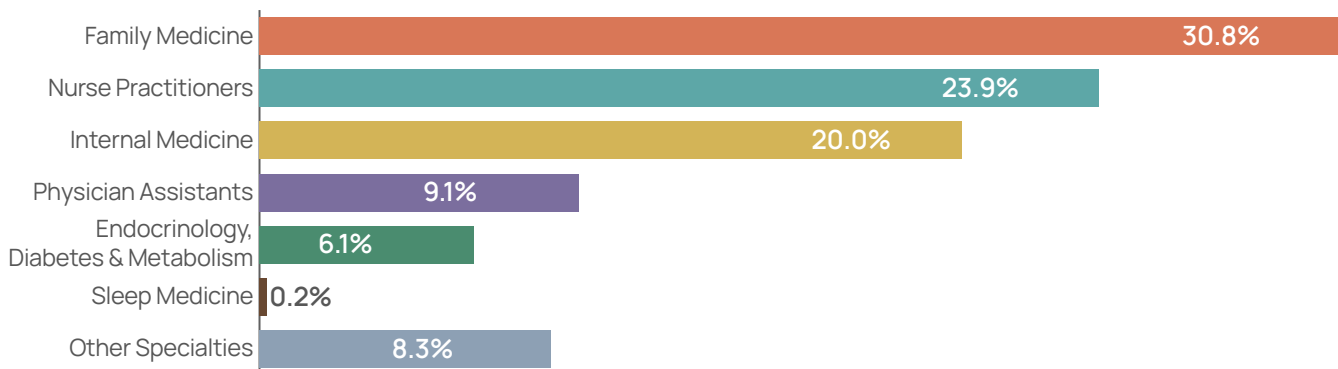
Among patients with OSA receiving tirzepatide:



Claims presence across payer types does not indicate formulary coverage, benefit design, or patient affordability.

PROVIDER SPECIALTY PATTERNS

Tirzepatide prescribing for patients with OSA was concentrated in primary care and generalist settings:



Prescribing activity was concentrated primarily in frontline care, with primary care and generalist settings accounting for approximately 84% of all new prescriptions. Specialty sleep medicine and cardiology played a minimal role in initiation, with sleep medicine representing only 0.2% (954 patients) of total volume.

Important Considerations and Limitations

- Komodo data does not measure apnea severity, apnea-hypopnea index (AHI), BMI, symptom improvement, adherence, or treatment effectiveness.
- CPAP engagement was proxied using a six-month gap in CPAP-related claims and does not confirm clinical discontinuation.
- Observed patterns may reflect access dynamics, payer policy, provider workflow, coding practices, or patient preference.
- No causal inferences should be drawn regarding relationships between tirzepatide use and CPAP utilization.
- Komodo data reflects a standard claims lag of approximately 60–90 days.

Methodology

This analysis was conducted using the Komodo Healthcare Map, which is comprised of real-world patient data representing the individual healthcare experiences of more than 330 million de-identified patients in the U.S. Adults with OSA were identified using ICD-10-CM diagnosis codes (e.g., G47.33). Tirzepatide utilization was measured using National Drug Codes (NDCs) corresponding to the FDA-approved agent for the treatment of moderate-to-severe OSA and obesity (Zepbound) during the analytic period.

Observation window: Baseline cohort: January 2022–December 2024; post-approval analyses reflect January–June 2025.

Analyses were descriptive only and were not adjusted for demographic or clinical covariates, benefit design, or treatment appropriateness. Data reflects a standard claims lag of approximately 60 to 90 days.

Disclaimer

This material is for informational purposes only. It does not constitute medical advice, clinical guidance, or investment advice. No conclusions should be drawn regarding the safety, efficacy, comparative value, or commercial performance of any therapy or medical device.