



Semaglutide use in general practice in NSW 2020-2023

Semaglutide (trading as Ozempic or Wegovy) was approved in 2019 by the Therapeutics Goods Administration (TGA) for adults with poorly controlled Type 2 Diabetes Mellitus (T2DM). In 2020, it was listed on the Pharmaceutical Benefit Scheme (PBS), facilitating subsidised access for eligible patients. It also has demonstrated efficacy for glycaemic control and for weight loss.

The monitoring of semaglutide use has been limited to subsidised PBS prescriptions for diabetes management, leaving uncertainty about patterns of private and off-label prescribing, particularly for non-diabetic indications such as obesity management.

Kuo, Hill *et al.*¹ present a study using Lumos data to explore patterns of initial semaglutide prescription by general practitioners in NSW not limited to subsidised PBS prescription. The study used data extracted for **5.6 million unique patients** that had attended **680 general practices***. At the time, this comprised approximately 25% of NSW general practices.

Key findings:

Marked increase in initial semaglutide prescriptions between 2020 and 2023. Especially in:

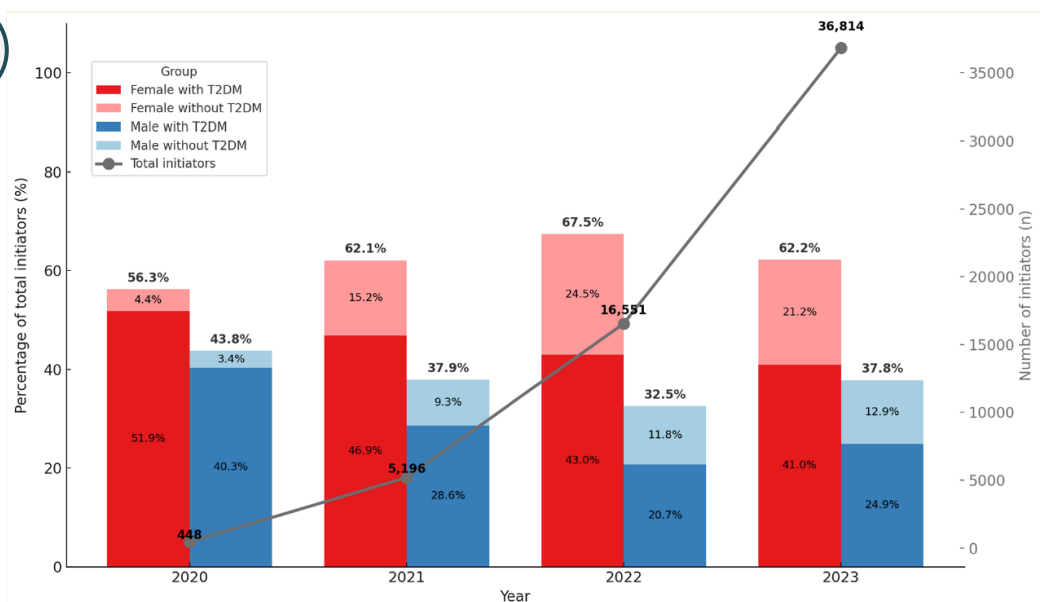
- Females
- Younger people
- Non-diabetic patients



What does this chart show us?

In 2020, of the patients starting semaglutide, **8% were non-diabetic**.

By 2023, the proportion of non-diabetic patients starting semaglutide was **34%**.



Trends in semaglutide initiation by sex and Type 2 diabetes (T2DM)

What were the findings from this work?

The study analysed 59,009 first semaglutide prescriptions issued between 2020 and 2023. Findings show a marked increase in initiation over time – especially among younger, female and non-diabetic patients.

There were also differences based on whether patients had diabetes or not - compared to those with diabetes, people without diabetes were more likely to be female and from socioeconomically advantaged areas. Non-diabetic females had lower Body Mass Index (BMI), while non-diabetic males had higher BMI.

These results indicate that a substantial proportion of prescribing occurs outside PBS criteria, highlighting growing off-label use and possible inequities in access.

Who could benefit from this work?

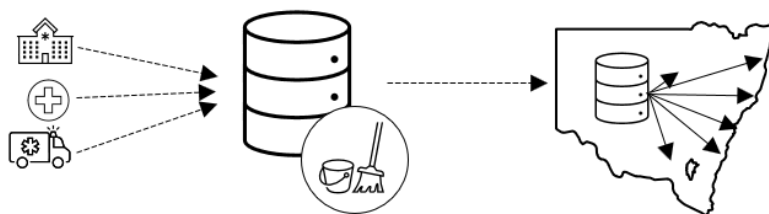
Health policymakers, prescribers, and regulators tasked with ensuring equitable, evidence-based access to semaglutide, and similar medications, amid high public demand and constrained supply.

More about Lumos and the study

The Lumos program is the largest collaboration between NSW general practices, NSW Health and NSW Primary Health Networks (PHNs) to date.

Lumos links deidentified patient information from general practices and hospital services to understand how patients use health services in NSW. Lumos offers insights into population-level patterns and longitudinal continuity of care. This infrastructure allows for large-scale, representative analyses of real-world health data, enabling findings that reflect actual general practice patterns and patient diversity across NSW.

For more information on the steps between data collection and release of data for analytics, see [Lumos Data Timelines Explained](#).



Lumos **does not** currently include Aboriginal Medical Services and the Aboriginality of patients cannot be identified in the data. Lumos is working with Aboriginal leaders and communities to implement Indigenous Data Sovereignty and Governance to address this gap.

*By March 2026, Lumos had further grown to over **900 general practices** and **7 million unique patients**, increasing coverage and addressing data gaps. Lumos continues to expand.

1. Kuo NI-H, *et al.* Initiators of Semaglutide in General Practice in New South Wales, 2020–2023: A Retrospective Cohort Study. *Heart, Lung and Circulation* (2026), <https://doi.org/10.1016/j.hlc.2025.09.012>