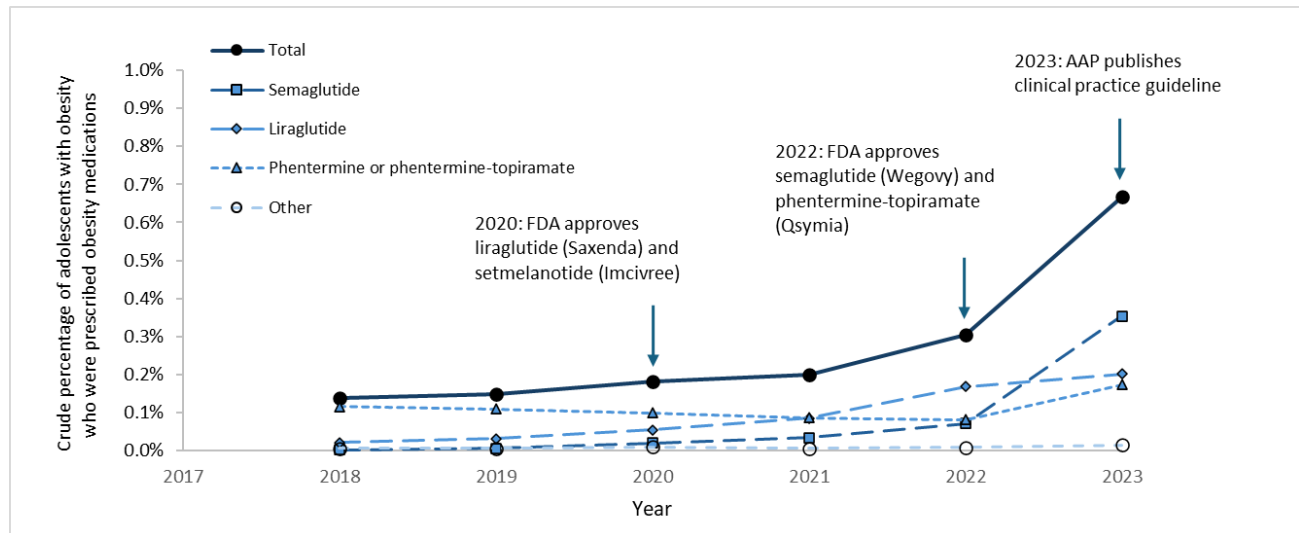


**SUPPLEMENTARY FIGURE 1. Sensitivity analysis: crude percentages of adolescents aged 12–17 years with obesity\* who received an obesity medication prescription† (including semaglutide and liraglutide regardless of indication) — IQVIA Ambulatory Electronic Medical Records, United States, 2018–2023**



**Abbreviations:** AAP = American Academy of Pediatrics; BMI = body mass index; FDA = Food and Drug Administration.

\* Obesity was defined as BMI  $\geq$ 95th percentile for age and sex.

† In November 2020, FDA approved setmelanotide (Imcivree) for treating obesity in persons with monogenic or syndromic obesity aged  $\geq$ 6 years. In December 2020, FDA approved liraglutide (Saxenda) for treating obesity in adolescents aged  $\geq$ 12 years. In June 2022, FDA approved phentermine-topiramate (Qsymia) for treating obesity in adolescents aged  $\geq$ 12 years. In December 2022, FDA approved semaglutide (Wegovy) for treating obesity in adolescents aged  $\geq$ 12 years. In January 2023, a new AAP clinical practice guideline recommended that clinicians offer obesity medications as part of evidence-based multicomponent treatment for adolescents aged 12–17 years with obesity ([AAP Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity](#)).