

Glucagon-Like Peptide-1 Anti-Obesity Medication Real-World 1-Year Adherence Among a Commercially Insured Population in a Cardiometabolic Care Management Program



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Background

- Obesity is a chronic, relapsing disease requiring long-term, individualized management. Anti-obesity medicines (AOMs) such as glucagon-like peptide-1 receptor agonists (GLP-1s) and dual GLP/GLP-1 co-agonists (AOM GLP-1s) have demonstrated meaningful, sustained weight loss in pivotal trials with cardiometabolic management.¹⁻³
- Despite the efficacy demonstrated in clinical trials, real-world treatment patterns for AOM GLP-1 therapies suggest challenges with sustained treatment. Recent estimates demonstrate AOM GLP-1 one-year persistence of 62%, average adherence (proportion of days covered [PDC]) of 73%, and only 56% of patients considered adherent (PDC ≥80%).⁴
- Given the growing utilization of AOM GLP-1 therapies and affordability concerns, health plans and employers have increasingly implemented obesity care management programs designed to support appropriate medication use and improve long-term outcomes.^{5,6}
- These programs commonly incorporate guideline-based, multidisciplinary obesity care teams, personalized health coaching, dietary and behavioral support, and digital health engagement tools to assist patients throughout their obesity treatment journey.^{7,8}
- However, real-world evidence assessing the impact of real-world obesity care management programs on AOM GLP-1 treatment utilization is limited.
- Understanding real-world AOM GLP-1 treatment persistence and adherence among members engaged in an obesity care management program is critical to assess program performance.

Objective

Our objective is to evaluate 1-year, AOM GLP-1 persistence and adherence among commercially insured groups in an obesity care management program using intent-to-treat (ITT) and per-protocol (PP) approaches.

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Methods

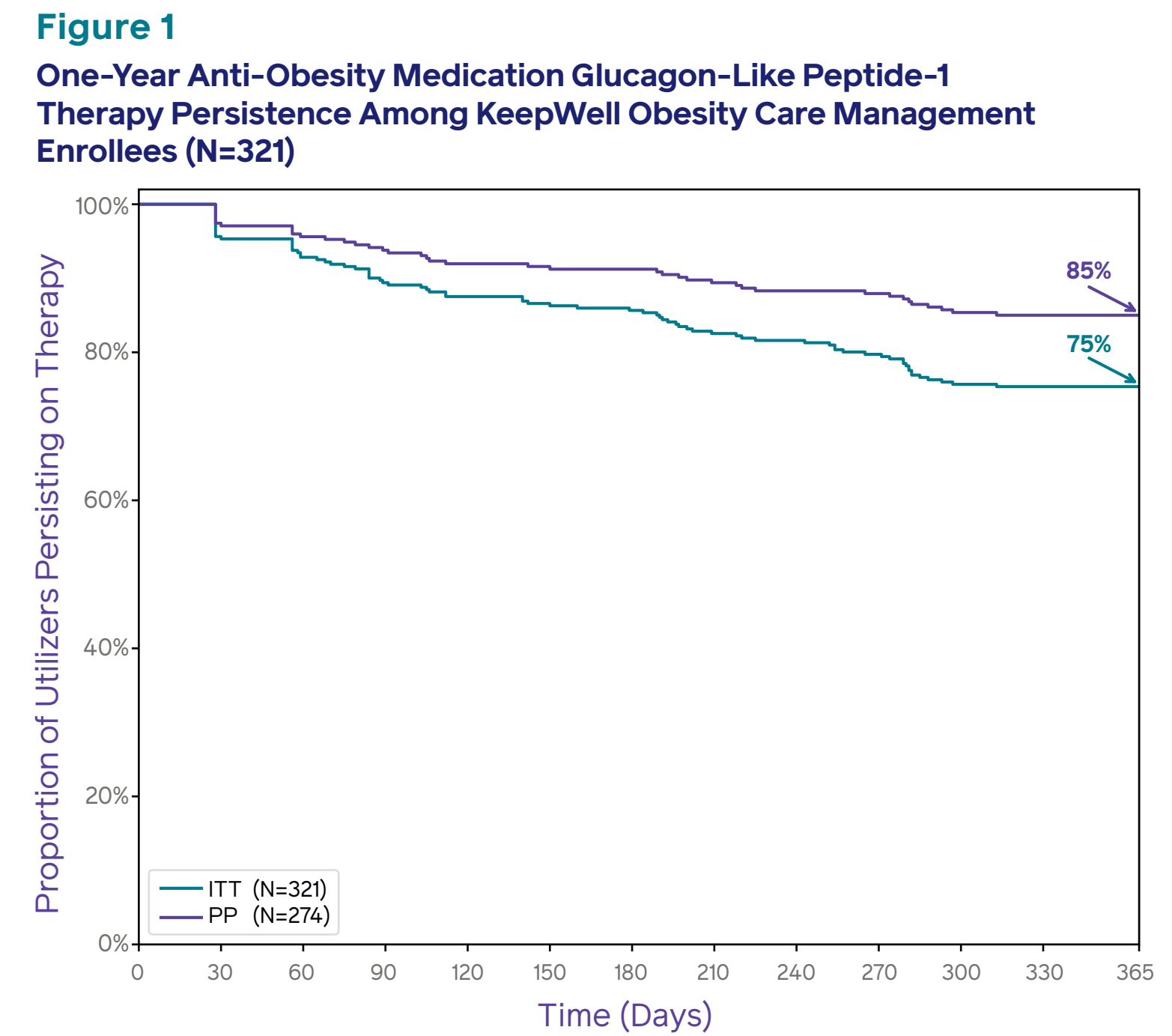
- Prime Therapeutics' pharmacy claims and data from 4 self-insured employer groups with access to KeepWell™ obesity care management program were used to identify commercially insured members with program enrollment between January 1, 2025, and May 31, 2025.
- Data obtained for this study included pharmacy claims (fill dates, days' supply, and National Drug Code numbers), program enrollment start and end dates, and health plan eligibility information (member demographics and enrollment history).
- Study inclusion required program enrolled members to newly initiate an AOM GLP-1 (index date) during program enrollment and prior to May 31, 2025. Members in the PP cohort were required to have 365 days of continuous KeepWell program enrollment from the study index date.
- Newly initiated AOM GLP-1 was defined as no AOM GLP-1 paid claim within 180 days prior to program enrollment.
- Persistence was assessed as the earliest occurrence of either AOM GLP-1 discontinuation or the end of the 365-day observation window. Persistence was defined as the absence of a treatment gap exceeding 60 days after adjusting GLP-1 claims for overlapping days' supply. Members with a gap in therapy of 60 days or more were considered to have discontinued therapy. The last day of supply before the discontinuation event gap was defined as the member's discontinuation date. Members were considered persistent if they did not have a 60-day gap in therapy and were censored at the end of the 365-day period.
- Persistence at 1 year was summarized as a binary outcome (persistent vs. nonpersistent).
- Adherence was assessed using proportion of days covered (PDC) during the 12-month follow-up and reported both as a continuous measure and as a binary outcome, with adherence defined as PDC ≥80%.
- Outcomes were evaluated using 2 analytic approaches: (1) ITT, including all eligible program participants initiating an AOM GLP-1, and (2) PP, restricted to members maintaining ≥365 days of continuous program enrollment after index.
- All outcomes were summarized using descriptive statistics.

Table 1 Sample Selection	
Study Selection Criteria - AOM GLP-1 New Starts and KeepWell Enrollment	Member Count
Total covered lives across 4 self-insured employer groups in 2025	32,603
Member with KeepWell enrollment in 2025	2,269
Member with KeepWell enrollment between January 1 and May 31, 2025	1,436
Members with AOM GLP-1 paid claim during study period	775
Members with 1 or more AOM GLP-1 paid claim in the 180 days before KeepWell enrollment	297
Members with no AOM GLP-1 paid claims in the 180 days before KeepWell enrollment	478
ITT cohort: members initiating an AOM GLP-1 between January 1 and May 31, 2025, following KeepWell enrollment	321
PP cohort: ITT cohort members with ≥365 days KeepWell continuous enrollment following AOM GLP-1 initiation	274

AOM = Anti-obesity medication; GLP-1 = glucagon-like peptide-1 receptor agonist; ITT = intent to treat; PP = per protocol
Study period utilized paid AOM GLP-1 claims between June 1, 2024, and August 28, 2026.

Table 2 One-Year Anti-Obesity Medication Glucagon-Like Peptide-1 Agonists Therapy Adherence Among KeepWell Obesity Care Management Enrollees (N=321)		
Adherence Measure	ITT Cohort (N=321)	PP Cohort (N=274)
Proportion of Days Covered mean (SD)	80.3% (26.4)	85.6% (22.1)
Members with PDC ≥80, % (n)	68.8% (270)	78.8% (216)

SD = standard deviation; ITT = intent to treat; PP = per protocol
Adherence was reported among 321 commercially insured adults from 4 large, self-insured employer groups. Members were included if they newly started an anti-obesity medication (AOM) glucagon-like peptide-1 receptor agonist (GLP-1) medication following KeepWell enrollment between January 1, 2025, and May 31, 2025. The ITT cohort included members regardless of program enrollment or health plan enrollment duration. The PP cohort (N=274) was limited to ITT members with ≥365 days of KeepWell enrollment from start of AOM GLP-1 during program enrollment.



ITT = intent to treat; PP = per protocol
Kaplan-Meier curve represents 321 commercially insured adults from 4 large, self-insured employer groups. Members were included if they newly started an anti-obesity medication (AOM) glucagon-like peptide 1 receptor agonist (GLP-1) following KeepWell enrollment between January 1, 2025, and May 31, 2025. The ITT cohort included members regardless of program enrollment or health plan enrollment duration. The PP cohort (N=274) was limited to ITT members with ≥365 days of KeepWell enrollment from start of AOM GLP-1 during program enrollment. New-start AOM GLP-1 was defined as no AOM GLP-1 utilization within 180 days of KeepWell program start date. Members were considered persistent if they did not have a 60-day gap in therapy and were censored at the end of the 365-day period.

Results

- The study included 32,603 commercially insured adults with at least 1 eligible month in 2025, of whom 1,436 (4.4%) members had program enrollment between January 1, 2025, and May 31, 2025.
- Among enrolled members, 478 newly initiated AOM GLP-1 therapy following program enrollment, and 321 met all study inclusion and exclusion criteria for analysis (Table 1).
- In the ITT cohort (n=321), mean AOM GLP-1 PDC was 80.3% (standard deviation [SD]=26.4%), with 68.8% of members achieving adherence (PDC ≥80%) and 75.4% remaining persistent at 1 year (Table 2, Figure 1).
- In the PP cohort (n=274), mean AOM GLP-1 PDC was 85.6% (SD=22.1%), with 78.8% of members achieving adherence (PDC ≥80%) and 85.0% remaining persistent at 1 year (Table 2, Figure 1).

Limitations

- Individuals switching to compounded AOM GLP-1 therapy or paying out of pocket for their AOM GLP-1 product may have reduced observed persistence and adherence, as this utilization was not recorded in insurance claims data.
- While persistence and adherence were evaluated, this analysis did not account for potential differences in AOM GLP-1 dosing. Specifically, the study did not assess if members achieved maximum therapy dose, describe maximum tolerated doses, or assess microdosing, which all may influence treatment persistence, adherence, and switching.
- Administrative claims data do not capture reasons for treatment discontinuation; therefore, factors such as adverse events, achievement of treatment goals, or patient preference could not be assessed.
- Program participants may differ from nonparticipants in motivation, health-seeking behaviors, or disease severity, which could influence adherence and persistence outcomes. Additionally, our study examined 4 self-insured employer groups and therefore is not generalizable to Medicare or Medicaid populations or other lines of commercial business.
- Outcomes were evaluated over a 12-month period and may not reflect longer-term treatment persistence and adherence patterns.
- The impact of an individual's cost sharing, other diagnoses, social determinants of health, or other member characteristics are outside the scope of this analysis and worthy of future consideration.

Conclusion

- Among members enrolled in an obesity care management program, 1-year AOM GLP-1 adherence and persistence exceeds previously reported real-world persistence by 20 percentage points, with the highest rates observed among members with sustained program engagement.
- In the sustained program engagement (PP) cohort, nearly 8 in 10 members achieved adherence (PDC ≥80%), and 85% remained persistent at 1 year, suggesting that sustained engagement in an obesity care management program provides long-term treatment success.
- Given the financial investment associated with AOM GLP-1 therapy, interventions supporting treatment persistence and adherence help maximize clinical and economic value from AOM GLP-1 therapy.

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