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Obesity Care Management Program 6-Month Outcomes and Glucagon-Like Peptide-1 (GLP-1) Therapy Persistence Among Commercially Insured Adults Without Diabetes

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Introduction

Obesity is a complex, chronic, and relapsing disease requiring personalized, holistic care management.[1] Current obesity treatment guidelines emphasize the integration of nutrition counseling, behavioral coaching, physical activity and lifestyle modifications in conjunction with weight-loss pharmacotherapy.[1-3] In alignment with these recommendations, a comprehensive obesity care management program provides individualized support.

Glucagon-like peptide-1 (GLP-1) receptor agonist medications have demonstrated clinically meaningful weight loss outcomes when used with obesity care management programs. Pivotal GLP-1 obesity randomized clinical trials — including STEP, SURMOUNT and ATTAIN-1 — incorporated comprehensive, patient-focused lifestyle interventions in both treatment and placebo arms to optimize efficacy, adherence/persistence and safety.[4-6] These interventions often included structured nutrition guidance, physical activity recommendations, behavioral support and strategies to manage gastrointestinal side effects. While weight-loss outcomes at the 26-week mark are not explicitly reported in most pivotal GLP-1 obesity trials, interpolation from published trajectories suggests an approximate 8–15 kg (17–33 lbs.) reduction in the treatment arm by six months.

Despite the role of lifestyle and behavioral support in the clinical trial setting, empirical evidence evaluating the effectiveness of obesity care management programs in real-world practice remains limited. Early evidence suggests substantial gaps between GLP-1 obesity treatment in the clinical trial setting and routine clinical care. In particular, poor persistence to GLP-1 obesity treatment products has been consistently reported.[7-11] These findings raise concerns that real-world patients may not be receiving the nutritional, behavioral and lifestyle support needed to optimize GLP-1 obesity treatment benefits. Without comprehensive obesity management support, patients may experience suboptimal weight loss, higher rates of treatment interruption, increased side effects and greater risk of weight gain following treatment discontinuation or interruption. Therefore, it's important to assess the clinical impact of comprehensive obesity care management programs in a real-world setting. This analysis provides early insights into weight change and GLP-1 therapy persistence over the first six months of enrollment in an obesity care

management program offered through a large, self-insured employer of more than14,000 covered lives.

Objectives

To evaluate changes in weight, body mass index (BMI) and GLP-1 obesity treatment persistence among commercially insured adults without diabetes utilizing GLP-1 obesity treatment products after six months of enrollment in an obesity care management program.

Methods

Data from a large, self-insured employer of more than 14,000 covered lives with access to KeepWell obesity care management resources, and Prime Therapeutics' integrated medical and pharmacy claims data, were used to identify members enrolled in KeepWell between Jan. 1, 2025 and June 30, 2025 (study index date period). To be included in this study, members were required to initiate a weight-loss GLP-1 product prior to June 30, 2025, and remain enrolled for at least six months following GLP-1 initiation.

Demographics, clinical characteristics and persistence rates were summarized descriptively. Changes in weight and BMI were evaluated among members with two or more weight-related measurements using clinical measures closest to program enrollment date and program six-month date. Paired t-tests were used to assess within-person differences in weight and BMI over the observation period.

GLP-1 obesity treatment persistence was assessed at six months. All members were followed until the earliest occurrence of either GLP-1 discontinuation or the end of the six-month observation window. Persistence was defined as the absence of a treatment gap exceeding 60 days after the previous claim supply had run out. All treatment gaps were evaluated after adjusting GLP-1 prescription claims to account for overlapping days of supply. The last day of supply before the discontinuation event gap was defined as the member's discontinuation date.

Results

Among the 552 members enrolled in the obesity care management program, 66.5% (n = 368) had documented GLP-1 use during their enrollment period. After excluding 24 members with fewer than 180 days of program participation, the final analytic cohort consisted of 343 members (62.1%). The cohort was predominantly female (79.0%), with a mean age of 46.2 years. Mean baseline weight and BMI were 230.4 lbs and 37.2 kg/m^2, respectively.

Among the 265 members with at least two weight-related measurements [77.3% (265)], mean weight change was −22.5 lbs. (95% CI: −24.6 to −20.4; $p < .001$), corresponding to a −9.9% reduction from baseline. Mean BMI change was −3.6 kg/m^2 (95% CI: −4.0 to −3.3; $p < .001$). At the six-month mark, 327 members (95.3%) remained on GLP-1 therapy, while 16 members had discontinued treatment.

Conclusions

For commercially insured adults, enrollment in a comprehensive obesity care management program supports weight and BMI reductions to the levels seen in clinical trials and resulted in 19 of 20 members persisting on their GLP-1 obesity treatment. These findings underscore the value of obesity management support in the real-world setting and align with clinical trial evidence demonstrating substantial initial weight loss when GLP-1 therapy is combined with comprehensive lifestyle interventions.

Table 1. Baseline Demographics and Six-Month Outcomes

[redacted]	Analytic Cohort N=343
Baseline Demographics and Clinical Characteristics	
Age, mean (SD)	46.2 (8.8)
Female, % (n)	79.0% (271)
Baseline weight (lbs), mean (SD)	230.4 (59.1)
Baseline BMI (kg/m^2), mean (SD)	37.2 (8.5)
Weight and Body Mass Index Change from Baseline to Month Six	
Weight change (lbs), mean (SD)	-22.5 (-17.6)†
Weight loss percentage, mean (SD)	-9.9% (-7.1)
Members with >5% weight loss, % (n)	78.0% (206)
Members with >10% weight loss, % (n)	45.8% (121)
BMI change (kg/m^2), mean (SD)	-3.6 (-2.8)†
GLP-1 Product Use and Persistence at Month Six	
Index GLP-1 product Semaglutide (Wegovy) Tirzepatide (Zepbound)	 130 (37.9%) 213 (62.1%)
Members discontinuing GLP-1 product prior to six-month mark, n (%)*	16 (4.7%)
Members remaining on GLP-1 product at six-month mark, n (%)*	327 (95.3%)

*GLP-1 product discontinuation defined as a gap in therapy of 60 days or more.
† Statistically significant difference at p<.05

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