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BACKGROUND

- Obesity is a complex, chronic, and relapsing disease associated with significant cardiometabolic, functional, and economic burden requiring long-term, individualized care rather than episodic treatment.¹
- GLP-1s and dual glucose-dependent insulinotropic polypeptide/GLP-1 receptor co-agonists approved for chronic weight management have demonstrated clinically meaningful and sustained weight loss in pivotal trials among adults without diabetes.^{2,3}
- These trials were conducted within the context of comprehensive lifestyle intervention—including nutritional counseling, physical activity guidance, and behavioral support—highlighting the role of GLP-1 therapies as adjuncts, not replacements, for holistic obesity care.
- Contemporary obesity treatment guidelines from professional societies emphasize that pharmacotherapy should be integrated within a chronic disease management framework.^{1,4,5}
- As GLP-1 therapies are increasingly used for weight management in routine practice, real-world data describing treatment persistence and early weight outcomes among patients enrolled in structured obesity care management programs remains limited outside of clinical trials.

OBJECTIVE

Our objective is to evaluate changes in weight and body mass index (BMI), as well as GLP-1 obesity treatment persistence, among commercially insured adults without diabetes utilizing GLP-1 obesity treatment products after 6 months of enrollment in an obesity care management program.

METHODS

- Prime Therapeutics' pharmacy claims and data from the KeepWell™ cardiometabolic care management program were used to identify members from a large, self-insured employer group enrolled in obesity care management services between January 1, 2025, and October 1, 2025. The data cutoff for all analyses was April 20, 2026.
- Members were eligible for inclusion if they initiated a GLP-1 therapy indicated for weight management during KeepWell enrollment and maintained continuous program enrollment for at least 180 days. The persistence analysis was further limited to members with a paid GLP-1 claim between January 1, 2025, and September 1, 2025, allowing for a full 6-month follow-up period.
- The primary outcomes were changes in weight and BMI, from baseline to 3 and 6 months, respectively, following KeepWell enrollment.
- The secondary outcome was 6-month GLP-1 treatment persistence.
- Demographic and clinical characteristics were summarized descriptively. Among members with complete baseline and follow-up measurements, within-person changes in weight and BMI from baseline to 3 and 6 months, respectively, were assessed using paired t-tests.
- GLP-1 treatment persistence was defined as continuous therapy without a gap exceeding 60 days, after adjusting claims for overlapping days' supply.
- For persistence analyses, members were followed from GLP-1 initiation until the earliest occurrence of treatment discontinuation, or completion of the 180-day observation window. Members without a qualifying treatment gap were censored at the end of 180 days. Members with a treatment gap of ≥60 days were considered to have discontinued therapy, with the last day of supply prior to the gap defined as the discontinuation date.
- The median time to discontinuation and corresponding 95% confidence intervals (CI) were estimated using the Kaplan-Meier method, and persistence status at 180 days was summarized as a binary outcome.

TABLE 1

Demographic and Clinical Characteristics by Indication

	All Members* N=451
Female, n (%)	363 (80.5)
Male, n (%)	88 (19.5)
Age, mean (SD), years	44.6 (9.2)
Baseline weight**, mean (SD), lb	224.5 (59.9)
Baseline BMI**, mean (SD), kg/m ²	36.3 (8.7)

body mass index (BMI)

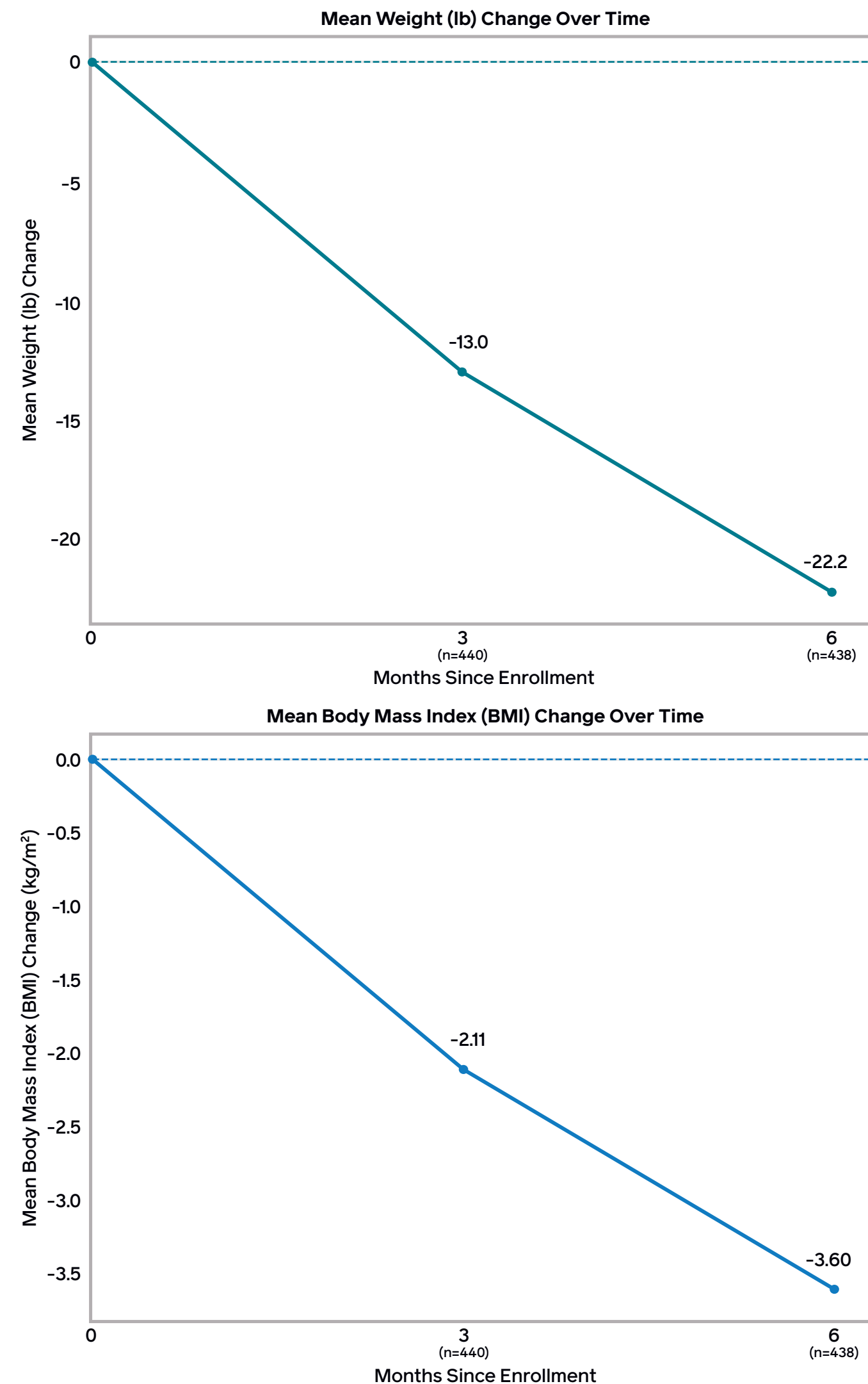
*Commercially insured members enrolled in a KeepWell obesity care management program between January 1, 2025, and October 1, 2025, and utilizing GLP-1 obesity treatment products

**Measured among 450 members with baseline measures

Age and gender were ascertained on member's study index date.

FIGURE 1

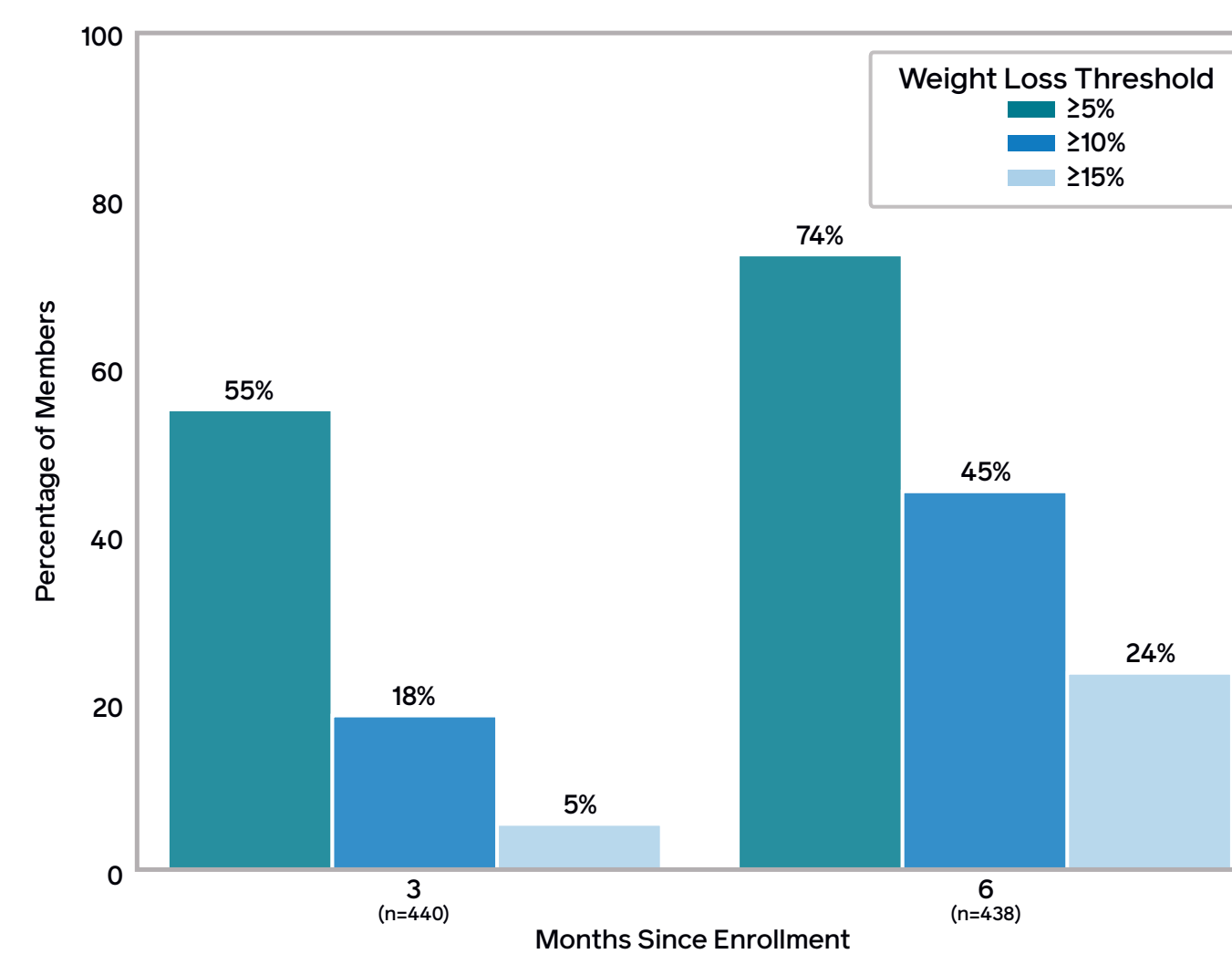
Mean Weight and Body Mass Index Change at 3 and 6 Months Following Obesity Care Management Program Enrollment*



*Among members with baseline and target monthly body weight and BMI measures

FIGURE 2

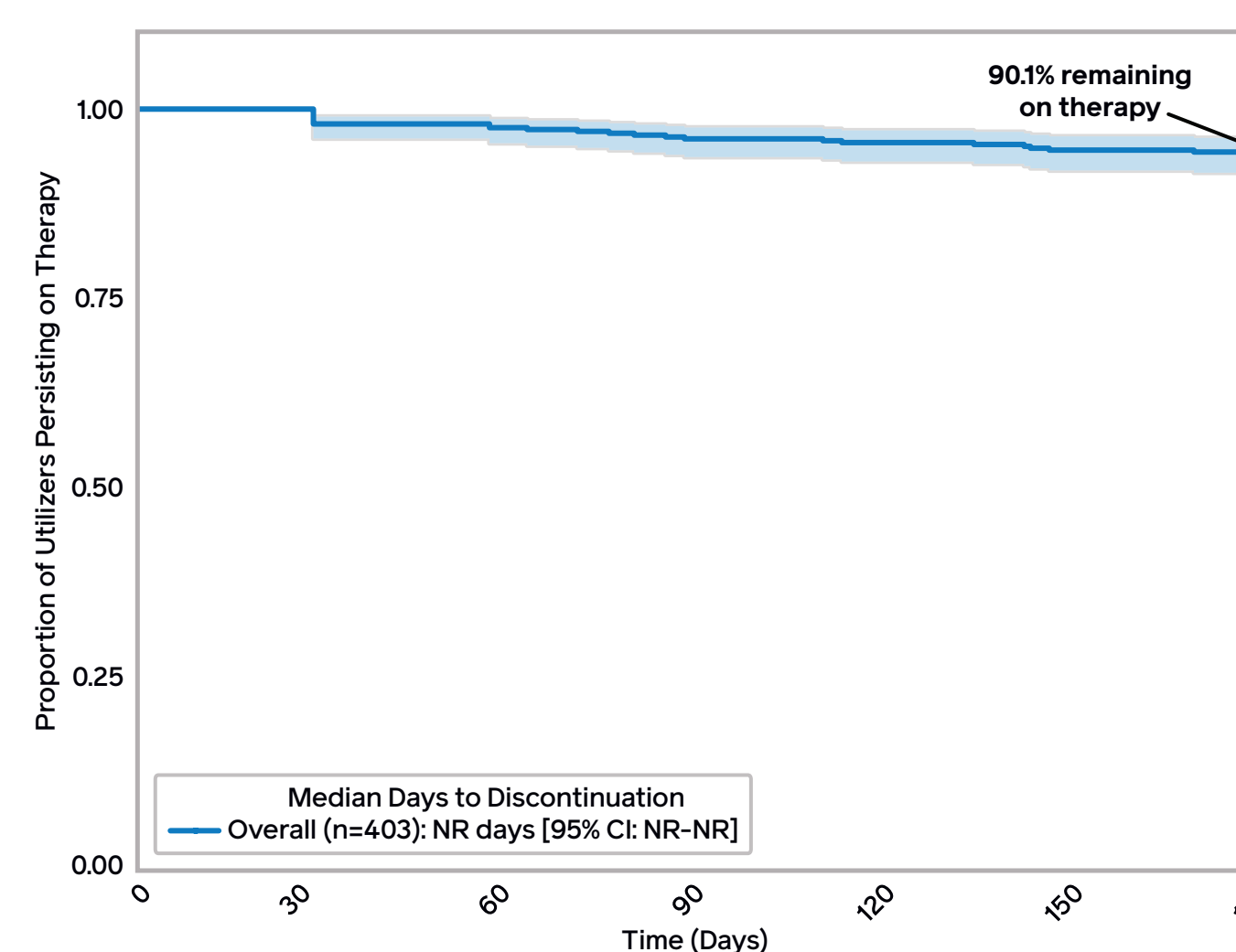
Percentage of Members Achieving Clinically Relevant Weight-Loss Targets at 3 and 6 Months Following Obesity Care Management Program Enrollment*



*Among members with baseline and target monthly body weight measures

FIGURE 3

GLP-1 Therapy Persistence Through 180 Days Following Enrollment in an Obesity Care Management Program



confidence interval (CI); not reached (NR)

The Kaplan-Meier curve represents 403 commercially insured members enrolled in a KeepWell obesity management program and initiating a weight-loss-indicated GLP-1 product between January 1, 2025, and September 1, 2025. Members were considered persistent if they did not have a 60-day gap in therapy and were censored at the end of the 180-day period.

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RESULTS

- Among the 792 members with a KeepWell enrollment record, 747 (94.3%) were enrolled in obesity care management, with 451 (56.9%) meeting full-study inclusion criteria (Table 1).
- Of the included members, 80.5% were female, the mean age was 44.6 years (SD=9.2), the mean baseline weight was 224.5 lb (SD=59.9), and the mean BMI was 36.3 kg/m² (SD=8.7) (Table 1).
- The mean weight change was -13.0 lb (95% CI: -11.7 to -14.3, p<.001) at 3 months and -22.2 lb (95% CI: -20.4 to -24.0, p<.001) at 6 months (Figure 1).
- The mean BMI change was -2.11 kg/m² (95% CI: -1.91 to -2.31, p<.001) at 3 months and -3.60 kg/m² (95% CI: -3.32 to -3.88, p<.001) at 6 months (Figure 1).
- Nearly three-fourths of members achieved weight loss of 5% or more at month 6 (Figure 2).
- The weight-loss GLP-1 6-month persistence was 90.1% (363), with 40 members discontinuing therapy (Figure 3).

LIMITATIONS

- Data were sourced from administrative health care claims and used to evaluate GLP-1 drug use; therefore, dispensing records may be subject to incomplete capture or may not represent actual medication use.
- Individuals switching to compounded GLP-1 therapy or paying out of pocket for their GLP-1 product may have reduced observed persistence, as this utilization was not recorded in insurance claims data.
- This analysis did not account for potential differences in GLP-1 dosing. Specifically, the study did not assess if members achieved the maximum therapy dose, describe maximum tolerated doses, or assess microdosing, all of which may influence treatment persistence and weight-loss outcomes.
- Our study examined data from a medium-sized, commercially self-insured employer group and, therefore, is not generalizable to other commercial lines of business or Medicare and Medicaid populations.
- 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.

CONCLUSIONS

- For commercially insured adults, enrollment in an obesity care management program supports weight and BMI reductions and facilitates GLP-1 obesity treatment persistence.
- Compared to previously reported real-world GLP-1 obesity treatment persistence rate of 75%, the observed persistence rate is 15 percentage points higher, with 9 in 10 members remaining on therapy at 6 months.⁶
- Future research should examine the long-term impact of a real-world obesity care management support program to optimize obesity care and weight management.

