



WHITE PAPER

# GLP-1 Medication Persistence: A Key Component of Weight Loss

**24-Week Outcomes  
in Omada's GLP-1  
Companion Program**

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**Medication persistence (remaining on a medication for the prescribed length of time) may be one of the greatest barriers to achieving clinically-meaningful outcomes in obesity management. Despite new medications showing weight loss results that rival bariatric surgery after one year of consistent use, most patients stop taking the prescribed medication too soon.**

**Why is that?**

Here, the Omada Insights Lab analyzed engagement, medication persistence, and weight loss results for members in the Enhanced GLP-1 Care Track through 24 weeks in the program. These findings indicate that:



Members in Omada's Enhanced GLP-1 Care Track showed higher average medication persistence rates through 24 weeks compared to other real-world evidence



Those who persisted saw an average of 11% weight loss with semaglutide and 13% with tirzepatide, outcomes similar to what has been shown in clinical trials



Providing the right kind of support to enable people to persist with their GLP-1 medication use long enough to see benefits can help them achieve clinical trial-level weight loss, setting the stage for cardiometabolic disease risk reduction



# Is medication persistence an underappreciated factor with GLP-1 success?

The latest generation of anti-obesity medications like **Wegovy (semaglutide)** and **Zepbound (tirzepatide)** can lead to tremendous weight loss, with clinical trials showing upwards of 15%-20% weight loss after one year of consistent usage. In the **real world**, many people who use GLP-1s do not see this level of weight loss, especially if they do not continue to use their medication. To achieve weight loss of the magnitude shown in clinical trials

in real-world settings, one important factor stands out from the rest: GLP-1 medication persistence.

While persistence may seem obvious to ensure a medication is effective, it is far from the reality for many people. While rates vary, a 2024 report on real-world GLP-1 persistence trends found that **one-third of people** stopped taking their GLP-1 for weight management in the first month and less than half stayed on for more than 12 weeks. Continuing to use GLP-1 medications as prescribed may be particularly challenging due to known adverse side effects like nausea and difficulty obtaining the medication in the evolving landscape of GLP-1 availability and insurance coverage.

We designed our Enhanced GLP-1 Care Track—described in more detail in **previous publications**—to help members overcome **common barriers** to medication persistence in order to achieve the best

## MEDICATION PERSISTENCE VS. MEDICATION ADHERENCE

**Medication persistence and medication adherence** have different meanings. **Medication adherence** refers to how a patient's behavior aligns with their provider's directions. On the other hand, medication persistence means taking the medication for the full length of time that the provider has prescribed. **Persistence** is an **informative indicator** of medication taking behavior, and an important consideration in understanding the length of time on medication needed to see clinical effectiveness.

February 2024

### ANSWERS Initiative

Press release **published** about Omada's ANSWERS (ANalyzing Success of WEight medication with Real-world evidence and Stats) initiative as part of the expansion of the Omada Insights Lab to examine real-world data from our members along their GLP-1 journey.

March 2024

### Behavior Change and GLP-1s White Paper

White paper **published** on clinical and behavioral outcomes among members taking GLP-1s who were participating in the Omada for Prevention program as part of the Evernorth SafeGuardRx's Weight Management Care Value® program.

outcomes they can. By supporting sufficient GLP-1 persistence, more members could achieve clinically meaningful weight loss and the associated benefits and feel more successful on their journey with GLP-1 use.

## GLP-1s and Weight Health at Omada

In 2024, the Omada Insights Lab established the ANSWERS (ANalyzing Success of WEight medication with Real-world evidence and Stats) Initiative, which examines real-world data from our weight health programs and shares insights. Notable findings from previous publications include:

- + Members taking GLP-1s in the Omada for Prevention program that had meaningful engagement on average lost **1.7x the weight** compared to members taking GLP-1s that had limited engagement at 12 months.
- + Our specifically designed GLP-1 companion program positively affected member engagement in health promoting behaviors and **increased self-efficacy** by about 12% on average after 16 weeks.
- + With specialized support members experienced **no weight gain** on average (-0.1% weight change) 16 weeks after stopping GLP-1s.

What has until now remained to be assessed is how our companion program may influence medication persistence. We were also interested in understanding how early indicators of medication persistence fit into the overall picture of successful weight health.

### CLINICAL TRIALS VS REAL-WORLD EVIDENCE (RWE)

Studies that look at GLP-1 use in the real world have found lower medication persistence rates than clinical trials. Clinical trials provide the medication itself, along with guidance on appropriate use and tolerance and lifestyle behavior change support, all of which could promote medication persistence. This support does not exist in the same way outside of these trials. As an example, one real-world study found that **only 40%** of patients were persistent on semaglutide for at least 12 months. This is in contrast to 83% of participants in the **STEP 1 clinical trial** remaining on the medication at 68 weeks.



November 2024

#### GLP-1 Member Perspectives White Paper

White paper **published** on the real-world perspectives of members who've stopped taking a GLP-1.



December 2024

#### Early GLP-1 Care Outcomes White Paper

White paper **published** assessing member engagement, behavior, and outcomes in a specifically designed Enhanced GLP-1 Care Track.



January 2025

#### Early Insights: Weight Maintenance Post GLP-1 Discontinuation White Paper

White paper **published** assessing weight trends in members who opted into the GLP-1 Care Track discontinuation path.



# Tailored Support for the GLP-1 Treatment Journey

Omada’s Enhanced GLP-1 Care Track provides tailored support for members as they move through their GLP-1 use journey. The Enhanced GLP-1 Care Track support may start when a member is just starting use of their GLP-1 and continues after they’ve taken their last dose. Members in the Enhanced GLP-1 Care Track receive high-touch care team support and GLP-1-specific content to keep appropriate medication use top of mind.

When members are first getting started on their medication, they’ll learn what to expect during their experience, such as standard dose titration schedules and common side effects, plus general side effect mitigation strategies (which may include avoiding foods that exacerbate stomach upset).

Our team of Certified Diabetes Care and Education Specialists assist with providing guidance on key considerations for medication use and empower members to have conversations with their prescribing provider when needed.

These cardiometabolic specialists also provide tailored nutrition education specific to GLP-1 use (including protein intake and a focus on nutrient density). Personalized guidance can help with medication tolerability and can reduce the risk for GLP-1 related concerns like dehydration and loss of lean body mass. Members in the Enhanced GLP-1 Care Track also have access to support from Exercise Specialists, who further help combat loss of lean body mass and promote overall health. If a member discloses that they’re going to stop their medication due to lack of availability or insurance coverage, their care team can provide resources that help the member understand their options and navigate the larger healthcare ecosystem.

## Enhanced GLP-1 Care Track: Five Pillars of Support



### Care Team

Dedicated care team right-sized for GLP-1 companion care.

- + Health Coach
- + Cardiometabolic Specialist
- + Exercise Specialist
- + Behavioral Health Specialist\*



### Activity

Enhanced exercise support integrating 10 years of digital MSK expertise.

- + Targeted exercise plans
- + Muscle building focus
- + Interactive animated exercise demonstrations
- + Dedicated Exercise Specialist



### Education

Specialized GLP-1 curriculum to support self-education.

- + Selection of GLP-1 learning paths
- + Lessons picked for each member
- + Custom goal setting
- + CDCES-led peer communities



### Persistence

Targeted support to overcome common barriers to medication persistence.

- + Side effect management
- + Injection guidance
- + Medication access support
- + Lifestyle tips while titrating or tapering medication



### Nutrition

New food innovations to support GLP-1 members with nutritional adjustments.

- + Prioritizing protein and nutrient dense foods
- + Food coaching and real-time nutrition AI answers
- + Responsive meal tracking
- + Appetite and mindset tools

\*Care team assignments: Health Coach - all cardiometabolic programs; Cardiometabolic Specialist - Diabetes and Hypertension programs; Physical Therapist - Musculoskeletal program; Behavioral Health Specialist - all programs have an expert with whom the Health Coach can consult on general behavioral health best practices.

# Exploring the Member Journey with Validated GLP-1 Medication Use

The Omada Insights Lab took a deeper dive into member medication use and outcomes through 24 weeks in our new Enhanced GLP-1 Care Track. This analysis included 1,124 members without diabetes who self-reported GLP-1 use and opted into the Enhanced GLP-1 Care Track between June and September of 2024.

Self-reported medication initiation and persistence were confirmed using objective pharmacy claims data. Members in this analysis had claims data that confirmed they started their GLP-1 within 60 days prior to and up to 30 days following Enhanced GLP-1 Care Track program start. Consistent with how persistence has been defined in [peer-reviewed literature](#), members were considered persistent on their GLP-1 medication until they had evidence of a lack of medication refill 60 or more days following the days of medication supply included in the previous medication fill. Pharmacy claims data also

	Enhanced GLP-1 Care Track Members (n=1,124)	Enhanced GLP-1 Care Track Members who Persist through 24 weeks on Medication in Program (n=945)
<b>Characteristic</b>		
Mean baseline weight (lbs)	238.3	<b>238.7</b>
Mean baseline BMI (kg/m <sup>2</sup> )	38.8	<b>38.9</b>
% female	83.7%	<b>83.8%</b>
% white	71.0%	<b>72.6%</b>
Mean age (years)	46.4	<b>46.8</b>
Annual household income \$100,000 or greater*	51.5%	<b>54.3%</b>
Time on med at baseline (weeks)	2.9	<b>2.9</b>
<b>GLP-1 medication reported at baseline</b>		
Injectable semaglutide (Wegovy®, Ozempic®)	36.9%	<b>33.8%</b>
Tirzepatide (Zepbound®, Mounjaro®)	57.0%	<b>59.8%</b>
All other	6.1%	<b>6.4%</b>
<b>Omada Program</b>		
Omada for Prevention & Weight Health	84.3%	<b>83.8%</b>
Omada for Hypertension	15.7%	<b>16.2%</b>

\*After accounting for the 37% of members in this sample who did not report household income



confirmed consistent use of the same medication (semaglutide or tirzepatide) through the full course of treatment, with those experiencing use of multiple GLP-1 medications (ie, switching) grouped with “all other.” This “all other” group also included a small percentage of members taking a medication other than injectable semaglutide or tirzepatide.

Persistence was evaluated through 12 and 24 weeks in program, and weight and engagement data were evaluated from program baseline to week 24 in program. Defining baseline as Enhanced GLP-1 Care Track start date for all indicators including persistence allowed us to understand Omada’s impact on these outcomes, with an average time on medication of just under 3 weeks at program start.

## Improved Persistence and Success on a GLP-1 with Lifestyle Companion Care

### Members Leaned into Enhanced GLP-1 Care Track Support

Members in the Enhanced GLP-1 Care Track demonstrated ongoing engagement with health promoting behaviors and program features. On average, members who persisted with GLP-1 use through program week 24 completed an average of **13.4** program actions each week, including tracking activity, meals, and weight, messaging care team or participating in topic-based communities, completing lessons, and creating goals. **Most of these members, 88.8%, were engaged with their care team who helped to further tailor support provided to their specific needs and interests.**

This regular meaningful engagement can help create a feedback loop that supports continued

success, which can further bolster weight health progress and health-promoting behavior and skill development. In fact, **71.1%** of persistent members were actively engaged in the Enhanced GLP-1 Care Track, completing at least one program action, **every single week** through the first 24 weeks in the program, suggesting that members found value in the support the program provides.

## Omada Members Continued Taking GLP-1s Longer Than What Has Been Shown in Published Real-world Evidence

The big question: Can the Enhanced GLP-1 Care Track help members persist on their GLP-1 long enough to see meaningful clinical outcomes? Overall, we found that 94% of members were persistent on their GLP-1 through 12 weeks, and 84% were persistent with their GLP-1 through 24 weeks in the Omada program.\* This is in contrast to published literature that reports persistence ranging from **42%** to **80%** at 12 weeks and **33%** to **74% at 24 weeks**.

GLP-1s are not all the same, so we looked to see if there was a difference in medication persistence between the two most common GLP-1s, injectable semaglutide (Wegovy, Ozempic) and tirzepatide (Zepbound, Mounjaro), a GLP-1 and GIP dual agonist respectively. In line with results from published literature, Omada members taking tirzepatide were more persistent than those taking semaglutide at 12 and 24 weeks. This may be because tirzepatide has been shown to lead to **more weight loss**, and obesity medications that are associated with more weight loss also have **higher persistence rates**. In addition, tirzepatide’s dual activity may improve persistence due to **anti-nausea effects**—a common side effect of GLP-1s—because gastric inhibitory peptide (GIP) reduces nausea.

\*Looking at overall persistence from time of medication start (just under three weeks on average before program start), rates were even higher at 95% at 12 weeks and 88% at 24 weeks.

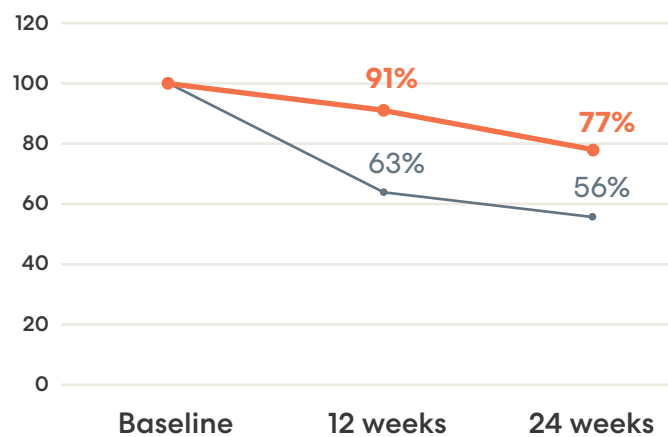
A higher percentage of Omada members demonstrated persistence at both 12 and 24 weeks compared to real-world persistence estimates for both semaglutide and tirzepatide.

## Persistence rates through weeks 12 and 24 in program for semaglutide and tirzepatide

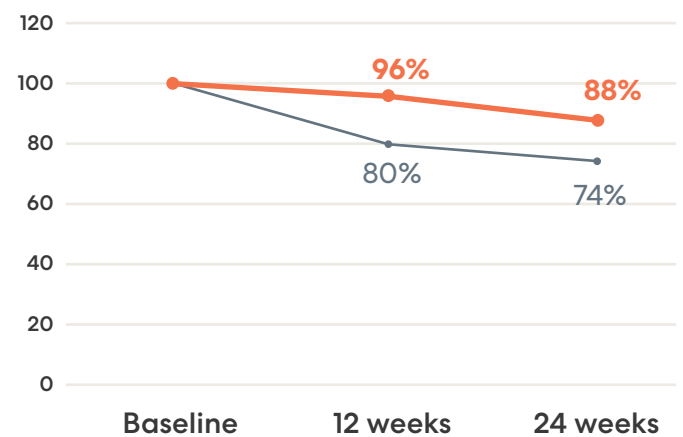
	Enhanced GLP-1 Care Track persistence	Published Real-World Evidence (RWE)	Relative Lift in Persistence with Enhanced GLP-1 support
<b>SEMAGLUTIDE</b>			
12 weeks	<b>91%</b>	<u>63%</u>	↑ <b>44%</b>
24 weeks	<b>77%</b>	<u>56%</u>	↑ <b>38%</b>
<b>TIRZEPATIDE</b>			
12 weeks	<b>96%</b>	<u>80%</u>	↑ <b>20%</b>
24 weeks	<b>88%</b>	<u>74%</u>	↑ <b>19%</b>

Relative lift calculated as the difference in persistence between Omada and published real-world estimates for persistence for semaglutide and tirzepatide divided by the real-world estimates.

### SEMAGLUTIDE



### TIRZEPATIDE



— Omada Enhanced GLP-1 Care Track

— Published Real-World Evidence



# High Medication Persistence Can Help More People See Clinically Meaningful Benefits

People often wonder, how much weight loss is enough? There's no easy answer other than it should be a personal decision made between a patient and their provider. Research shows that weight loss can lead to reductions in **obesity-related complications**, such as heart disease, diabetes, and metabolic liver disease, with **greater weight loss** (>10%) leading to even more risk reduction. Thus, providers may set higher weight loss goals for patients who have obesity-related conditions or a higher BMI, such as our members who started with an average BMI of 38.8 (**Class 2 obesity**).

While every member may have unique health goals and GLP-1 journeys, it's worth noting that clinical trials assessing GLP-1s for weight management typically last for **over a year**, so a person needs to continue to take that medication for the same

time period to see similar results. While our current findings share insights on weight loss among those that persist with GLP-1 medication through 12 and 24 weeks, in the future, we intend to look at medication persistence at 12 months in the Omada program.

Members who stopped taking their GLP-1 medication any time before 24 weeks (with an average 14 weeks persistent on medication in program at time of discontinuation) saw an average weight loss of 7.4% (n=179). This amount of weight loss is still meaningful. However, as we already know, a higher magnitude of weight loss may be even more beneficial for people who have more weight to lose. Members who stayed on medication through 24 weeks (n=945) saw an average weight loss of **12.1%** from their weight at the beginning of the Omada program, a 64% relative lift in weight loss (p<0.01). Of members who persisted with medication use through 24 weeks:

- 90.4% lost at least 5% of their baseline weight
- 61.3% lost at least 10% of their baseline weight

Members who persisted with tirzepatide saw more weight loss on average than those on semaglutide. Omada member real-world weight loss also appears to have been closely aligned with 24-week outcomes in a recent head-to-head **clinical trial** comparing the two medications in a similar population.

**This is an indication that, at this point in the medication-use journey, the right kind of support makes it possible to see real-world weight loss similar to what is achieved in clinical trials.**



# Benefits of Healthy Weight Loss



These benefits may be even more pronounced with the additional influence of physical activity and balanced diet.

## Reduction in Chronic Disease Risk

- Improved blood lipids (cholesterol, triglycerides)
- Improved blood pressure
- Reduced atherosclerotic cardiovascular disease
- Improved blood glucose
- Reduced development or progression of metabolic dysfunction-associated steatohepatitis (MASH)
- Reduced joint pain

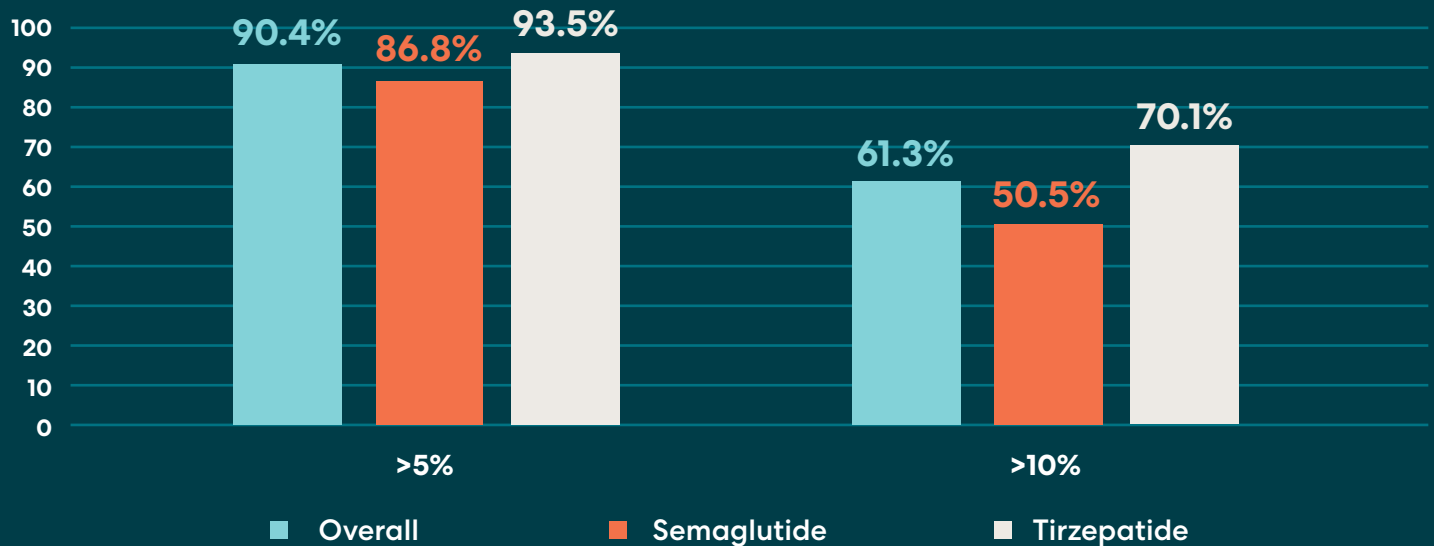
## Promotion of Healthy Aging

- Improved physical function
- Increased energy
- Increase in disease-free years
- Improved sleep

Source: Ryan DH, Yockey SR. *Weight Loss and Improvement in Comorbidity: Differences at 5%, 10%, 15%, and Over.* Curr Obes Rep. 2017;6(2):187-194. For illustrative purposes only.

## Weight loss at 24 weeks in program for those who persisted

	Overall (n=945)	Semaglutide inj. (n=319)	Tirzepatide inj. (n=565)
Average weight loss at 24 weeks	12.1%	10.5%	13.3%



# Increasing Potential for Impact of GLP-1 Medication Use with Omada's Enhanced GLP-1 Care Track

In this report, we see the impact of our program on promoting medication persistence beyond what is seen in other real-world evidence, and the resulting clinically-meaningful weight loss, which was comparable to weight loss at the same time point in clinical trials. In parallel, we found that our members leaned in and engaged with the program, helping to ensure they are receiving the additional benefits our program is designed to provide, such as building **member self-efficacy** and encouraging the adoption of health promoting behaviors like goal setting, regular physical activity, and self-monitoring.



## The Power of Effective Medication Therapy with a Companion Program

With medication companion programs like Omada's Enhanced GLP-1 Care Track, people often ask, "how much weight loss is a result of the medication versus your program?"

The reality is that lifestyle support and medication use do not exist in silos. Instead, similar to the approach used in clinical trials, lifestyle support should be incorporated alongside medication use. Lifestyle modifications and medications are complementary and interwoven in cardiometabolic care, even in the new era of anti-obesity medications that are so effective in driving weight loss. But successful use of these medications is about more than weight loss—it's ensuring that people get the support needed to manage the less desirable side effects of GLP-1 medication use and build habits to promote overall health and facilitate long-term weight management.

With these findings, we are able to see that members in our Enhanced GLP-1 Care Track not only actively engaged with the education and support for lifestyle modifications, they also received help in staying on their medications long enough to see clinically meaningful results. This matters because investing in these medications is more likely to be worthwhile for those who persist on a GLP-1 medication long enough to experience the medication's intended clinical results, while also learning the skills needed to maintain these benefits. The value of using these medications, if realized with appropriate use, has the potential to drive meaningful and sustainable outcomes.

As part of the ANSWERS Initiative, we have plans to deepen our understanding of how our member-centered approach may impact weight health while members are taking their GLP-1 and even after they stop. We continue to implement what we learn to make our Enhanced GLP-1 Care Track even better, keeping our members at the center and building programs to meet their needs. ●

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This program is the ultimate tool and support to guide us on this journey providing us with tools to succeed that will last a lifetime, well after we are done with GLP-1's.

We cannot expect medication to do all the work. Our mindset has to prioritize the program, and utilize the resources provided for success.

—

Joey, Omada Member



The GLP-1 landscape is ever-changing. Omada stays ahead of the curve by offering science-backed, specialized lifestyle support that helps members through all the ups and downs of their weight health journey. Keep an eye out for more evidence to come on Omada's **Enhanced GLP-1 Care Track**.

