



Omada Health's Enhanced GLP-1 Care Track Demonstrates Increased Medication Persistence and Weight Loss Outcomes at 12 and 24 Weeks

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New GLP-1 analysis reveals that by addressing real-world barriers to persistence, Omada's companion program can help sustain GLP-1 use, delivering on clinical trials' promises

SAN FRANCISCO, June 17, 2025 (GLOBE NEWSWIRE) -- [Omada Health](#) (Nasdaq: OMDA), the virtual between-visit healthcare provider, released new data¹ demonstrating that Omada's GLP-1 companion program significantly improved persistence rates for GLP-1 medications.

Evidence suggests that persistence on a GLP-1 is associated with greater weight loss.² Omada's analysis found that those who persisted with their GLP-1 medication achieved weight loss results similar to what has been found in controlled research settings.¹

Despite a growing body of evidence supporting vast clinical benefits of GLP-1s,³ while results vary widely, one study showed that one-third of people stopped taking their GLP-1 in the first month, and less than half stayed on for more than 12 weeks.⁴ These data suggest that in the real world, factors like non-persistent medication use mean that many who use GLP-1s for weight management may not see the results reflected in clinical trials.

"While published literature illustrates the incredible potential of GLP-1s, these outcomes are generally limited to those who consistently use their medication long enough to see benefit. In the real world many patients do not receive the necessary support for this to be a reality," said Sarah Linke, PhD, MPH, Senior Director, Clinical & Translational Research, Omada Health. "Omada's GLP-1 companion program helps individuals maintain their medication regimen and, in this analysis, helped members achieve clinical trial-level outcomes in real-world settings, which sets the stage for cardiometabolic disease reduction."

Omada analyzed 1,124 members without diabetes who self-reported GLP-1 use to assess the impact of its [Enhanced GLP-1 Care Track](#) on medication persistence through 24 weeks. Self-reported medication initiation and persistence were confirmed using objective pharmacy claims data. Previous real-world studies have demonstrated a wide range in medication persistence rates at 12 weeks (42%⁴ to 80%⁵) and 24 weeks (33%⁶ to 74%⁵) after starting GLP-1s. In contrast, members included in this analysis of Omada's Enhanced GLP-1 Care Track demonstrated higher persistence rates—94% through 12 weeks and 84% through 24 weeks¹.

This analysis also found the average weight loss for Omada members that persisted on their medication through 24 weeks was closely aligned with 24-week outcomes from a recent head-to-head clinical trial⁷ comparing tirzepatide and semaglutide in a similar population. Whereas Omada members who stopped taking their GLP-1 medication any time before 24 weeks lost an average of 7.4% of their body weight, those who remained on their medication through 24 weeks lost an average of 12.1%—a 64% relative increase¹. Providing the right kind of support to enable members to persist with their GLP-1 medication long enough to see benefits can help them achieve clinical trial-level weight loss outcomes, setting the stage for cardiometabolic disease risk reduction.

Omada's Enhanced GLP-1 Care Track provides targeted resources for members as they move through their GLP-1 use journey. Members in this companion program receive high-touch care team support to help overcome common barriers to persistence – from education around dose titration, common side effects, and mitigation strategies to nutrition guidance and support from Exercise Specialists to combat muscle loss. Members who plan to stop their medication due to access concerns may receive resources that help them understand their options and navigate the larger healthcare ecosystem.

"We are in the fortunate position that more patients are getting access to these transformative medications," said Wei-Li Shao, President, Omada Health. "However, with increased access comes the responsibility to ensure GLP-1 use remains cost-effective by supporting sustainable long-term health benefits. We believe these findings highlight the potential of Omada's program to enhance clinical outcomes with improved medication persistence and a focus on engagement in healthy lifestyle behavior changes."

This analysis was conducted through [Omada's Insights Lab](#), as part of the ANSWERS (ANalyzing Success of WEight medication with Real-world evidence and Stats) initiative, and builds on more than a decade of insights and 29 peer-reviewed publications assessing the efficacy of behavior change programs to improve chronic disease management.

Omada Health

Omada Health is a virtual-first healthcare provider that nurtures lifelong health, one day at a time. Omada care teams implement clinically-validated behavior change protocols for individuals living with diabetes, hypertension, prediabetes, and musculoskeletal issues. With more than a decade of experience and data, and 29 peer-reviewed publications that showcase its clinical and economic results, Omada is designed to help improve health outcomes and contain healthcare costs. Omada's scope exceeds 2,000 customers, including health plans, health systems, and employers ranging in size from small businesses to Fortune 500s.

The foundation of Omada's success is a strong, vibrant work culture, which helped earn the company the distinction of becoming an officially certified Great Place to Work[®]. An industry leader, Omada was the first virtual provider to join the Institute for Healthcare Improvement's Leadership Alliance, reflecting the aim to complement primary care providers for the benefit of members, and affirming its guarantee to every partner: Omada works differently.

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²Gasoyan, H., Butsch, W. S., Schulte, R., Casacchia, N. J., Le, P., Boyer, C. B., Griebeler, M. L., Burguera, B., & Rothberg, M. B. (2025). Changes in

weight and glycemic control following obesity treatment with semaglutide or tirzepatide by discontinuation status. *Obesity*, 2025, 1-11. <https://doi.org/10.1002/oby.24331>

³Xie, Y., Choi, T., & Al-Aly, Z. (2025). Mapping the effectiveness and risks of GLP-1 receptor agonists. *Nature*, 31, 951–962. <https://doi.org/10.1038/s41591-024-03412-w>

⁴Blue Health Intelligence®. (2024, May). *Real-world trends in GLP-1 treatment persistence and prescribing for weight management* [PDF]. Blue Cross Blue Shield Association. Retrieved June 16, 2025, from https://www.bcbs.com/dA/46383dfc2d/fileAsset/BHI_Issue_Brief_GLP1_Trends.pdf

⁵Hankosky, E. R., Karishma, D., Chinthammit, C., Grabner, M., Stockbower, G., He, X., Mojdami, D., Wenziger, C., & Gipple, T. H. (2025). Real-world use and effectiveness of tirzepatide among people without evidence of type 2 diabetes in the United States. *Diabetes & Metabolism*, 51 (3), 101636. <https://doi.org/10.1016/j.diabet.2025.101636>

⁶Gleason, P. P., Urick, B. Y., Marshall, L. Z., Friedlander, N., Qiu, Y., & Leslie, R. S. (2024). Real-world persistence and adherence to glucagon-like peptide-1 receptor agonists among obese commercially insured adults without diabetes. *Journal of Managed Care & Specialty Pharmacy*, 30 (8), 860-867. <https://doi.org/10.18553/jmcp.2024.23332>

⁷Aronne, L. J., Horn, D. B., le Roux, C. W., Ho, W., Falcon, B. L., Valderas, E. G., Das, S., Lee, C. J., Glass, L. C., Senyucel, C., & Dunn, J. (2025). Tirzepatide as Compared with Semaglutide for the Treatment of Obesity, *NEJM*, 2025. <https://doi.org/10.1056/NEJMoa2416394>