



First-Ever Analysis Reveals Not All GLP-1 Patients See the Same Results

The study examines outcomes for those with Type 2 diabetes, and those with only obesity and identifies characteristics associated with greater clinical response

WESTMONT, N.J., October 13, 2026 — The [Health Transformation Alliance](#) (HTA), an employer-owned healthcare purchasing coalition, today released a first-ever study with a sample size of 12.7 million patients, identifies which patients with Type 2 diabetes and obesity without Type 2 diabetes are most likely to benefit from GLP-1 therapy before treatment begins.

The study utilized [Veradigm](#) Linked Claims-Electronic Health Record (EHR) Data and [Merative MarketScan](#) linked claims data and evaluated two distinct patient profiles separately to examine real-world clinical outcomes and the characteristics associated with response. For patients with **Type 2 diabetes**, success was evaluated using HbA1c improvement and weight loss. For patients **with obesity without Type 2 diabetes**, effectiveness was measured using weight loss, while the analysis examined characteristics including age, presence of sleep disorder and prior obesity-related medication use.

“Much of the conversation around GLP-1s has focused on whether these drugs work. We need to take that conversation further and understand who they are most likely to work for,” said Rob Andrews, CEO of HTA “If we can better understand who is likely to see a meaningful health benefit, employers can focus on getting the right treatment to the right people rather than treating every prescription the same.”

The analysis then examined patient characteristics associated with stronger and weaker responses within each population.

Who benefits most? Best candidates for GLP-1 therapy include:

- Diabetes patients with HbA1c $\geq 8\%$.
- Individuals with lower overall disease burden and no recent hospital or ER utilization.
- Obesity patients aged 44+, weighing 175-299 pounds, with limited prior obesity medication use.

The findings could help employee benefit leaders make more informed, clinically driven decisions about GLP-1 coverage and better understand where their spending is delivering substantial value.

“Employers are under serious pressure to manage GLP-1 costs, and some are responding by reducing coverage or asking employees to pay more,” said Andrews. “These findings show employers which populations they should direct GLP-therapy to and what they should do in order to achieve clinical and economic outcomes while continuing to measure total cost of care and long-term ROI. Employers should look to track weight loss, HbA1c improvement, treatment persistence, pharmacy spend, and total cost of care.”

The study is not intended to predict individual outcomes or establish coverage criteria. It provides population-level insights and does not diagnose individual patients, direct treatment or replace decisions between patients and their physicians.

Download the study “GLP-1 Therapy: Who Benefits, and How to Maximize Value” [here](#).

ENDS

Study Methodology

The study utilized Veradigm Linked Claims-Electronic Health Record (EHR) Data by Merative MarketScan linked claims data from 2018 through 2025, with a sample size of 12.7 million patients. The study compared outcomes across different medications and against similar patients receiving non-GLP-1 treatments, then developed predictive models to identify the characteristics of patients most and least likely to achieve successful clinical outcomes with GLP-1 therapy. The models were internally validated by Merative using established statistical methods to assess predictive performance.

The study is not intended to predict individual outcomes or establish coverage criteria. It provides population-level insights and does not diagnose individual patients, direct treatment or replace decisions between patients and their physicians. The study was observational and did not evaluate workforce outcomes such as productivity, absenteeism, disability or retention. Long-term ROI remains uncertain because most results reflect approximately one year of follow-up.

Key Findings

Results for patients using GLP-1s for Type 2 diabetes:

Highly Effective

- HbA1c decreased 2.6 percentage points; average weight loss 8.4%
- Characteristics associated with greater effectiveness:
 - HbA1c >8% before starting GLP-1 therapy
 - Lower overall illness severity; average CCI* 1.9
 - No ER utilization during the 6 months before treatment
 - No inpatient admissions during the 6 months before treatment
- 94% remained on therapy ≥9 months

Ineffective

- HbA1c increased 0.1 percentage points; average weight gain 2.7%
- Characteristics associated with lesser effectiveness:
 - Higher overall illness severity; average CCI* 2.1
 - Higher ER utilization 1 or more visits for any purpose 6 months prior to starting GLP-1 therapy
 - Higher Inpatient Admissions 1 or more visits for any purpose 6 months prior to starting GLP-1 therapy
- 83% remained on therapy ≥9 months

Results for patients with obesity without Type 2 diabetes:

More Effective

- Average weight loss: 9.4%
- Predictive/distinguishing traits:
 - Baseline weight 175–299 lbs
 - Age 44+
 - No sleep disorder
 - <3 obesity-related condition (e.g., hypertension) prescription fills in the baseline period
- 84.5% achieved ≥5% weight loss; 80% remained on therapy ≥9 months

Less Effective

- Average weight loss: 5.3%
- Predictive/distinguishing traits:
 - Baseline weight <175 or ≥300 lbs
 - Younger age (e.g., <40)

- 64.4% achieved $\geq 5\%$ weight loss; 76% remained on therapy ≥ 9 months

About Health Transformation Alliance

The Health Transformation Alliance (HTA) is a healthcare buyer and a cooperative of 85+ of America's leading employers that have come together to fix our broken healthcare system. HTA works with companies to negotiate better contracts, and track and manage medical spend. They are collectively responsible for more than 5 million lives (employees, dependents, and retirees) in the United States and 8 million globally with an annual healthcare spend of over \$40 billion, saving member companies \$2 billion or more annually in healthcare costs. HTA member companies have combined their resources, knowledge, and experience to transform the way healthcare is delivered. To that end, the HTA has developed value-driven solutions in data and analytics, pharmacy, medical and consumer engagement specifically designed to improve patient care and economic value. For more information, please visit <https://www.htahealth.com/>.

Press Contact:

Keara Donnelly and Mackenzie Meyers Bauer at Berkeley Communications

htaus@berkeleypr.com