ABSTRACT · OBESITYWEEK 2026

3-Month Weight Outcomes With Oral Semaglutide via Telehealth in Adults with Overweight or Obesity

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ABSTRACT

Background

In December 2025, oral semaglutide was approved in the US as the first oral glucagon-like peptide-1 receptor agonist (GLP-1 RA) for weight management, expanding therapeutic options for overweight or obesity. This study evaluated 3-month (3M) weight change, in addition to adherence and satisfaction, among treatment-naïve initiators of oral semaglutide on a large US telehealth platform.

Methods

This retrospective cohort analysis was conducted as part of the OCTANE study and used de-identified electronic health records from the Ro telehealth platform, which integrates patient-reported data and pharmacy records. A random sample of adults (≥18 years) initiating oral semaglutide for weight management (initiation date = index date) was identified from January 5 to February 7, 2026. Eligible patients were persistent on treatment over the 3M follow-up period (no gap >30 days) and had self-reported weight at baseline (within 30 days pre-index) and at 3M (±15 days). Patients had either BMI ≥30.0 kg/m², or BMI 27.0-29.9 kg/m² with ≥1 obesity-related complication. Individuals with diabetes or prior use of GLP-1-based medications or other prescription medications for weight loss were excluded. Changes in body weight and BMI from baseline to 3M were evaluated using paired *t*-tests. Patient-reported adherence (over the past week) and satisfaction were assessed at 3M (±15 days), when available.

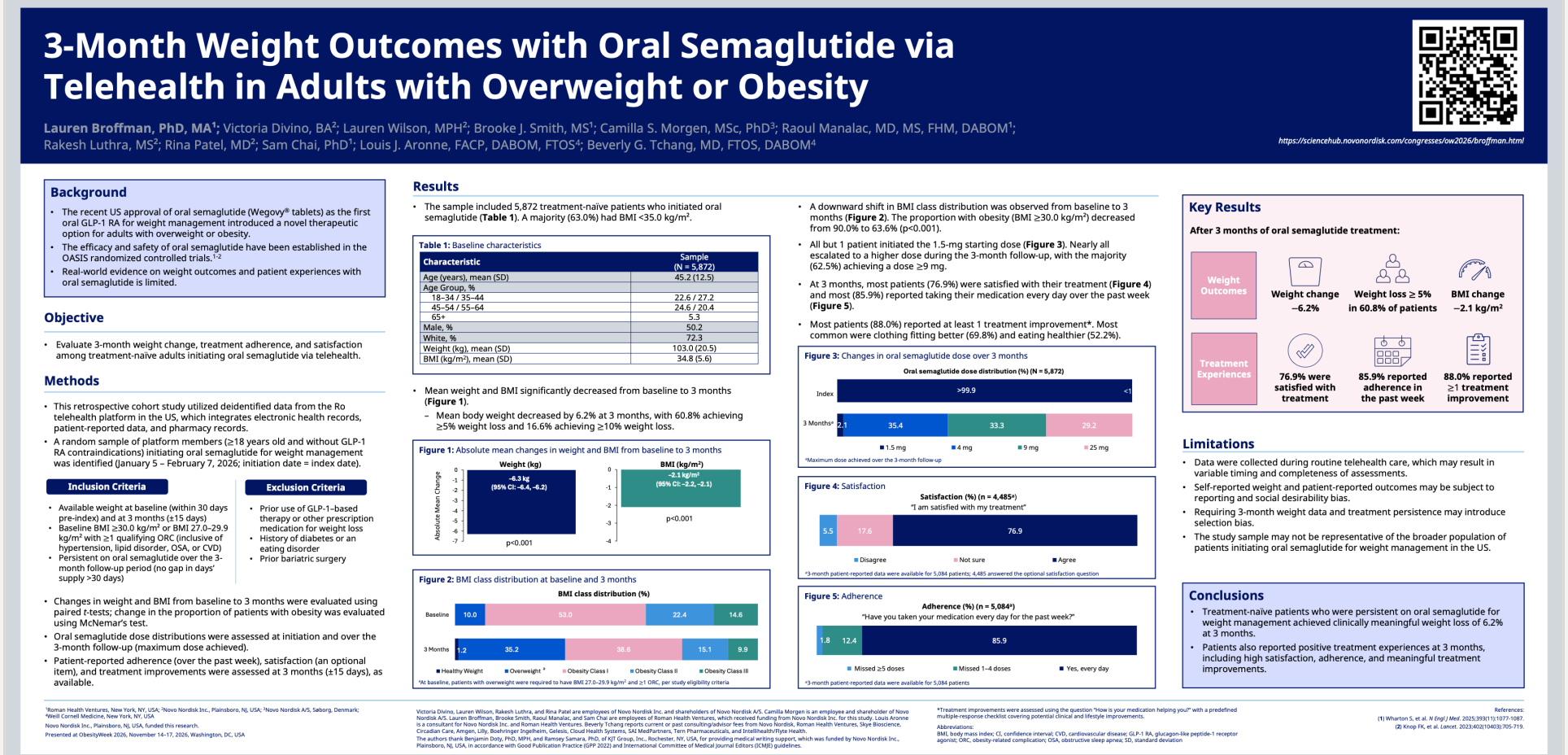
Results

The final sample included 5,872 patients. At baseline, mean (SD) age was 45.2 (12.5) years; 50.2% were male and 72.3% were White. Mean (SD) baseline weight and BMI were 103.0 (20.5) kg and 34.8 (5.6) kg/m², respectively. A majority (63.0%) had BMI <35.0 kg/m². All but one patient initiated the 1.5 mg starting dose and 62.5% achieved a maximum dose of ≥9 mg during the 3M follow-up. The mean (SD) change in weight was -6.3 (4.3) kg (p <0.001), representing a 6.2% reduction. A majority (60.8%) achieved ≥5% weight loss while 16.6% achieved ≥10% weight loss. The mean (SD) change in BMI was -2.1 (1.4) kg/m² (p <0.001). A downward shift in BMI category was observed from baseline to 3M (Figure). At 3M, the vast majority (85.9%; n=4,367/5,084) indicated they took their medication every day of the past week and 76.9% (n=3,451/4,485) agreed with the statement “I am satisfied with my treatment.”

Conclusions

In this large, US telehealth cohort, treatment-naïve patients who were persistent on oral semaglutide for weight management achieved clinically meaningful weight loss of 6.2% within 3 months. These findings are broadly consistent with early outcomes observed in the OASIS 4 trial (5.5% weight loss at 12 weeks, on-treatment). These preliminary insights suggest favorable real-world weight loss outcomes with oral semaglutide at 3 months, further complemented by high treatment satisfaction and adherence.

POSTER



3-Month Weight Outcomes with Oral Semaglutide via Telehealth in Adults with Overweight or Obesity

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https://sciencehub.novonordisk.com/congresses/ow2026/broffman.html

Background

- The recent US approval of oral semaglutide (Wegovy® tablets) as the first oral GLP-1 RA for weight management introduced a novel therapeutic option for adults with overweight or obesity.
- The efficacy and safety of oral semaglutide have been established in the OASIS randomized controlled trials.[1-2]
- Real-world evidence on weight outcomes and patient experiences with oral semaglutide is limited.

Objective

- Evaluate 3-month weight change, treatment adherence, and satisfaction among treatment-naïve adults initiating oral semaglutide via telehealth.

Methods

- This retrospective cohort study utilized deidentified data from the Ro telehealth platform in the US, which integrates electronic health records, patient-reported data, and pharmacy records.
- A random sample of platform members (≥18 years old and without GLP-1 RA contraindications) initiating oral semaglutide for weight management was identified (January 5 – February 7, 2026; initiation date = index date).

Inclusion Criteria

- Available weight at baseline (within 30 days pre-index) and at 3 months (±15 days)
- Baseline BMI ≥30.0 kg/m² or BMI 27.0–29.9 kg/m² with ≥1 qualifying ORC (inclusive of hypertension, lipid disorder, OSA, or CVD)
- Persistent on oral semaglutide over the 3-month follow-up period (no gap in days' supply >30 days)

Exclusion Criteria

- Prior use of GLP-1–based therapy or other prescription medication for weight loss
- History of diabetes or an eating disorder
- Prior bariatric surgery

- Changes in weight and BMI from baseline to 3 months were evaluated using paired *t*-tests; change in the proportion of patients with obesity was evaluated using McNemar's test.
- Oral semaglutide dose distributions were assessed at initiation and over the 3-month follow-up (maximum dose achieved).
- Patient-reported adherence (over the past week), satisfaction (an optional item), and treatment improvements were assessed at 3 months (±15 days), as available.

Results

- The sample included 5,872 treatment-naïve patients who initiated oral semaglutide (**Table 1**). A majority (63.0%) had BMI <35.0 kg/m².

Table 1: Baseline characteristics

Characteristic	Sample (N = 5,872)
Age (years), mean (SD)	45.2 (12.5)
Age Group, %	
18–34 / 35–44	22.6 / 27.2
45–54 / 55–64	24.6 / 20.4
65+	5.3
Male, %	50.2
White, %	72.3
Weight (kg), mean (SD)	103.0 (20.5)
BMI (kg/m²), mean (SD)	34.8 (5.6)

- Mean weight and BMI significantly decreased from baseline to 3 months (**Figure 1**).
  - Mean body weight decreased by 6.2% at 3 months, with 60.8% achieving ≥5% weight loss and 16.6% achieving ≥10% weight loss.

Figure 1: Absolute mean changes in weight and BMI from baseline to 3 months

Figure 2: BMI class distribution at baseline and 3 months

[a]At baseline, patients with overweight were required to have BMI 27.0–29.9 kg/m² and ≥1 ORC, per study eligibility criteria

- A downward shift in BMI class distribution was observed from baseline to 3 months (**Figure 2**). The proportion with obesity (BMI ≥30.0 kg/m²) decreased from 90.0% to 63.6% (p<0.001).
- All but 1 patient initiated the 1.5-mg starting dose (**Figure 3**). Nearly all escalated to a higher dose during the 3-month follow-up, with the majority (62.5%) achieving a dose ≥9 mg.
- At 3 months, most patients (76.9%) were satisfied with their treatment (**Figure 4**) and most (85.9%) reported taking their medication every day over the past week (**Figure 5**).
- Most patients (88.0%) reported at least 1 treatment improvement*. Most common were clothing fitting better (69.8%) and eating healthier (52.2%).

Figure 3: Changes in oral semaglutide dose over 3 months

[a]Maximum dose achieved over the 3-month follow-up

Figure 4: Satisfaction

[a]3-month patient-reported data were available for 5,084 patients; 4,485 answered the optional satisfaction question

Figure 5: Adherence

[a]3-month patient-reported data were available for 5,084 patients

Key Results

After 3 months of oral semaglutide treatment:

Weight Outcomes	Weight change −6.2%	Weight loss ≥ 5% in 60.8% of patients	BMI change −2.1 kg/m²
Treatment Experiences	76.9% were satisfied with treatment	85.9% reported adherence in the past week	88.0% reported ≥1 treatment improvement

Limitations

- Data were collected during routine telehealth care, which may result in variable timing and completeness of assessments.
- Self-reported weight and patient-reported outcomes may be subject to reporting and social desirability bias.
- Requiring 3-month weight data and treatment persistence may introduce selection bias.
- The study sample may not be representative of the broader population of patients initiating oral semaglutide for weight management in the US.

Conclusions

- Treatment-naïve patients who were persistent on oral semaglutide for weight management achieved clinically meaningful weight loss of 6.2% at 3 months.
- Patients also reported positive treatment experiences at 3 months, including high satisfaction, adherence, and meaningful treatment improvements.

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*Treatment improvements were assessed using the question "How is your medication helping you?" with a predefined multiple-response checklist covering potential clinical and lifestyle improvements.

Abbreviations:
BMI, body mass index; CI, confidence interval; CVD, cardiovascular disease; GLP-1 RA, glucagon-like peptide-1 receptor agonist; ORC, obesity-related complication; OSA, obstructive sleep apnea; SD, standard deviation

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(2) Knop FK, et al. *Lancet*. 2023;402(10403):705-719.