



Employee demand for GLP-1s is outpacing employer willingness to cover them



With the steady increase in obesity rates, GLP-1 drugs seem like a convenient solution. But for employers looking to manage costs, a more holistic approach to weight management may be a better option.

With 2 in 5 adults and 1 in 5 children considered obese, the numbers speak for themselves: Obesity is prevalent in America. It's also expensive.¹ And obesity and related conditions cost the U.S. health care system nearly \$173B a year.¹

Combined with other chronic and metabolic conditions – like type 2 diabetes, heart disease and some types of cancer – that cost rises to \$4.5T.² In 2023, 28% of UnitedHealthcare members had a metabolic condition, and those members accounted for 56% of their employer's total health care spend – 4x more than those without a metabolic condition.³ This may help explain why 60% of surveyed employers said they are looking for **more support from the health care industry** in improving care management for costly conditions.⁴

Many have been wondering about the buzz surrounding glucagon-like peptide-1 (GLP-1) medications. UnitedHealthcare Employer & Individual Chief Data & Analytics Officer Craig Kurtzweil and Chief Medical Officer Dr. Rhonda Randall have a word of caution for employers: Don't rush to make decisions about covering these drugs. Instead, they suggest considering a **whole-person approach** that could be more effective and cost-efficient.

“GLP-1s shouldn't be looked at as a single-point solution. Individuals who take these drugs are more successful at achieving and maintaining their weight loss goals when they are part of a comprehensive lifestyle management program. We've also seen employers get more value out of covering them when this is the case.”

Dr. Rhonda Randall

Chief Medical Officer
UnitedHealthcare Employer & Individual

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Breaking down GLP-1 drugs and disease management

Since GLP-1 drugs are surging in popularity – with Ozempic, Rybelsus and Wegovy experiencing a combined sales increase of 89% between 2022 and 2023⁵ – it’s important to understand how they impact weight loss.

Originally developed to help manage type 2 diabetes, GLP-1 drugs stimulate the body to produce more insulin when blood sugar levels start to rise. The boost in insulin helps lower glucose levels, which helps control type 2 diabetes. Most GLP-1 drugs are administered by injection, although oral versions are becoming more widely available.⁶

Several of these drugs, such as Wegovy and Zepbound, were recently approved for use as a treatment for obesity, as well as heart attack or stroke prevention in those who have already experienced a cardiovascular event. Researchers are also looking at their potential use for treatment of certain types of heart failure, sleep apnea and even some cancers.⁷

As a result, carriers are thoughtfully evaluating the efficacy and use cases of these new drugs to determine how they should be covered, based on the latest clinical studies and medical evidence.

“UnitedHealthcare constantly monitors drugs that are under development as well as potential new uses for those already approved,” explains Susan Maddux, chief pharmacy officer for UnitedHealthcare Employer & Individual. “Even before approval, we typically start discussions to determine what our approach will look like and begin to build our strategy.”

Challenges for employers and employees

The average cost of GLP-1 drugs can exceed \$1,000 per patient per month. The combination of high drug costs and a large patient population may have profound implications for employers’ overall health care spend.⁸ As a result, employers may find it difficult to decide whether they should cover these drugs or exclude them. Those who choose to cover these drugs may have to explain their decision to employees if they later stop covering them for financial or other reasons.

“We’re starting to see a trend where nearly 60% of people stop taking GLP-1s after a few months,” Kurtzweil says. “Because of this and other challenges, employers aren’t seeing a significant return on their investment or improvements in their employees’ health.”

Part of the reason for this low adherence may be attributed to the fact that it can take several months for individuals to work up to the full, effective dose and that some may experience uncomfortable side effects, such as nausea, diarrhea, constipation, vomiting and other gastrointestinal issues.

“We have to be cautious with GLP-1s, as we’re still learning where they are most effective and what the long-term side effects are,” explains Dr. Randall. “I get concerned that people are losing more muscle mass than fat cells, which can lead to long-term complications – reinforcing the importance of pairing these drugs with lifestyle changes and other weight loss support strategies.”

Availability may be another challenge faced by employers wanting to incorporate GLP-1s into their weight-loss strategies. Demand is outpacing supply, and although the shortages are starting to subside for some drugs, shortages are predicted to continue for at least the rest of 2024, and possibly beyond.¹⁰

“It’s important for us to stay ahead of the curve and develop a strategy around availability and cost. That includes looking at all the angles of GLP-1 drugs, including their potential side effects and how effective they are when used for treatment or prevention of diabetes, obesity and other conditions.”

Susan Maddux

Chief Pharmacy Officer
UnitedHealthcare Employer & Individual

58%

of patients stop taking GLP-1s before seeing a clinically meaningful health benefit⁹



Taking a whole-person approach to weight loss

While pharmaceuticals are one option for treating **obesity**, lifestyle changes may contribute to long-term weight management, too.

Weight-loss programs that take a **whole-person approach** – including pharmaceutical, clinical and behavioral support – can be more effective at treating all aspects of a person’s health. That’s why UnitedHealthcare is developing Total Weight Support, a program that addresses multiple aspects of an employee’s weight management.

Total Weight Support is being built to help encourage members to approach weight loss holistically by integrating capabilities that:

- Teach sustainable lifestyle modification habits, such as maintaining a balanced diet and increasing physical activity
- Support drug adherence and side-effect management if GLP-1s or other weight-loss medication therapies are used
- Provide access to digital tools and social support throughout the member journey

While employers may be feeling pressure from employees to cover GLP-1s, it’s imperative for them to consider the costs and adherence challenges associated with these drugs. Instead, employers should work with their carrier to build a benefits strategy that includes a comprehensive weight loss approach and addresses the many factors that can contribute to obesity and other related conditions.



Learn more

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¹ About Obesity. Centers for Disease Control and Prevention (CDC), Jan. 23, 2024. Available: <https://www.cdc.gov/obesity/php/about/index.html>.

² About Chronic Diseases. Centers for Disease Control and Prevention (CDC), May 15, 2024. Available: <https://www.cdc.gov/chronic-disease/about/index.html>.

³ UnitedHealthcare Employer & Individual book-of-business data, Dec. 2023. Excludes Alaska, Hawaii, Puerto Rico and the U.S. Virgin Islands.

⁴ Research report: The future of health care: What matters to employers. UnitedHealthcare and the Advisory Board, Jan. 2024. Available: <https://www.uhc.com/content/dam/uhcdotcom/en/e-i-articles/pdfs/ei232546305-trimester-innovation-summary-advisory-board-report-lr.pdf>.

⁵ DeSilver, D. As obesity rates rise in the U.S. and worldwide, new weight-loss drugs surge in popularity. Pew Research Center, March 21, 2024. Available: <https://www.pewresearch.org/short-reads/2024/03/21/as-obesity-rates-rise-in-the-us-and-worldwide-new-weight-loss-drugs-surge-in-popularity/>.

⁶ Castro, R. GLP-1 agonists: Diabetes drugs and weight loss. Mayo Clinic, June 29, 2022. Available: <https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/expert-answers/byetta/faq-20057955>. Accessed: Aug. 20, 2024.

⁷ Noguchi, Y. Weight-loss drugs like Wegovy may help stave off some cancers. National Public Radio, Aug. 12, 2024. Available: <https://www.npr.org/sections/shots-health-news/2024/08/11/nx-sl-5003714/ozempic-wegovy-glp-1-obesity-cancer-prevention>.

⁸ Preparing your plan for the GLP-1 era. Optum, July 11, 2024. Available: <https://www.optum.com/en/business/insights/pharmacy-care-services/page.hub5.preparing-plan-for-glp-1-era.html>.

⁹ Emerson, J. Most weight loss drug users quit before seeing benefits. Becker’s Hospital review, May 21, 2024. Available: <https://www.beckershospitalreview.com/glp-1s/most-weight-loss-drug-users-quit-before-seeing-benefits-bcbs-association-finds.html>.

¹⁰ Mahase, E. GLP-1 shortages will not resolve this year, EMA warns, amid concern over off-label use. The BMJ, June 28, 2024. Available: <https://www.bmj.com/content/385/bmj.q1448>.

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