



# Well-being, Weight Loss and Diabetes: Are You Down with GLP-1

Presented by:

**Erin Seaverson, MPH**

Senior Director, Center for Research  
WebMD Health Services

**Andrew Scott, DHS, MS**

Director, Health, Equity & Wellbeing  
WTW

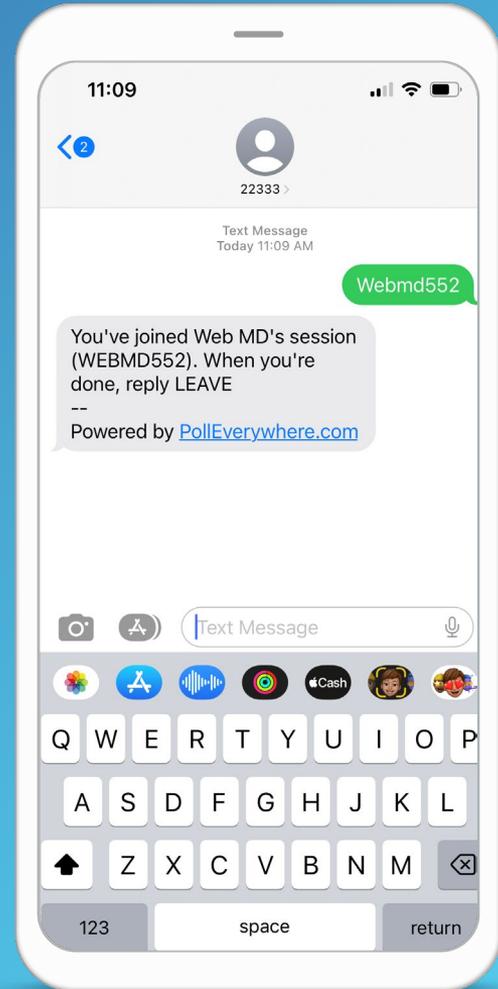


# Agenda

- What is Obesity?
- U.S. Obesity Trends?
- Combatting Obesity
- Strategies for Weight Loss and Management
- GLP-1s
- Employer Considerations
- Key Takeaways

# Audience Polling

Text  
Webmd552  
to 22333



What is one word that comes to mind when you think of how obesity is impacting your workforce?



# | What is Obesity?

*Definition, causes  
and contributors*



# Obesity is a serious chronic disease

Recognized as a disease in 2013 by the American Medical Association

 Chronic complex disease defined by abnormal or excessive fat accumulation that presents a risk to health.”

- World Health Organization

# Defining obesity

Body Mass Index is used as a standard screening tool to determine obesity status

Category	BMI Criteria
Underweight	< 18.5 kg/m <sup>2</sup>
Normal	18.5 to 24.9 kg/m <sup>2</sup>
Overweight	25.0 to 29.9 kg/m <sup>2</sup>
Obesity Class I	30.0 to 34.9 kg/m <sup>2</sup>
Obesity Class II	35.0 to 39.9 kg/m <sup>2</sup>
Obesity Class III	40.0 kg/m <sup>2</sup> or greater

<https://www.who.int/health-topics/obesity>

# What causes / contributes to obesity?

Multifactorial disease caused by a myriad of factors --  
- not personal choice

- Genetics
- Socioeconomic factors
- Environment
- Psychological factors
- Physiological factors
- Hormones
- Infection
- Nutrition
- Activity
- Sleep



Chronic, relapsing, multifactorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences.”

- Obesity Medicine Association

# | U.S. Obesity Trends

*Rising prevalence  
and cost*



# Obesity is still a health concern in the U.S.

42%

of adults in the United States are obese.

1 in 2

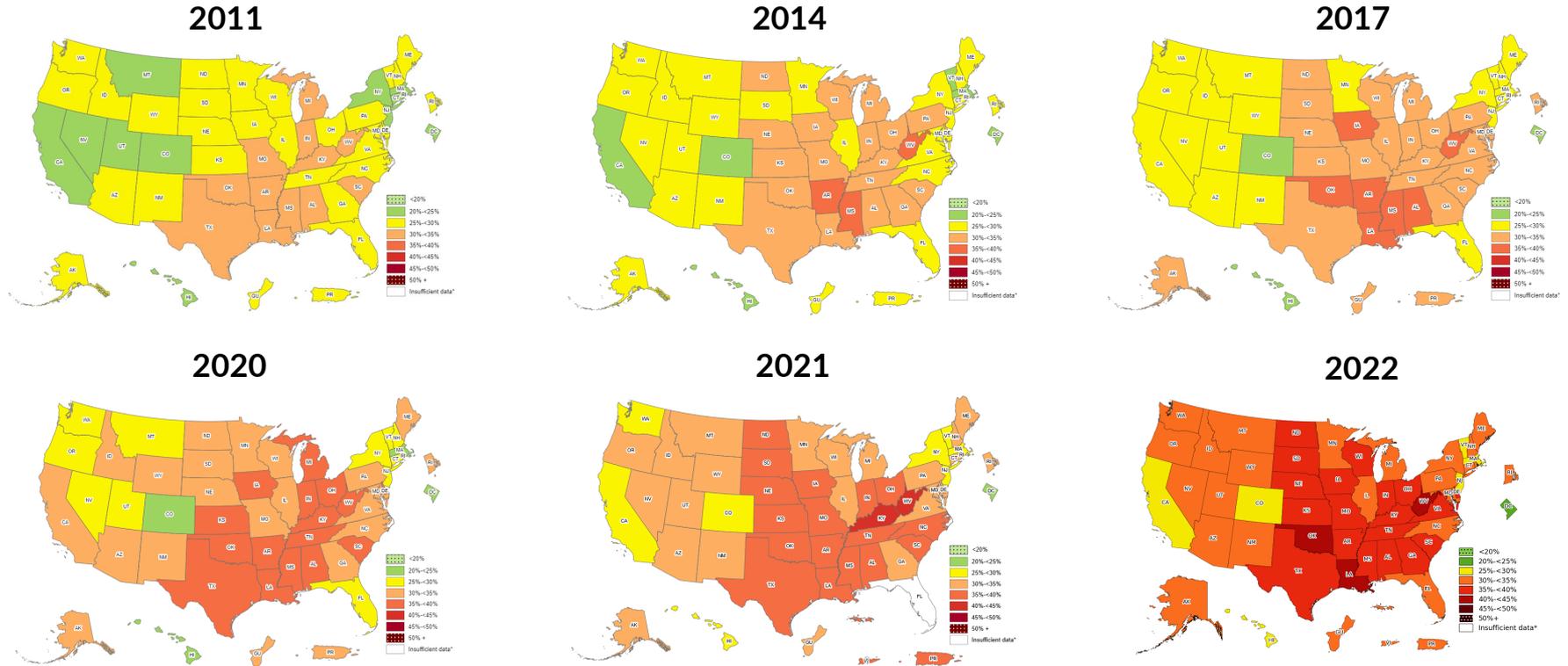
U.S. adults projected to be obese by 2030.

500K

Excess deaths per year.  
Loss in life expectancy of nearly 2.4 years.

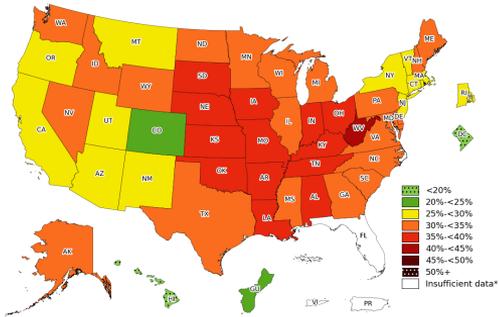
Sources: NHANES 2021; Ward ZJ et al 2021; Ward ZJ et al 2022.

# Obesity prevalence in the U.S., 2011-2022

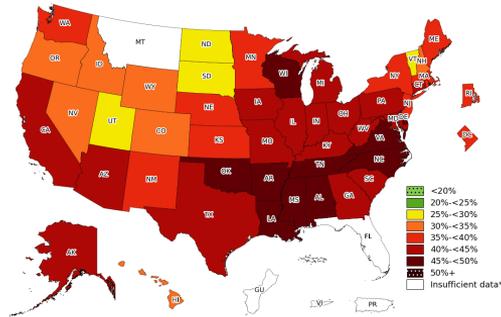


# Obesity rates vary by race/ethnicity, 2022

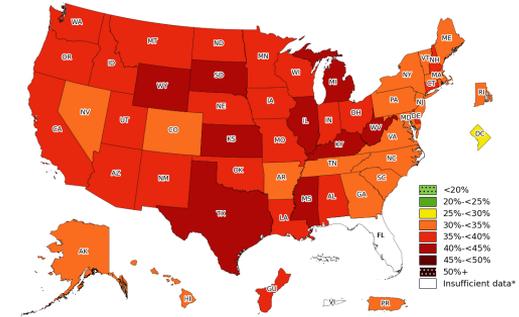
## Non-Hispanic White



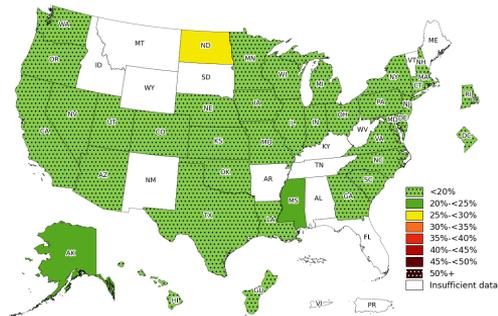
## Non-Hispanic Black



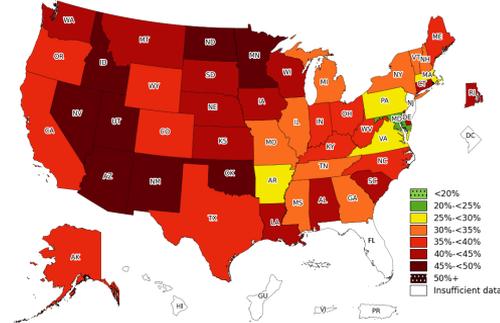
## Hispanic



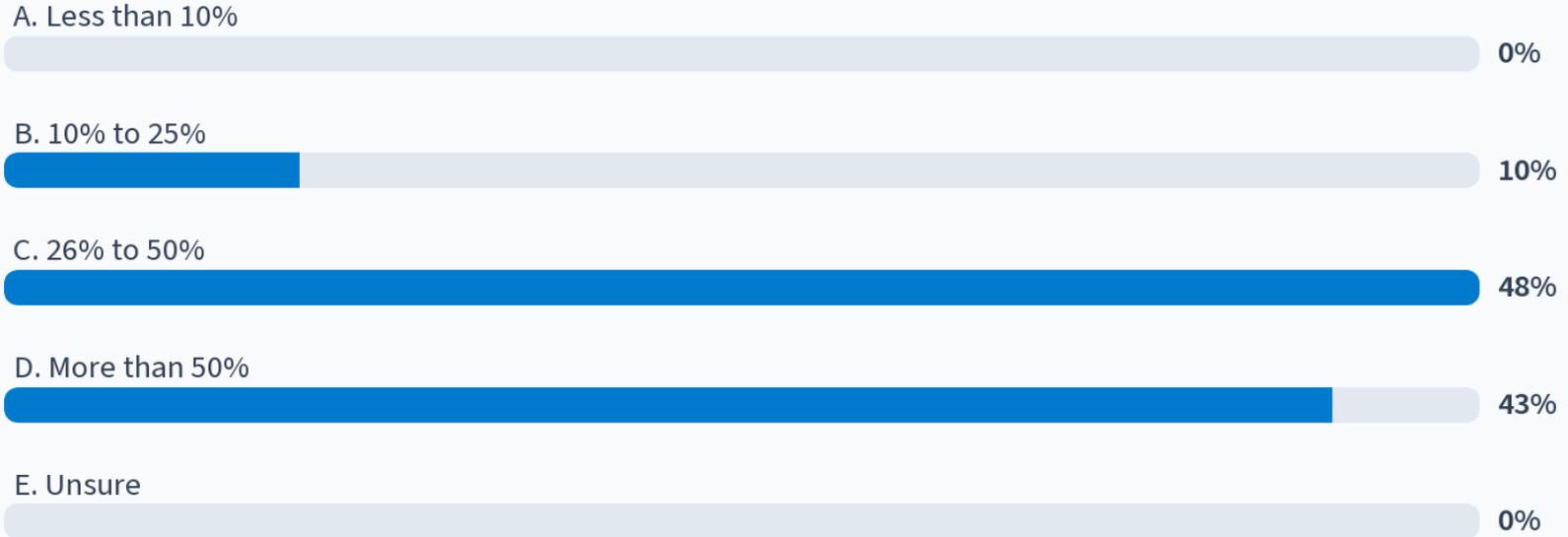
## Non-Hispanic Asian



## American Indian/Alaska Native



## What percentage of your workforce is affected by obesity-related health issues?



# Beyond obesity

## 230+ related chronic conditions

Type 2 Diabetes

Cardiovascular disease

Hypertension

Cancer (13 types)

Musculoskeletal conditions

Depression

Sleep apnea

Infertility

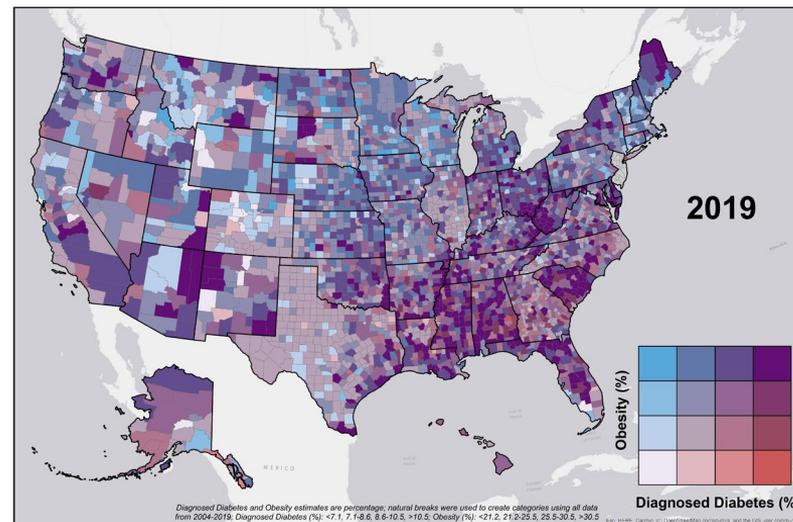
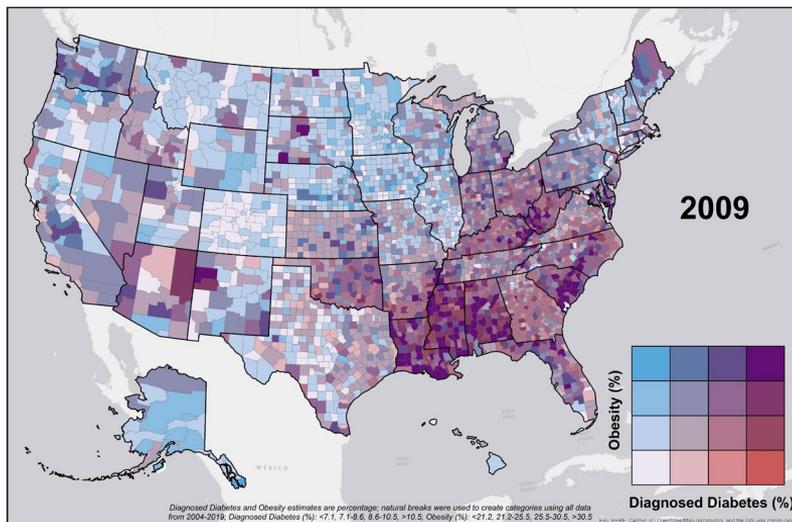
Individuals with obesity have:

**7-12x** higher risk of developing type 2 diabetes.

**81%** higher risk of developing coronary artery disease.

**55%** higher risk of depression.

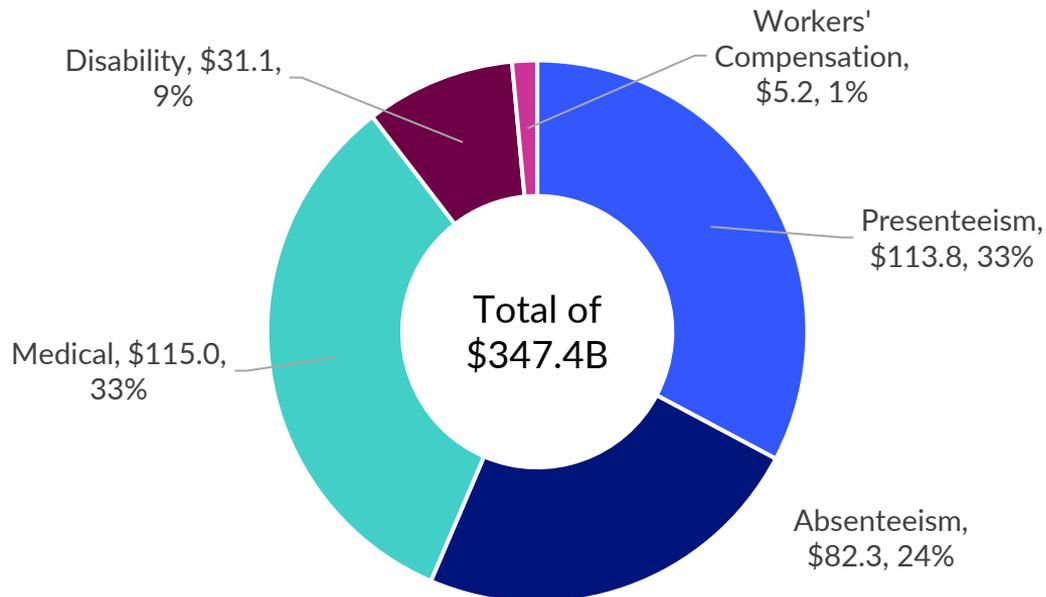
# Overlap of obesity and diabetes



Data sources: US Diabetes Surveillance System; Behavioral Risk Factor Surveillance System

# Why focus on obesity & weight management?

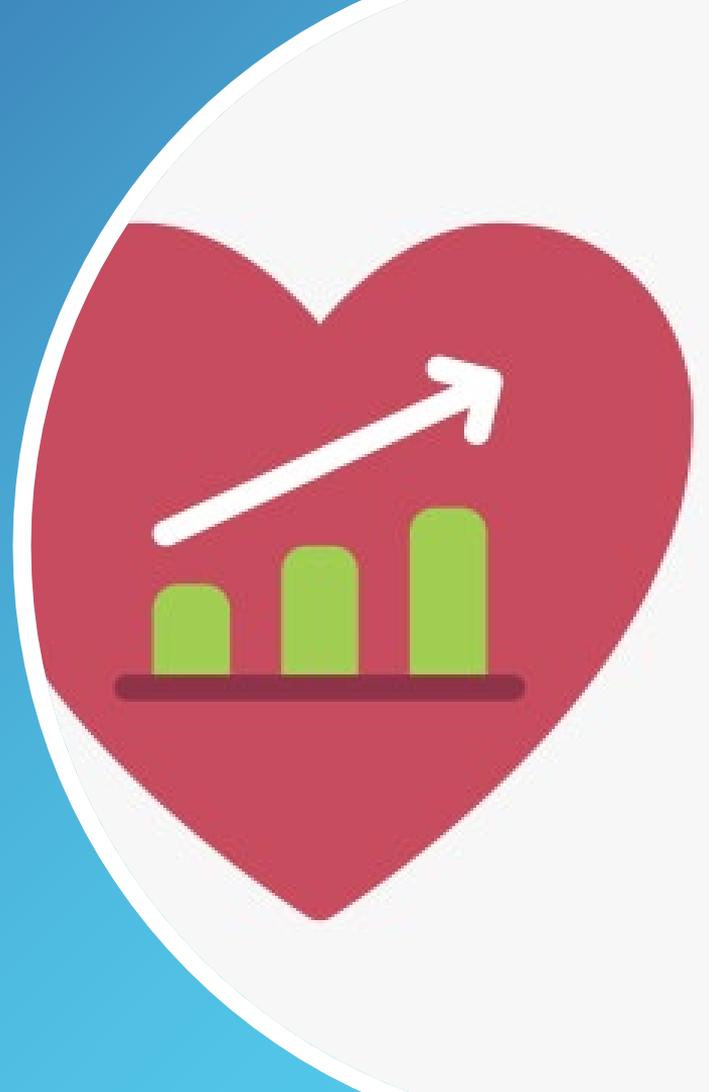
## Cost Implications of Obesity (2023, in billions)



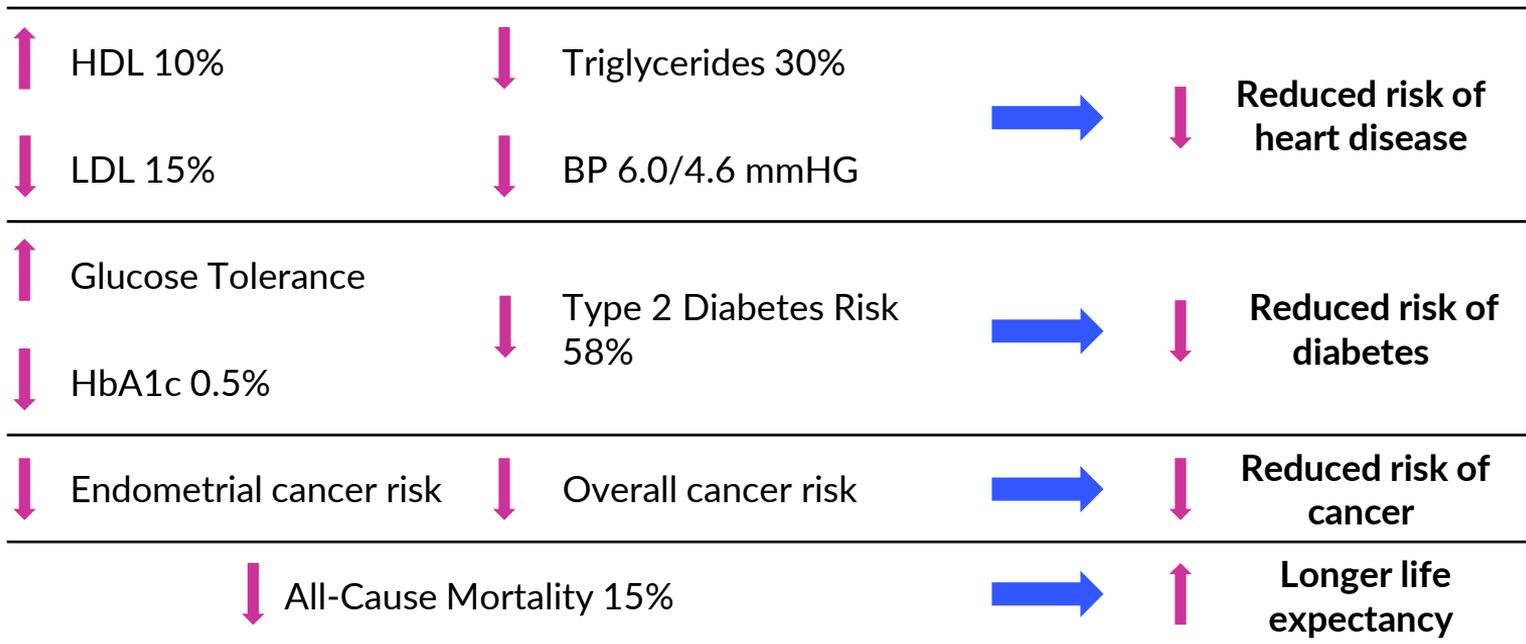
[https://www.globaldata.com/health-economics/US/Employers/Overweight-Obesity-Impact-on-Employers.pdf?utm\\_source=cision&utm\\_medium=press-release&utm\\_campaign=gd\\_pr\\_us\\_obesity\\_overweight\\_21-02-](https://www.globaldata.com/health-economics/US/Employers/Overweight-Obesity-Impact-on-Employers.pdf?utm_source=cision&utm_medium=press-release&utm_campaign=gd_pr_us_obesity_overweight_21-02-)

# | Combatting Obesity

*Reducing the impact  
through weight loss*

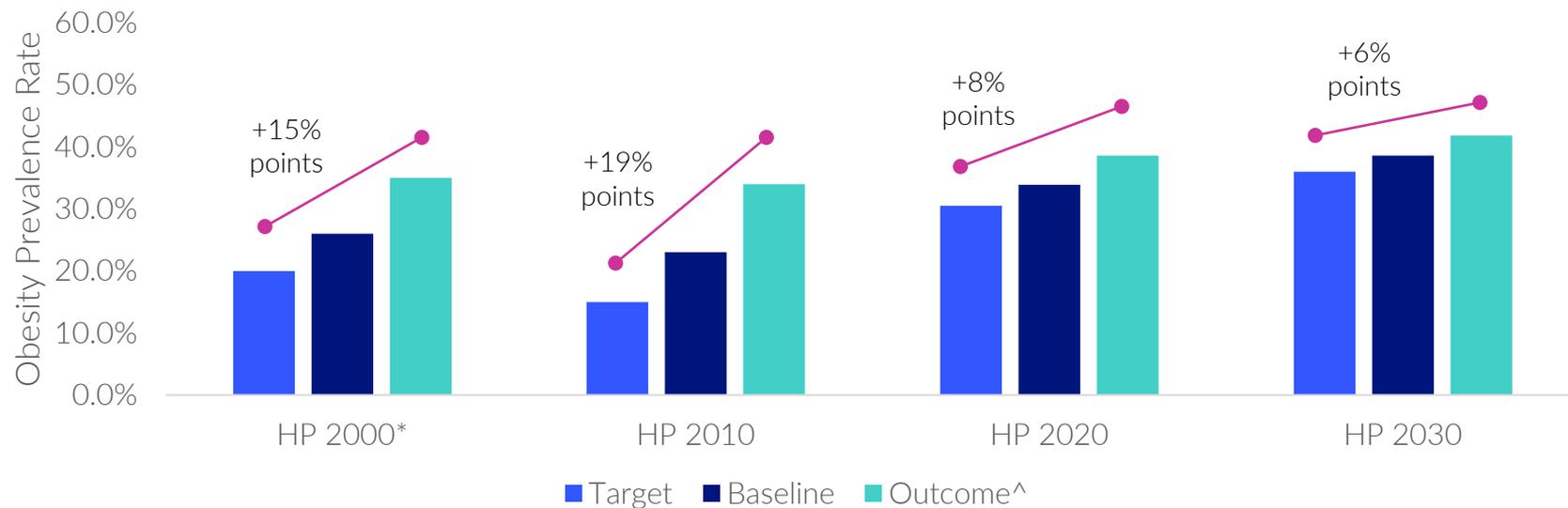


# Health benefits of a 5-10% weight loss



O'Shea D, Kahan S, Lennon L, Breen C. Practical Approaches to Treating Obesity: Patient and Healthcare Professional Perspectives. *Adv Ther.* 2021 Jul;38(7):4138-4150. doi: 10.1007/s12325-021-01748-0. Epub 2021 Apr 30. Erratum in: *Adv Ther.* 2021 Jun 3; PMID: 33929659; PMCID: PMC8085475.

# Health People targets in the U.S.



Compiled based on Healthy People reports; \*Healthy People 2020 BMI definition = 27.8 kg/m<sup>2</sup> for males and 27.3 kg/m<sup>2</sup> for females.

# Challenges in treating obesity

## Context matters.

- Social determinants of health
- Commercial determinants of health
- Stigma
- Environmental factors
- Access to appropriate health care
- Weight loss industry



It's become more and more obvious over the years that obesity is a medical issue, not a lifestyle choice”

### **Dr. David Rind**

*Chief Medical Officer, Institute for Clinical and Economic Review*

## Do you believe workplace initiatives effectively address obesity, diabetes prevention, and related treatment options?

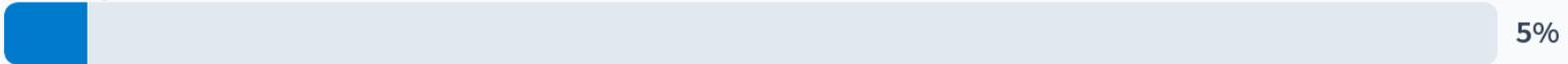
A - Yes



B - No



C - Jury's still out



D - I don't know



# Strategies for Weight Loss & Management

*Exploring the weight management landscape*



# Weight management solutions for employers



- **73% of employers** have identified obesity and weight management as one of the top five conditions of focus
- **76% of employers** have or are planning to address metabolic syndrome, which is directly related to obesity
- **60% of employers** contract through a third-party solution for obesity / weight management

Source: WTW 2023 Best Practices in Healthcare Survey.

Weight loss varies greatly depending on weight loss strategy

Up to 10% weight loss

10% – 15%  
weight loss

15% – 20%+  
weight loss



Exercise and fitness



Financial incentive or  
gamification



Food as medicine



Bariatric surgeries



Lifestyle/Wellbeing  
navigators



Food/Nutrition-focused



Behavioral-focused



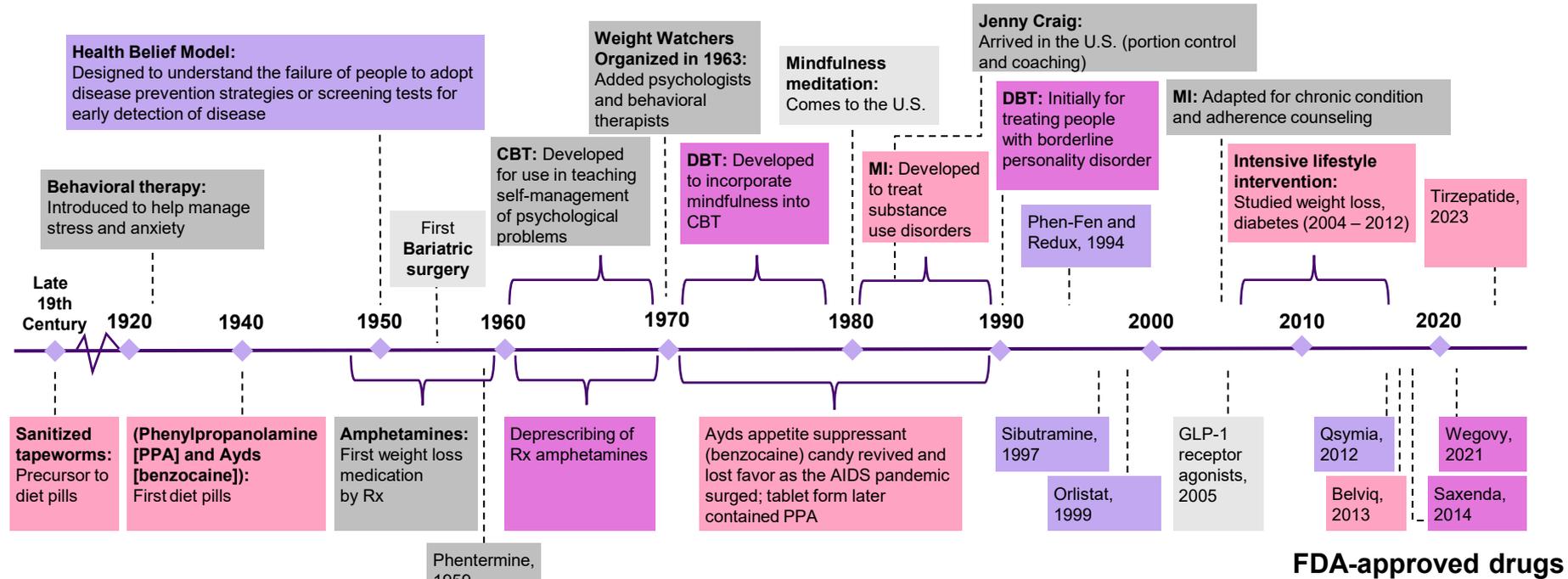
Diabetes management  
and/or reversal reduction



AOM drug prescribing

# Evolution of weight loss therapies

From tapeworms to costly chronic evidence-based medicine and methods



# Glucagon-Like Peptide-1 (GLP-1s)

*Understanding the  
role and function in  
weight  
management*



What comes to mind when you think of GLP-1 medications?



# How Ozempic, other weight-loss drugs are "changing medicine"

## The Weight-Loss-Drug Revolution Is a Miracle—And a Menace

How the new obesity pills could upend American society

### There's No Easy Way to Stop Taking Ozempic

Those who go off weight-loss drugs risk regaining weight, but staying on them forever isn't always a realistic option

### Ozempic Settles the Obesity Debate: It's Biology Over Willpower

Weight-loss drugs affect the brain in ways that help researchers understand how the body regulates weight

### GLP-1 Drugs Are Coming, and They Could Change Everything

The impact of drugs like Ozempic and Wegovy will have effects far beyond their manufacturers.

### Obesity meets its match

Blockbuster weight loss drugs show promise for a wider range of health benefits



So many people (and half of Hollywood) are suddenly thinner, having swapped their old diets for a dose of the diabetes drug Ozempic. BY MATTHEW SCHNEIER



# GLP-1 medications are effective at treating diabetes and may lead to substantial weight loss



## How do they work?

Slow food down in the stomach and decrease food cravings in the brain.



## How much do they cost?

GLP-1 drugs are expensive, retailing for as much as \$15,000 per year.



## What happens when you stop?

Patients who stop GLP-1 drugs generally regain the weight that they have lost.



## Are they safe?

Generally safe and are well-tolerated after the first few weeks but are not without risks and side effects.

GLP-1 Obesity Drug	Instructions (dose frequency, route)	Diabetes Version	Approx Weight Loss
<b>Saxenda</b> (liraglutide)	Daily, injection	Victoza	<u>5%</u>
<b>Wegovy</b> (semaglutide)	Weekly, injection	Ozempic	<u>15%</u>
<b>Zepbound</b> (tirzepatide)	Weekly, injection	Mounjaro	<u>16%</u>



- Saxenda, Wegovy, and Zepbound are currently approved for weight loss.
- Ozempic and Mounjaro (diabetes drugs) are very effective for weight loss; often prescribed “off-label” for weight loss by many clinicians.

# Employer Considerations

*Navigating weight  
loss medication  
strategies*

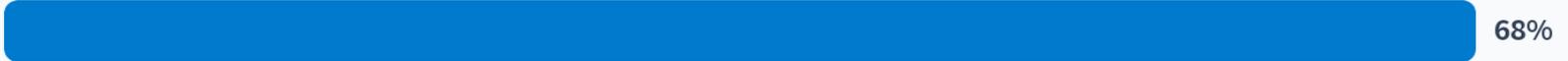


## Do you have a strategy to manage rising interest and costs of GLP-1 therapy in your employee benefits program?

A - Yes



B - No



C - Sort of...



D - Not sure



# GLP-1s are top of mind for all organizations

Cost and talent implications are profound

“ Mentions of weight loss drugs like Ozempic, Wegovy and Mounjaro are soaring with Bloomberg data showing references to “GLP-1” in earning call transcripts this quarter having more than doubled. ”

Bloomberg

“ The market for GLP-1 drugs could reach \$150 billion by 2031 ”

The Economist

“ 44% of people with obesity would change jobs to gain coverage for treatment. And more than half of workers would stay at a job they didn't like to retain that coverage. ”

Fierce Healthcare

Source:

<https://www.bloomberg.com/news/articles/2023-08-17/glp-1-weight-loss-drugs-ozempic-wegovy-mentioned-on-recent-earnings-calls>

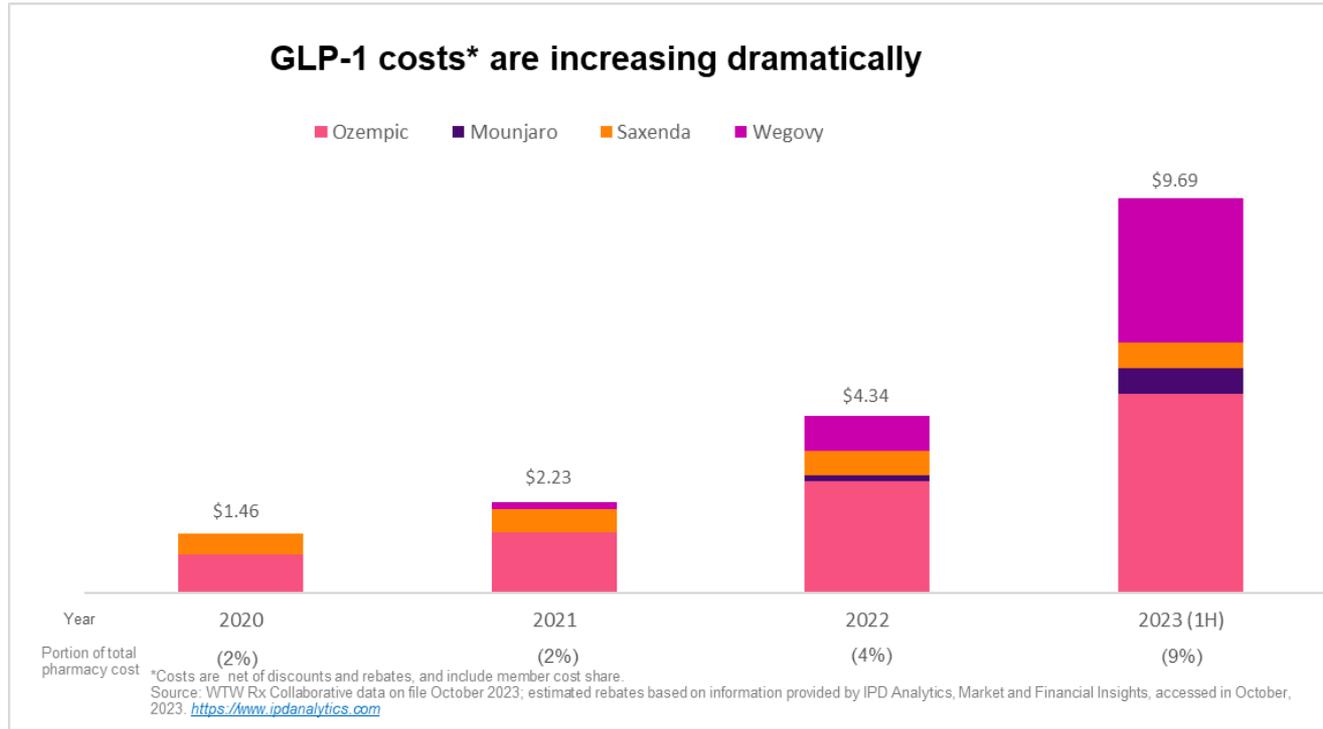
<https://www.economist.com/leaders/2023/03/02/new-drugs-could-spell-an-end-to-the-worlds-obesity-epidemic>

<https://www.fiercehealthcare.com/digital-health/employers-grapple-soaring-demand-obesity-care-benefits>



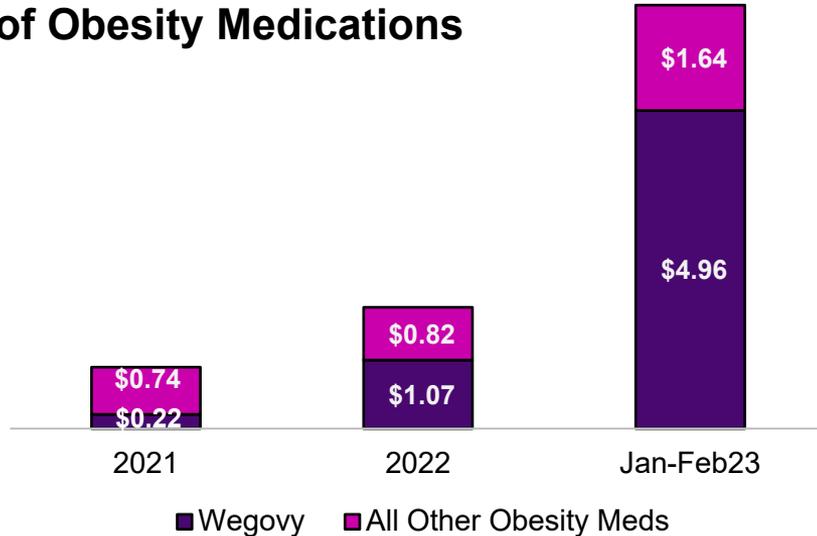
# GLP-1 usage and costs are increasing

Four GLP-1 drugs (Mounjaro, Ozempic, Saxenda and Wegovy) account for 9% of overall Rx costs



# Potential impact of weight loss drugs on employer health plan costs

## Net PMPM Costs of Obesity Medications



### Warning signs

- GLP-1 drugs often among the most expensive total costs for clients, even though they are used by relatively few members
- These drugs have been in short supply, but supply will ramp up in coming months

Competition could lead to lower unit prices. However, for some drug classes, approval of new drugs has raised prices of older and less effective medications.

Source: RxC data on file.  
Net cost is net of rebates and includes member cost share.

# GLP-1 drugs can prevent illness and deaths, but are unlikely to lead to lower medical costs



*Estimates lifetime cost of semaglutide would be \$274K, with lifetime medical cost savings of \$62K.<sup>1</sup>*



The NEW ENGLAND  
JOURNAL of MEDICINE

*100 people had to be treated for three years to prevent one major cardiovascular event.<sup>2</sup>*

STAT+

*Every dollar spent on prescriptions over five years would save only two cents.<sup>3</sup>*



Source:

1. [https://icer.org/wp-content/uploads/2022/03/ICER\\_Obesity\\_Evidence\\_Report\\_083122.pdf](https://icer.org/wp-content/uploads/2022/03/ICER_Obesity_Evidence_Report_083122.pdf)

2. <https://www.nejm.org/doi/full/10.1056/NEJMoa2307563>

3. <https://www.statnews.com/2023/10/17/ozempic-mounjaro-cost-novo-nordisk-eli-lilly/>

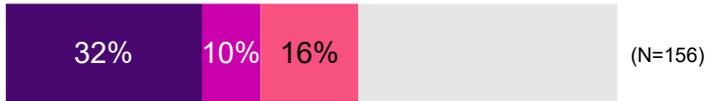
# Coverage for anti-obesity medications

Majority of employers who provide coverage currently have or plan to adopt coverage restrictions



Does your organization currently or plan to apply any of the following to your anti-obesity medication coverage?\*

Adopt formulary restrictions to limit the number of anti-obesity drugs covered by the plan



Restrict access until attempt medically supervised diets or a trial of less-expensive anti-obesity drugs



Action taken/Tactic used in 2023   Planning for 2024   Considering for 2025

What is the minimum level of BMI that your organization will approve access to anti-obesity medications?\*

No BMI restriction



Between 27 and 34.9



Between 35 and 39.9



40+



Other



(N=148)

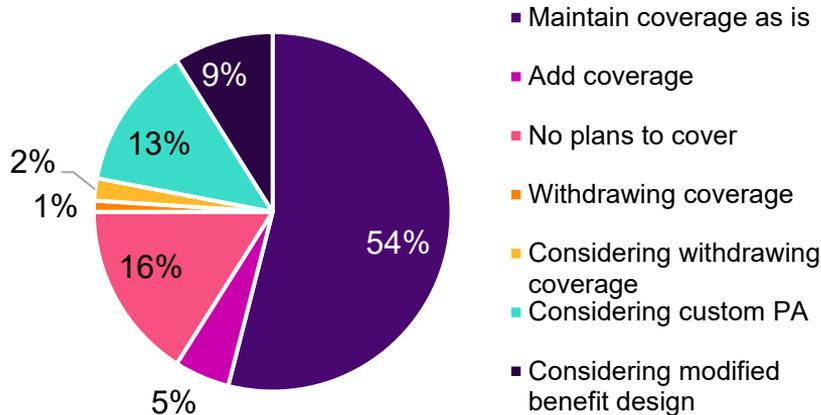
Note: \*Based on respondents who have provided coverage for anti-obesity medications  
Source: WTW 2023 Best Practices in Healthcare Survey

# What are others doing?



**56%** of public sector employers have (or planning to offer) coverage for anti-obesity medications

% of WTW Employers Surveyed  
(N=175)



## What are some alternatives employers are considering?

1. Exclude AOMs and/or offering behavioral modification programs
2. Custom Prior Authorization – e.g., higher BMI threshold and/or require use of behavioral modification program
3. Modifications to benefit design – e.g., increase cost share and/or lifetime limit

Source: WTW Pharmacy Survey (internal) August 2023, WTW 2023 Best Practices in Healthcare Survey

# Range of employer options to address GLP-1 medications

Do not cover weight loss drugs	Restrict GLP-1 coverage	Cover only when prescribed by limited network	Cover with standard UM criteria
<ul style="list-style-type: none"><li>• Only cover GLP-1s for diabetes diagnoses</li><li>• Some patients without diabetes will receive “off-label” prescriptions for diabetes GLP-1 medications</li><li>• Utilization management criteria such as prior authorization or step edits can limit off-label use</li></ul>	<ul style="list-style-type: none"><li>• Examples include:<ul style="list-style-type: none"><li>– Higher BMI thresholds</li><li>– Coverage or treatment/cycle limits (i.e. dollar limit, lifetime maximum)</li><li>– Step therapy with behavioral modification programs before drug or concurrently with drug use</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Telemedicine vendors are offering dedicated networks which promise to be prudent in GLP-1 use</li><li>• This would make community physicians ineligible to prescribe these drugs for obesity</li></ul>	<ul style="list-style-type: none"><li>• The prior authorization process still largely uses physician attestation and does not include documentation of clinical information (i.e., from a patient chart)</li></ul>

## Potential Considerations

<ul style="list-style-type: none"><li>• Lower Rx costs</li><li>• Increased likelihood of member complaints</li><li>• Potential recruitment and retention challenges</li></ul>	<ul style="list-style-type: none"><li>• Optimize Rx spending</li><li>• Possibly impact rebates if coverage criteria doesn't mirror FDA approval.</li></ul>	<ul style="list-style-type: none"><li>• Streamlined quality control with possible cost-savings</li><li>• Potential care coordination challenges</li></ul>	<ul style="list-style-type: none"><li>• Increased Rx costs</li><li>• Reduced member friction</li><li>• Potential for enhanced recruitment and retention</li><li>• Possible adverse selection in employees</li></ul>
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## To what extent do you believe that clinical treatments, such as GLP-1s, could impact the health and productivity of your employees?

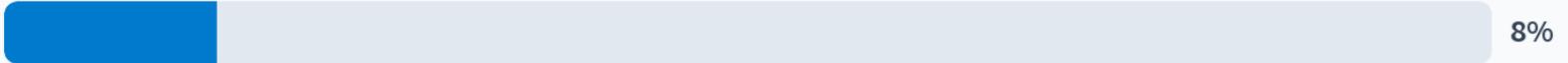
A - Significantly improve health and productivity



B - Somewhat improve health and productivity



C - Minimal, if any, impact on health productivity



D - Not sure



# | Key Takeaways

*Putting it all  
together*



# Obesity: the growing, global public health crisis

## Addressing Challenges

- Stigma; Not a matter of willpower
- Siloed, piece-meal or 1-size-fits-all interventions
- Rx-centric solutions that ignore lifestyle/behavior modifications

## Applying Best Practices

- Weight management strategy aligns to well-being strategy
- Targeted approach to meet individual needs
- Evidence-based clinical solutions
- Holistic approach to maximize sustained results



**How can you adapt your approach to better support employees in their journey towards healthier lifestyles and effectively manage their weight?**

thank  
you

CONTACT

**Erin Seaverson, MPH**

[eseaverson@webmd.net](mailto:eseaverson@webmd.net)

**Andrew Scott, DHS, MS**

[andrew.scott1@wtwco.com](mailto:andrew.scott1@wtwco.com)