



# GLP-1 Check-up

## What doctors really think about new weight loss drugs

Insights for health plan and benefits leaders

July 2024



## Introduction

Much of the discourse on GLP-1s has been about the steep increase in consumer demand and the health plan and benefits leaders who are seeing staggering Rx costs.

But what about the physicians who write these prescriptions? How do they view the role of these medications in solving the crisis of obesity? What concerns do they have?

This survey explores what's really happening within the four walls of the doctor's office between the patients asking for GLP-1s and the physicians trying to support them.

“GLP-1s represent a powerful step forward in the fight against obesity. The tide is finally shifting toward understanding obesity as a disease that can be treated with medication, instead of a failure of willpower.

**But despite the important role that GLP-1s play, they can't be the only option we have to offer patients.”**

**Dr. Adam Wolfberg**

Chief Medical Officer, Virta Health



## Key Findings

### 1 Exponential growth

Nearly 9 in 10 physicians expect GLP-1 prescriptions to at least double this year with the majority anticipating a 3.5x or more increase.

### 2 Lifestyle first

94% of physicians feel strongly that proven, sustainable lifestyle programs must be a first line therapy for obesity before medications are introduced.

### 3 GLP-1s are not sustainable

The majority of physicians believe GLP-1s are only sustainable for 2–3 years given side effects, results and costs, showing a need for a better, more comprehensive solution.

### 4 Patients have unrealistic expectations

83% of physicians report a significant gap in patient education, saying patients have unrealistic expectations of GLP-1s for weight loss, including outcomes, durability and side effects.

### 5 GLP-1s used too frequently

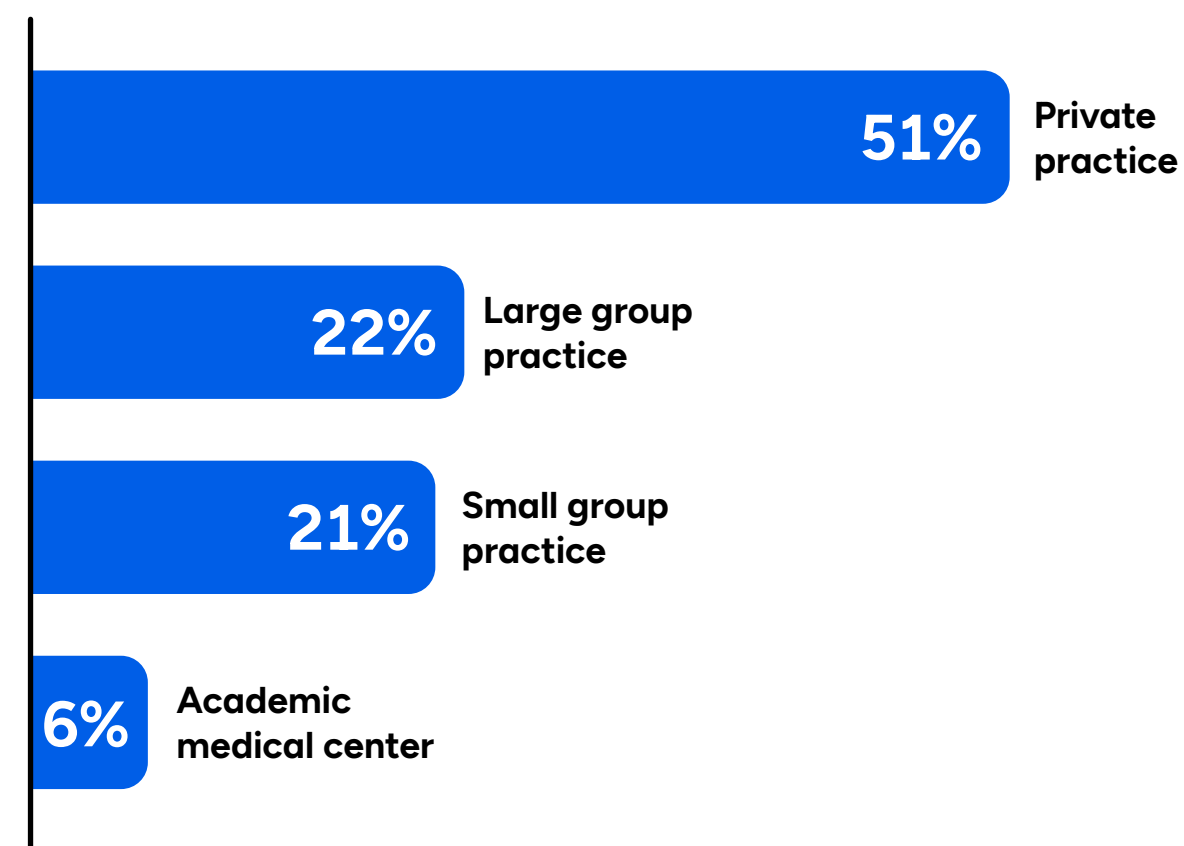
75% believe GLP-1s are used more than they should be for obesity.

# Insights from 300 physicians

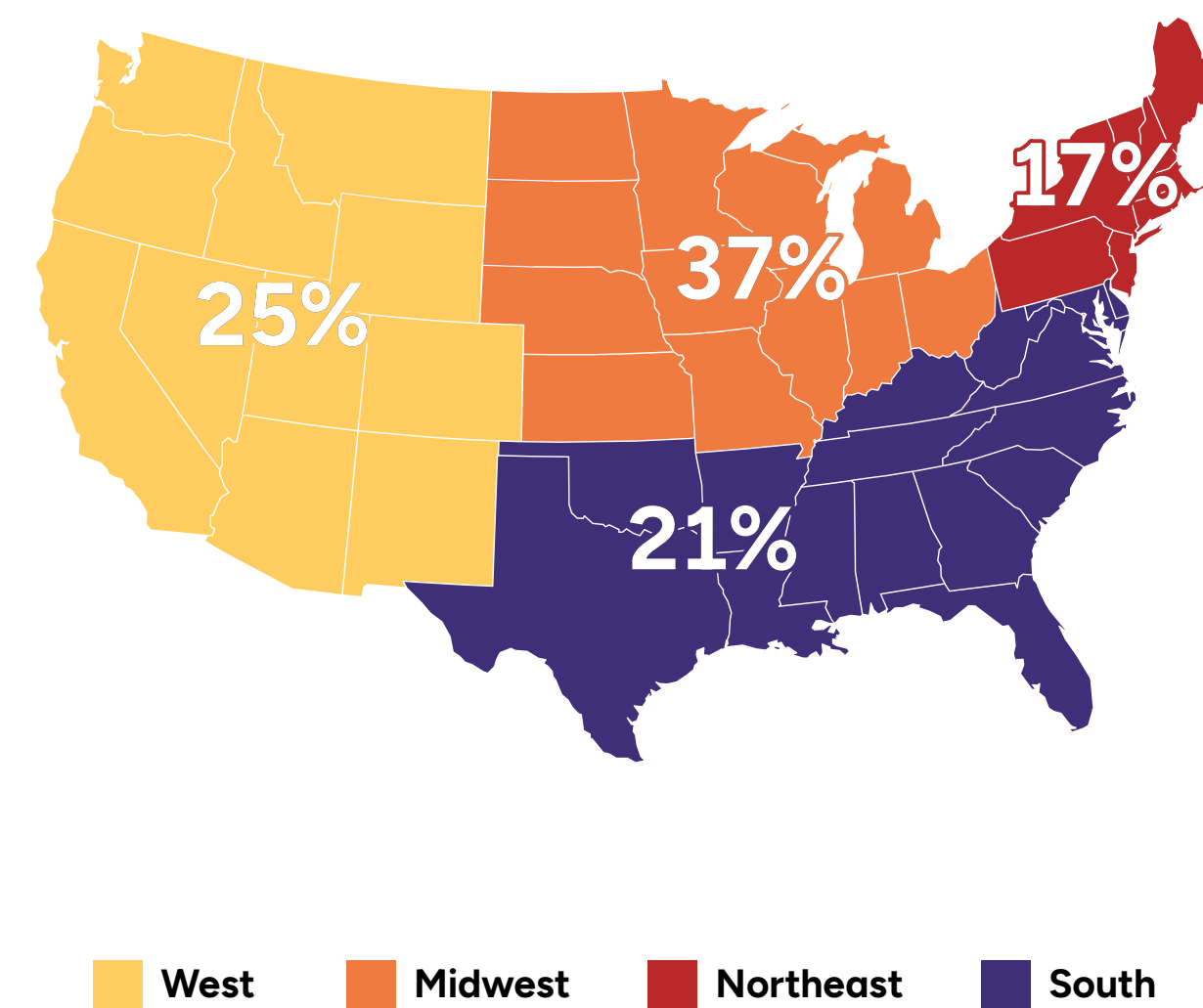
## Types of Physicians Represented

51%	Primary Care Physicians
37%	Endocrinologists
12%	American Board of Obesity Medicine certified diplomates (physician certified in obesity)

## Types of Practices Represented



## Regions Represented



## Table of Contents

- 01 Physician Experience**
- 02 Patient Perceptions**
- 03 GLP-1s for Obesity**
- 04 Lifestyle Alternatives**
- 05 Final Takeaways**

## Majority of physicians predict 3.5x or more increase in GLP-1 prescriptions in 2024

**Nearly 9 in 10 physicians expect GLP-1 prescriptions to at least double this year with the majority anticipating a 3.5x or more increase.**

Due to endless media coverage and pervasive pharmaceutical marketing, doctors have found themselves inundated with requests from patients seeking weight loss drugs, regardless of appropriate clinical indications.

**“I understand why my patients are asking for a prescription.** They’ve tried everything to lose weight and many have lived with the stigma of obesity for a long time. My patients come to me searching for an answer, and they believe they’ve found one. But that doesn’t necessarily mean these medications are the right treatment.”

**Dr. Jeff Stanley**

Commercial Medical Director,  
Virta Health



## Projected GLP-1 Prescription Increase for Obesity and Weight Loss in 2024 (n=300)

**12%**

increase by **1x or less**

**31%**

increase by **2x**

**57%**

increase by **3.5x or more**



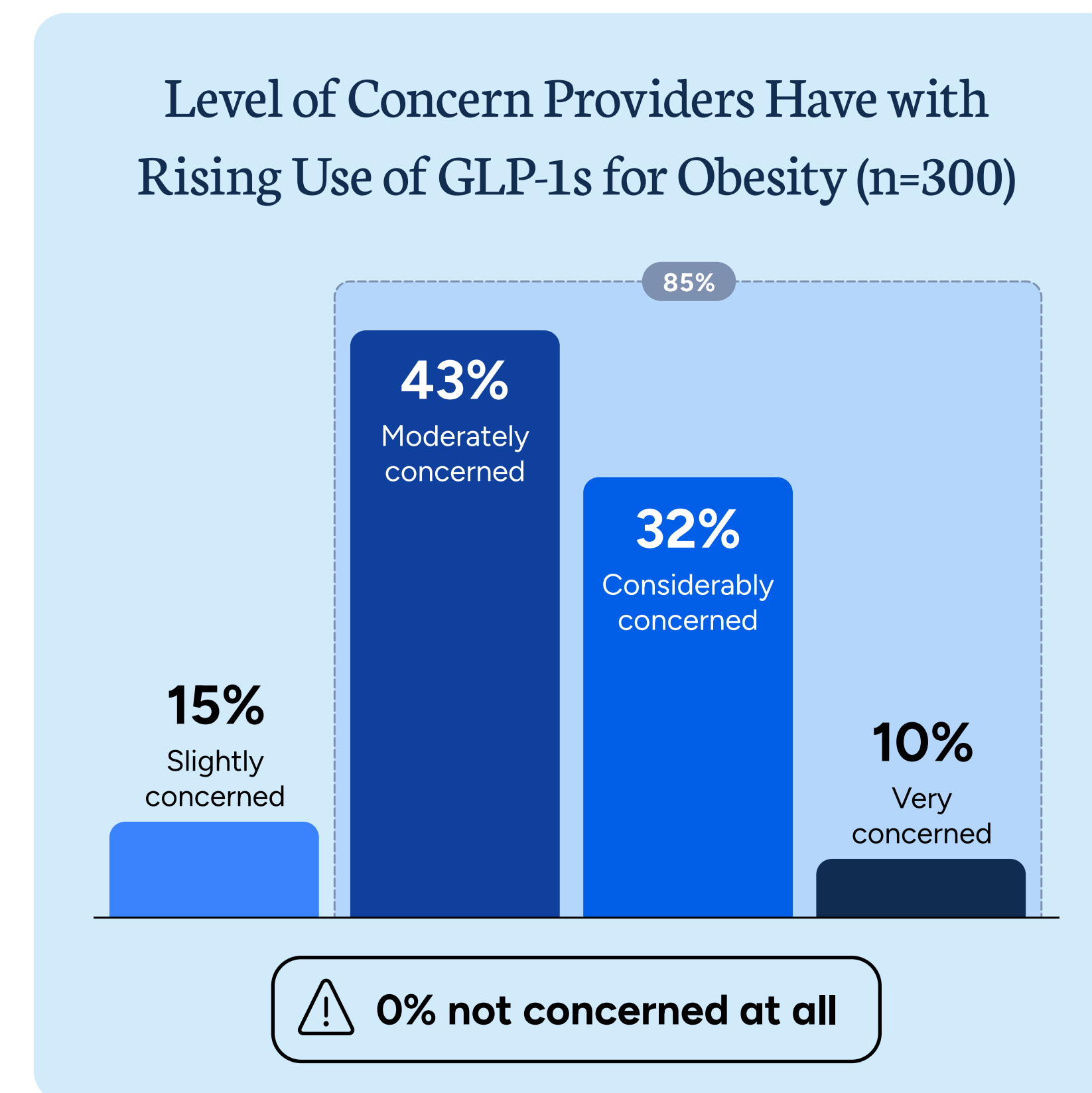
**0% of physicians expect that there will be no increase in GLP-1 prescriptions in 2024**

## 85% of doctors concerned about consumer demand, despite facing blame for driving utilization

As GLP-1s have risen in popularity, physicians have been the subject of blame and criticized for being too quick to prescribe these weight loss medications. However, **physicians share the same concerns as payers and employers when it comes to GLP-1s.**

**The vast majority of doctors (85%) say they are concerned about rising utilization.** Two-thirds (68%) report being considerably concerned about rising costs, including how costs will negatively impact the lives of their patients. An overwhelming 94% believe GLP-1s will increase the cost of healthcare overall.

These trends demonstrate a hesitancy among physicians to view GLP-1s as a singular solution, or a “silver bullet”, for the obesity crisis.



## Doctors perceive pharmaceutical marketing as “predatory”

When asked about their concerns with GLP-1s for obesity and weight loss, **doctors overwhelmingly rated predatory or aggressive pharmaceutical marketing practices as their biggest concern.**

Large marketing campaigns, increased media coverage of GLP-1s and sensationalized stories in the news and on social media have sent people rushing to their doctor—or worse, internet pharmacies and wellness spas—with misinformation and unrealistic expectations.

An explosion in consumer demand creates downstream impacts too, especially for those who really need and can benefit from a GLP-1.

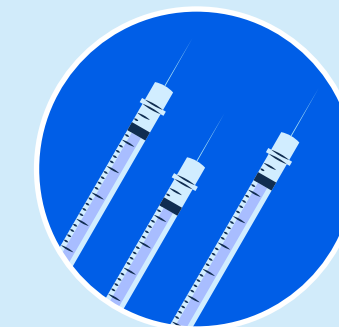
**Supply chain issues, misprescription, or overprescription were also high on the list of concerns for physicians.**

### Provider’s Top 3 Concerns with Using GLP-1s for Obesity and Weight Loss

1 Predatory or aggressive pharmaceutical marketing practices



2 Supply chain issues for patients with diabetes due to increased demand for weight loss



3 GLP-1s being misprescribed or over prescribed



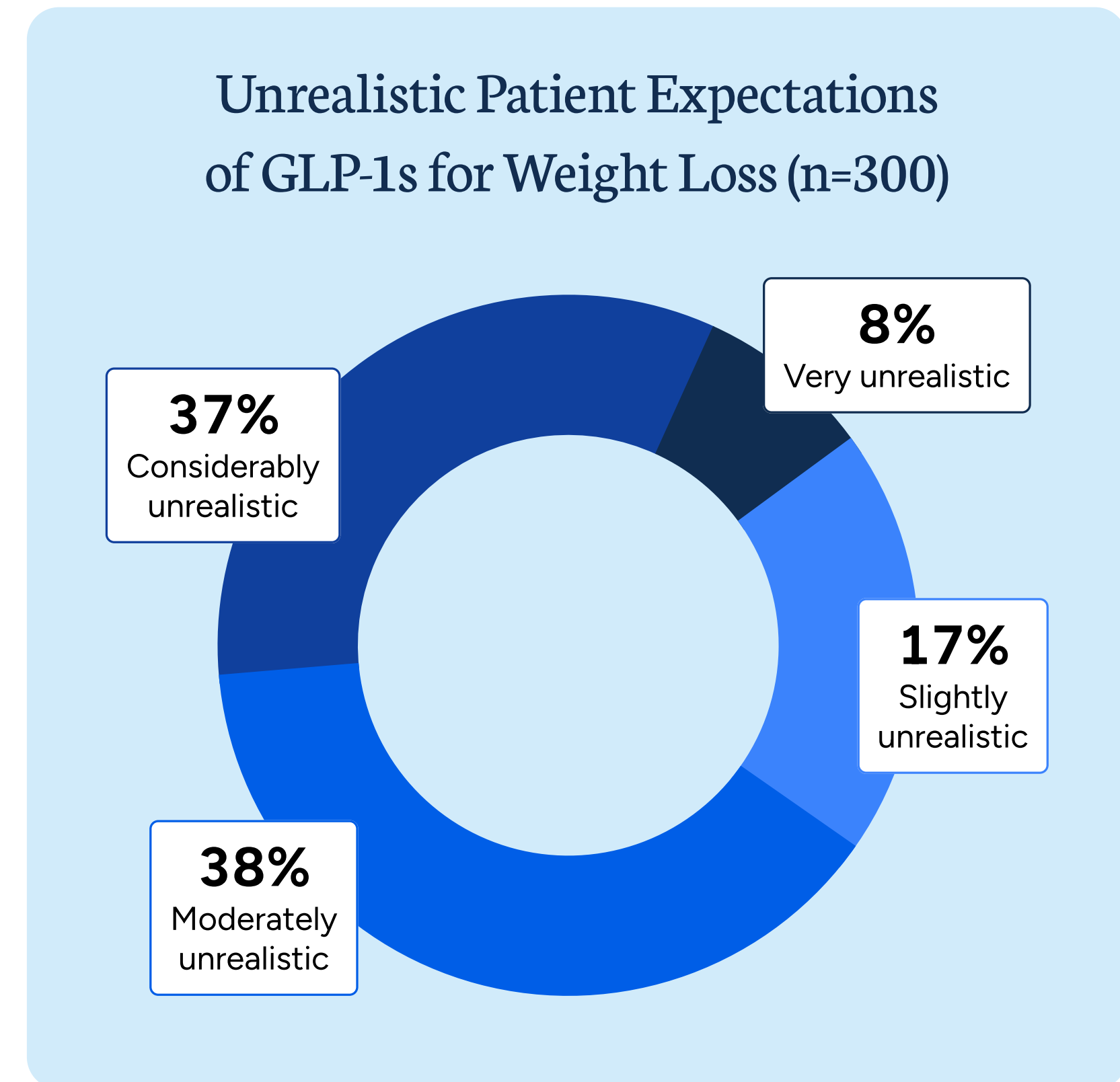
## 83% say patients have unrealistic expectations about GLP-1s for weight loss

Television ads and celebrity success stories have led patients to believe GLP-1s could be a one-step solution where fad diets and exercise have failed them.

**83% of doctors say patients have unrealistic expectations of GLP-1s for weight loss**, including outcomes, durability and side effects.

### Physicians say patients are most uninformed about:

- 1 What may happen once GLP-1s are discontinued
- 2 Required lifestyle change that must be followed for GLP-1s to be most effective
- 3 Side effects



## Physicians need support educating patients on GLP-1s amid perfect storm

**72% of doctors surveyed said that more than half their patients overestimated the efficacy of GLP-1s.**

Enthusiastic patients who come in uninformed and with unrealistic expectations are creating a perfect storm for physicians. It's putting an increased strain on doctors who are already trying to communicate critical health information, like a new diagnosis, while providing guidance and answering questions during short and infrequent appointments.

**Physicians want more proactive education so patients arrive better informed** about what their experience and success with a GLP-1 might be like.

And equally as important is education on other alternatives, like medication-free lifestyle programs, for patients who want a different choice.

"Today's news cycle seems to swing between sensationalized stories of weight loss or terrifying side effects. While those are both important, we aren't telling the full story.

**Not everyone wants to be on a GLP-1, and weight loss drugs don't work for everyone."**

**Dr. Frank Dumont**

Medical Director, Virta Health



# GLP-1s only sustainable for 2-3 years, say majority of physicians

## Sustainability

Research shows GLP-1s must be taken in perpetuity to maintain the effects on weight and A1c. But what happens when the medications reach their limit or are discontinued? In one drug trial, patients regained 65% of the weight they lost within just one year after discontinuing the medication<sup>3</sup>.

With this reality in mind, **the majority of physicians believe GLP-1s are only sustainable for 2-3 years given side effects, results and costs.** Zero believe they are sustainable for life.

## Side Effects

The media has frequently focused on GLP-1 side effects. Reports have ranged from common issues like nausea and diarrhea to significant medical issues such as gastroparesis.

When asked about the experiences of their patients, **almost half of doctors said the side effects were significant.** Side effects can impact adherence. And in a world where only 22% of patients are able to adhere to the drug for a year<sup>4</sup>, these drugs risk becoming an effective but costly failed tactic to address obesity.

And a less understood, but **worrisome side effect of long-term GLP-1 utilization also concerns physicians: the loss of lean body mass.** Lean body mass is incredibly hard to recover once lost. Endocrinologists are especially attuned to this with 27% reporting concern compared to 9% of PCPs and Obesity medicine specialists.

How long do you think GLP-1s are sustainable for given side effects, results and costs? (n=300)

**11%**  
1 year

**61%**  
2–3 years

**28%**  
4–5 years



0% of physicians believe that GLP-1s are sustainable for life

## GLP-1s prescribed too easily and more often than they should be for obesity

New indications for GLP-1s have helped reframe obesity as a disease and not a simple matter of willpower. This monumental shift has resulted in increased attention and resources toward a spiraling epidemic. But the attention has been focused heavily on pharmacological solutions, like the GLP-1s with new weight loss approvals.

**75%** of doctors believe **GLP-1s are being prescribed more than they should be for obesity**

**64%** of physicians believe that **more provider oversight** is required for GLP-1s to be useful for weight loss

**97%** believe **prior authorization is helpful** for ensuring only patients with true clinical need are able to access GLP-1s for weight loss and obesity

“Providers worry about writing a prescription when they won't see that patient again for another 6 months. **These medications have proven to be a powerful tool in supporting weight loss but they require careful management.** Adequate oversight is essential to maximize their effectiveness while ensuring safety.”

**Jami Sublett, APRN, FNP**  
Director of Clinical Operations,  
Virta Health



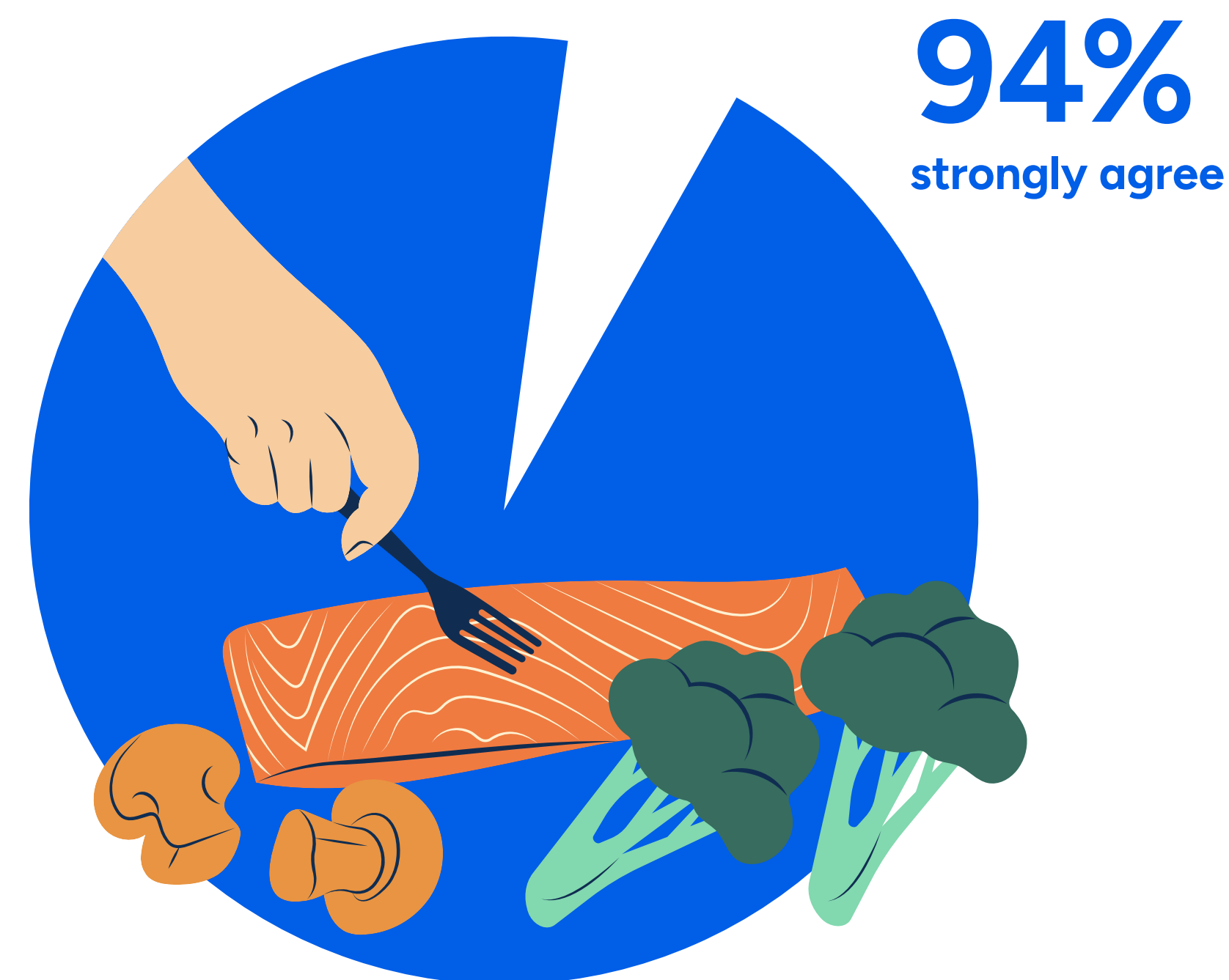
## 9 in 10 physicians say lifestyle programs before GLP-1s for obesity

If GLP-1s alone are an imperfect solution for the obesity crisis, what options do doctors believe will be most effective for their patients?

While weight loss medications will be right for some patients and at certain points clinically, they aren't right for everyone and are often prescribed before a patient's preferences, options and past history can be adequately explored.

**94% strongly agree that proven, sustainable lifestyle programs should be a first line therapy for obesity before medications are introduced.**

"Behavioral change lifestyle programs should be implemented as a first line therapy for treating obesity, before GLP-1s are prescribed." (n=300)



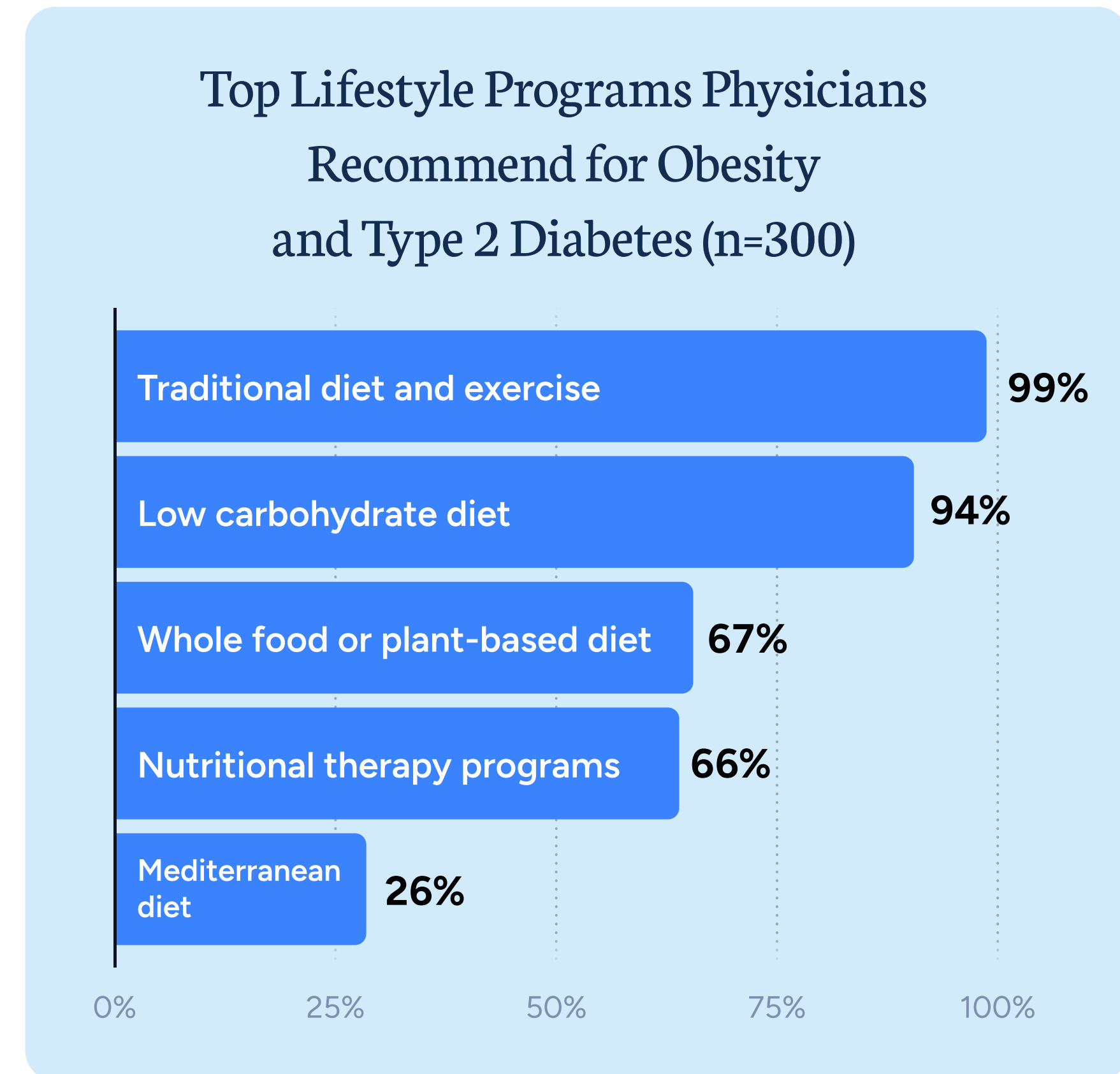
## While physicians agree that lifestyle intervention is key, opinion varies on what's most effective

Doctors are most likely to recommend traditional diet and exercise, a low carbohydrate diet, or a whole food / plant-based diet as the most effective lifestyle programs to treat metabolic diseases.

And physicians make these recommendations for a reason. Research shows that nutrition—what we eat, not how much we eat—can determine our ability to lose weight, improve blood sugar, and have more energy.

While there are data to support the effectiveness of lifestyle changes, history has shown that following these recommendations isn't easy or sustainable without help—particularly when patients try to implement big changes on their own, without guidance based in research and the science of metabolic health.

**Patients need personalized nutrition guidance that addresses their individual biochemistry and accounts for their preferences, along with intensive support for behavior change.**



## Final takeaways

Physicians agree that GLP-1s are an incomplete solution to the obesity crisis. And they are nearly unanimous that lifestyle programs are the best first line therapy for treating obesity.

But what makes a lifestyle program effective and sustainable long term? How can we support the mosaic of patients that each physician sees and their varied needs—some seeking holistic solutions, some looking for pharmacological support, and others a combination? And what role should health plan and benefits leaders play?

### Here are 3 ways to apply these insights within your organization:

- 1 Provide regular and repeated education on anti-obesity medications and drug-free alternatives for weight loss
- 2 Offer a science-based lifestyle program with a sustainable nutrition component that can be an alternative or successful off-ramp for GLP-1s
- 3 Build added support into your policies in the form of prior authorization and conduct regular reviews to assess cost, access and outcomes

“We now have extensive trial and real world data demonstrating these medications are very effective. **At this juncture it is critical for us to think strategically about how to effectively use these treatments across a population to deliver the best long term outcomes, while being affordable and equitable.**”

Precision medicine and optimized lifestyle interventions in parallel to pharmacotherapy is foundational. This is where Virta’s holistic and continuous remote care approach becomes powerful in driving sustained results.”

### Dr. Greeshma Shetty

Director of Quality and Safety,  
Virta Health



## Members want an alternative to GLP-1s

*“The Ozempic helped, but there is no magic bullet out there. I needed to change my diet.*

*The energy level I have now is amazing, I’m walking 6–8 miles a day. My attitude is way better too. I didn’t care about a lot of things before, but now I do.”*

Dan, lost 110 pounds on Virta



Before



After

## Virta delivers rapid and long lasting weight loss results

Virta is a telehealth provider clinically proven to reverse obesity, type 2 diabetes, and prediabetes. We offer an alternative path to better metabolic health outside of the traditional methods of drugs, surgery, or calorie restriction.

Only Virta delivers proven, rapid and long lasting weight loss results with or without medication:

### Rapid results achieved

# 5%

Average weight loss at just 10 weeks without medication<sup>5</sup>

### Real, equitable results

# 13%

Average weight loss at one year with or without GLP-1s<sup>6</sup>

### Weight loss that lasts

# 12%

Sustained weight loss one year after members stop taking GLP-1s<sup>7</sup>

## Virta maximizes your GLP-1 investment

### Before GLP-1s

#### Steer members towards GLP-1 alternatives

Redirect all GLP-1 seekers to Virta via **Trusted Prescriber Network**. Offer nutrition-first alternative, and screen out inappropriate use.

### During GLP-1s

#### Maximize success of those on GLP-1s

Enroll members on GLP-1s in intensive lifestyle program. Offer provider-led medication and side-effect management.

### After GLP-1s

#### Deprescribe GLP-1s and sustain results

Virta providers deprescribe GLP-1s as appropriate. Members given off ramp to drug-free sustained results via nutrition.

## About this survey

Virta commissioned this research to capture the perspective of physicians on the trends in GLP-1s for obesity and weight loss. This survey sought to better understand:

- 1 What physicians are observing with regards to GLP-1s within their practices and with their patients
- 2 How they feel about GLP-1s for weight loss, including effectiveness, sustainability, cost, utilization and long term impact on healthcare spend
- 3 How they believe obesity should be treated

### About [Virta Health](#)

Virta is a leading telehealth provider clinically proven to reverse type 2 diabetes, prediabetes, and obesity. Reversal is possible through nutritional therapy and a fully virtual, provider-led medical group.

### Methodology

300 physicians completed the survey from February 6, 2024 to February 27, 2024.

Surveys were completed using Computer-Aided Telephone Interview ("CATI") technology.

Survey was blinded. Participants did not know they were participating in a survey funded by Virta Health.

The margin of error ("MoE") for the total results is 5.66 at the 95% confidence level.

### About [Beresford Research](#)

Beresford Research is a custom market research firm with over 30 years of marketing and strategic consulting experience providing quantitative and qualitative research with cleverly designed methodologies.

# References

1. Wegovy, Weight Loss with Wegovy, Accessed February 2023
2. Jastreboff AM, Aronne LJ, Ahmad NN, et al.: Tirzepatide once weekly for the treatment of obesity. *N Engl J Med.* 2022, 387:205-16. 10.1056/NEJMoa2206038
3. Wilding JPH, Batterham RL, Davies M, et al. Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension. *Diabetes Obes Metab.* 2022;24(8):1553-1564.
4. Real world analysis by Prime Therapeutics. n=4,255. Commercial data from people with obesity, prediabetes, or BMI > 30. Cited in Reuters, "Most patients using weight loss drugs like Wegovy stop within a year." July 11, 2023
5. Virta Health Registry, average weight loss among enterprise members with obesity cared for 70 days, registered as of 8/21/23. Weight change calculated from 3d average carried forward from last recorded in case of missing data at 70 days. Data as of 11/21/23.
6. McKenzie AL, Athinarayanan SJ, McCue JJ, Adams RN, Keyes M, McCarter JP, Volek JS, Phinney SD, Hallberg SJ. Type 2 Diabetes Prevention Focused on Normalization of Glycemia: A Two-Year Pilot Study. *Nutrients.* 2021 Feb 26;13(3):749.
7. McKenzie, A.L., Athinarayanan, S.J. Impact of Glucagon-Like Peptide 1 Agonist Deprescription in Type 2 Diabetes in a Real-World Setting: A Propensity Score Matched Cohort Study. *Diabetes Ther* (2024). <https://doi.org/10.1007/s13300-024-01547-0>



Contact us to learn more about reversing type 2 diabetes, prediabetes, obesity and overweight for your population.