

**Building an evidence-based,
future-proof strategy
for GLP-1s and weight loss**



We are witnessing a surge in consumer demand for GLP-1s, driven by media headlines and new indications for weight loss.

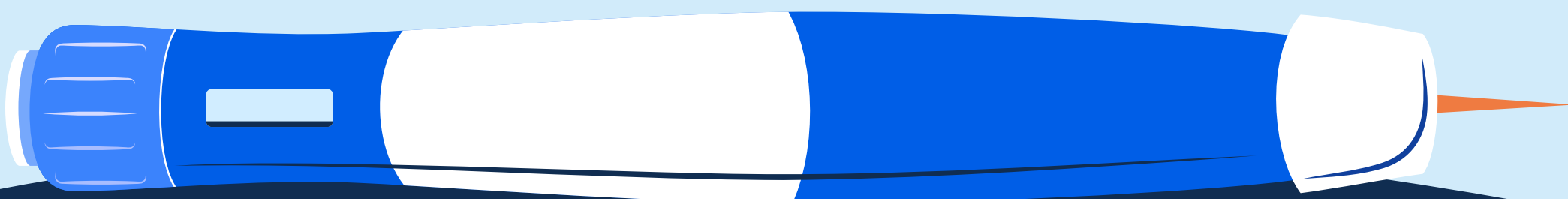
Skyrocketing use has left employers, health plans, and PBMs scrambling to contain costs. For those who've dealt with life-long struggles with weight, GLP-1s promise powerful results. But these medications often fall short in the real world, leaving patients and payers to manage the consequences of weight regain once the medications are discontinued.

So how do health plan and benefits leaders address this challenge?

In a marketplace crowded with unproven lifestyle programs, online pill mills and utilization management strategies that frustrate patients and providers, it's hard to know what to do or who to trust.

There is another option.

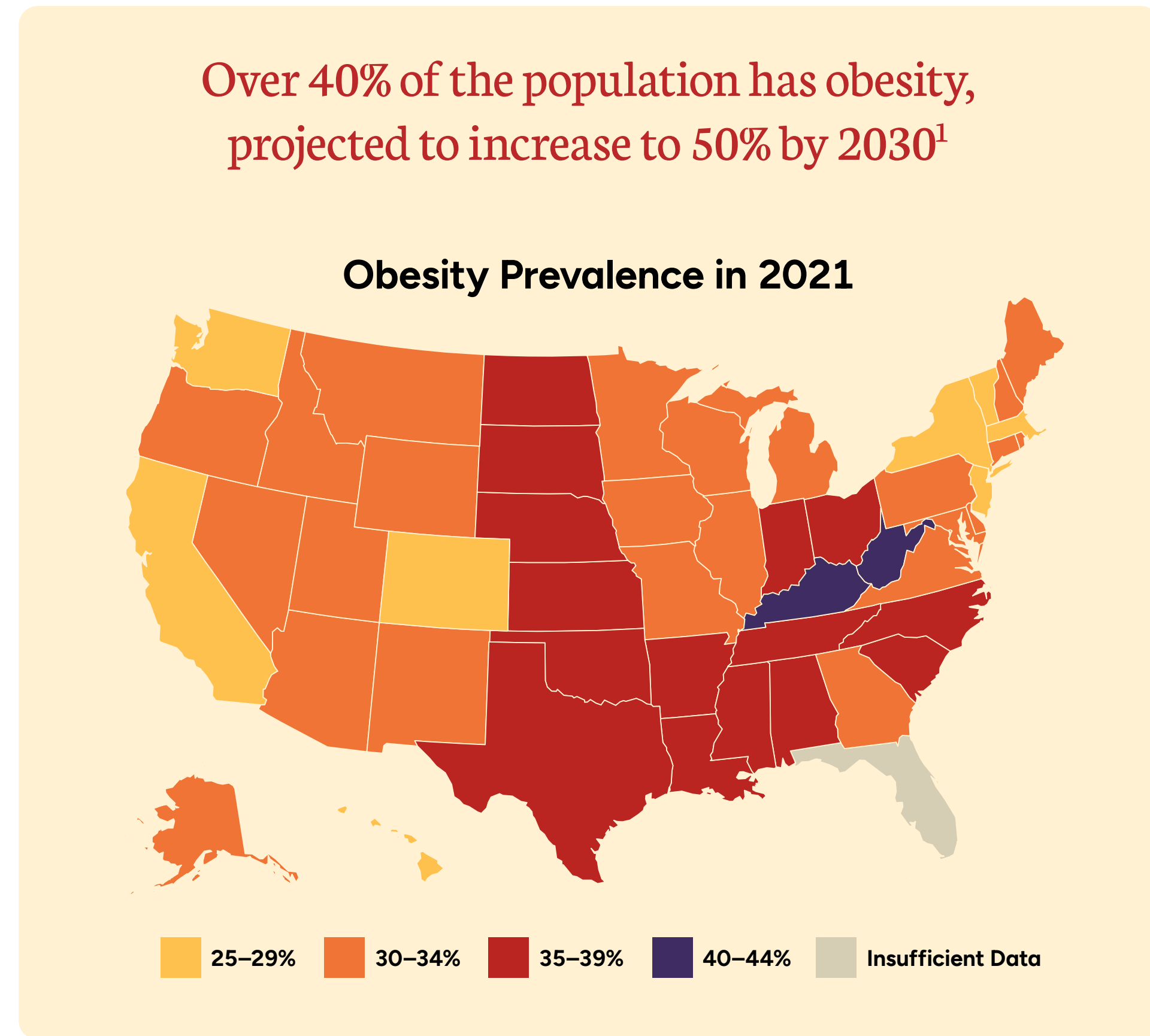
New research and years of real-world evidence show that nutrition can reverse metabolic diseases without medications and provide an off-ramp from GLP-1s to sustained weight loss. By supporting each person's unique metabolism and ensuring weight loss strategies actually work for patients, unlimited GLP-1s don't have to be the answer.



The state of obesity
in the United States
has created a massive
market for GLP-1s



Nearly 85M people in the United States currently have obesity.



This signals a dangerous trend, as obesity is a major risk factor for other serious conditions, like cardiovascular disease and diabetes.

Obesity prevalence is also reflected in increased costs for payers and patients.² As GLP-1s, which average \$12,000 per patient per year, become more widely used, these costs are expected to grow exponentially.³ Analysts even predict that GLP-1s may become the first \$100 billion drug, with revenue nearly five times of Humira, the best selling drug to date.⁴

These costs are already impacting health plans' budget sheets. In a recent survey, Virta Health asked health plan executives about concerns over GLP-1 cost. For one fifth of executives, GLP-1s will be their **most expensive** drug class in 2024. And 87% of executives noted that GLP-1s will be in their top 5 most expensive drug classes.⁵

GLP-1s are a disruptive force in metabolic healthcare, but an imperfect solution

GLP-1s have long been used to treat patients with type 2 diabetes. GLP-1s decrease blood sugar, at least in part, by slowing the rate at which the stomach empties and reduce cravings by decreasing the patient's appetite.⁶

These drugs have also proven powerful in achieving clinically significant weight loss, and research shows their potential to treat other chronic conditions too - from mental health and alcohol use disorder to cardiovascular disease, PCOS, and even kidney disease.⁷ So if GLP-1s aren't new, what's different about this moment?

To treat obesity, GLP-1s are administered at higher doses compared to those for diabetes. Drug trials in patients with obesity have demonstrated 15-20% weight loss at one year.⁸ In a world where obesity has been stigmatized and written off as a lack of will-power, these medications hold a lot of promise. Yet, while there are reasons to be excited about GLP-1s, they may not be the best option for every patient.



GLP-1 Challenges and Drawbacks

1 The degree of weight loss from a GLP-1 varies widely in the real world

One study found that patients did not achieve nearly as much weight loss, 7% on average, compared to 15% observed in drug trials.⁹ And for up to 15% of patients, GLP-1s might not work well at all, leading to less than 5% weight loss.¹⁰

2 Adherence and sustainability can be a challenge



Side-effects: Several GLP-1s require weekly injections and may present difficult side effects for patients, including nausea and a reduction in lean body mass.^{11, 12} Nearly 68% of patients discontinue Wegovy within the first year.¹³



Clinical titration and monitoring: GLP-1s require careful titration by a provider to ensure patients are at the correct dosage. PCPs don't always have the bandwidth to support patients, which can lead to low adherence.



Lifestyle changes are still required: FDA indications require lifestyle changes alongside taking a GLP-1, but many members struggle to stick with the typical calorie restricted diets. When these drugs are not prescribed alongside proven and sustainable lifestyle programs, outcomes aren't likely to last.

3 GLP-1 results don't last after deprescription

Most clinical improvements are lost within just one year after a patient stops the medication, a trend observed across drug trials. In one trial, patients regained 65% of weight within 12 months.¹⁴ These medications can end up an expensive failed experiment, leaving patients right back where they started.

How to optimize your GLP-1 strategy for cost and member experience

Variability in outcomes, concerns for cost, adherence, and sustainability all highlight the need for alternatives to GLP-1s and proven paths to medication deprescription. Here's what to keep in mind when building your GLP-1 strategy:



1

Find a partner with proven experience deprescribing GLP-1s while ensuring patients sustain weight loss

Very few patients can afford or desire to take a GLP-1 for the rest of their lives. It's essential that patients have a proven pathway to get off the medication and keep the weight off long-term. Many vendors state they do this, but few have real world experience, so it's critical to ensure they have published research to back their claims.

2



Deploy nutrition first lifestyle programs with provider oversight and peer-reviewed evidence of effectiveness and sustainability

Many people who've dealt with obesity have tried and failed every fad diet available, and not for lack of willpower. The diets simply don't work. Those same individuals are now likely to try a GLP-1. Patients on a GLP-1 need evidence-based nutrition therapy guidance that is grounded in decades of obesity research in coordination with safe medication titration from a provider.

3



Offer members smart choices

To be successful, patients have to feel invested in their care plan and confident it is going to work. When patients are forced into clunky step therapies, instead of being asked about their goals and preferences, the result is often sunk costs, limited health outcomes, and frustrated patients.

Most patients want options, whether it's nutrition-based alternatives to medications, offramps from the medication to sustainable health outcomes, or therapies that combine medication with proven behavioral change. Patients must be empowered to adapt lifestyle changes that fit their preferences, and surrounded with care teams that validate and support their choices and needs.

Virta is the leader in offering a flexible, proven, and member-centric weight loss solution

Many organizations are looking for weight loss solutions that can balance cost concerns with member experience. Organizations must provide effective weight loss solutions that don't involve GLP-1s, while also considering how to support members before, during, and after GLP-1s.

Through personalized nutrition, behavioral support, and provider-led care, Virta members achieve clinically significant health outcomes and lasting behavior change, all while safely decreasing medications.



For members who choose not to take a GLP-1, Virta can be a highly effective alternative.

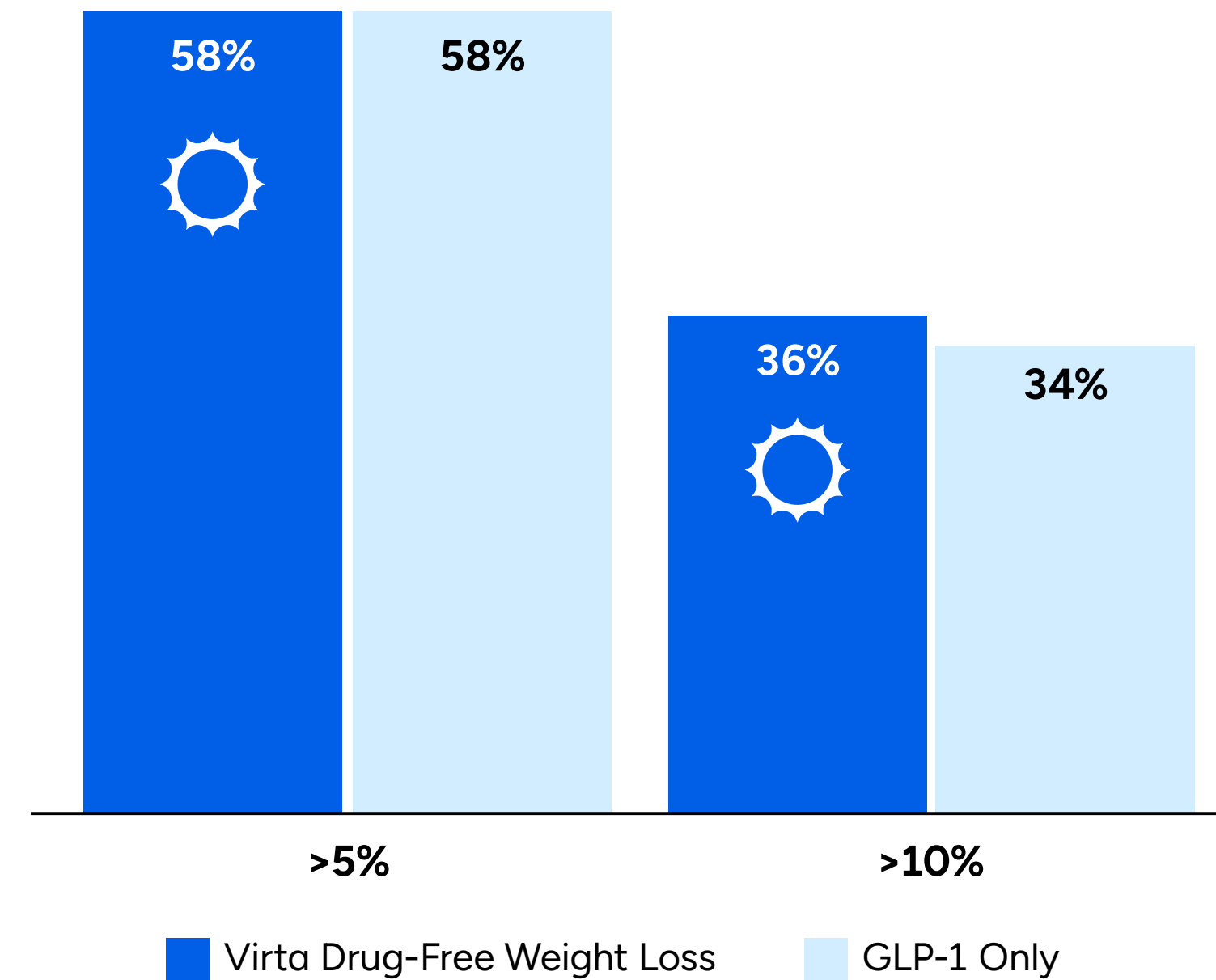
By helping members eat foods that normalize their blood sugar and enable them to lose weight, Virta has been proven to reverse the chronic progression of metabolic diseases and even eliminate the need for medications, including GLP-1s.

Patients on GLP-1s experience weight loss, but not as much as reported in the drug trials—about 7% on average.

In contrast, Virta members lost clinically significant weight without a GLP-1, proving that alternate therapies to medication exist.¹⁵



Percent of Obesity & Prediabetes Members Achieving Weight Loss Threshold



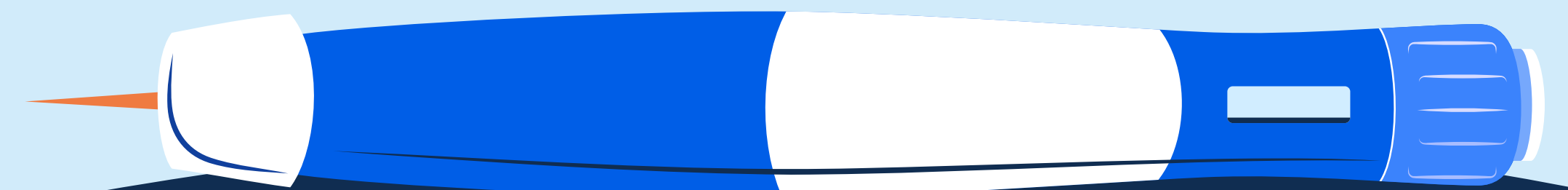
From Responsible Prescribing to a proven GLP-1 offramp, Virta supports sustained weight loss

So often, GLP-1s are simply not titrated to the effective dose, resulting in minimal results.

For those who could benefit from a GLP-1, it's critical they take the medication under the guidance of an experienced provider who is able to support titration and side-effect monitoring. Once members have started a GLP-1, it's important that they stick with them consistently to get the full benefit, otherwise this is wasted spend for the payer. It's also critical that they make effective nutrition and lifestyle changes that will work in the long run so that members can transition off the GLP-1s down the line.

For years, Virta has offered provider-led support tailored to each individual with the goal of deprescribing medication.

With new challenges around access and costs, Virta has expanded our existing expertise in safely prescribing and deprescribing cardiometabolic medications like GLP-1s to our members with obesity. Responsible Prescribing with Virta enables safe and responsible access to GLP-1s only when clinically necessary, and pairs GLP-1s with personalized nutrition therapy and lifestyle support to maximize sustained weight loss after GLP-1 deprescription.

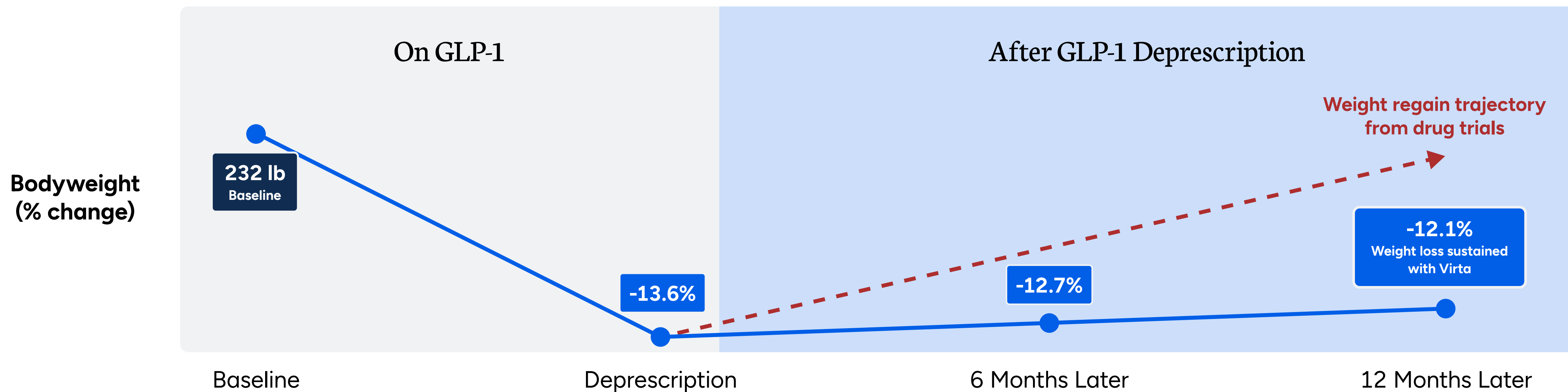


Virta's research shows over 70% of members maintained clinically significant weight loss 12 months after deprescription.

By zeroing in on nutrition alongside GLP-1s, Virta makes successful deprescription from GLP-1s possible, and members are able to maintain their weight loss. In February 2024, **Virta published the first known peer-reviewed study** demonstrating sustained weight loss after a member transitions off a GLP-1.

First, Virta's Nutrition Therapy can increase the medication's impact and effectiveness, resulting in greater weight loss than a GLP-1 alone. Secondly, this data demonstrates that members with a combined GLP-1 and Virta Nutrition Therapy approach sustain weight loss 12 months after transitioning off a GLP-1,

eliminating the cost and burden of lifelong GLP-1 use. These results are significantly better than many well-known drug trials (red line) where patients regained up to two thirds of lost weight after discontinuing the GLP-1 drug.¹⁶



Virta provides a pathway for each member's unique needs and goals

Members often have misinformed expectations of GLP-1s. They aren't sure how the medications work, how long they must be taken for, what the side effects are, and most importantly, they may not be aware of what their options are outside of GLP-1s.

Virta guides members to the right care for them based on their clinical needs and preferences.

Nutrition Therapy

As an alternative to GLP-1s, members follow Virta's proven nutrition-first approach to weight loss, without the costs or side effects of medication.

Nutrition Therapy **+Rx**

When a GLP-1 is appropriate, Virta offers provider-led medication titration, side-effect mitigation, and nutrition therapy to make the GLP-1 most effective and help members get off the medication when they're ready.

Lifestyle **+Rx**

For members who demonstrate a clinical need for GLP-1s but aren't ready for significant nutrition changes, Virta works with them to make small yet meaningful lifestyle changes while safely prescribing GLP-1s.



Conclusion

GLP-1s aren't going away. But with research-backed approaches to sustained weight loss and smart, flexible utilization management strategies in place, it's possible to successfully address the metabolic needs of your population while simultaneously impacting the rising costs associated with these drugs.

It's essential that we commit to supporting members in sustaining their weight loss for life.

Regardless of whether the member has lost weight with Virta alone, in conjunction with a GLP-1, or is still working toward behavior change, Virta's Sustainable Weight Loss solution is designed to meet the diverse needs of our members aiming to improve their health.

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

Citations

1. Ward ZJ et al. "Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity," *New England Journal of Medicine*, December 19, 2019
2. Ward ZJ et al. "Association of body mass index with health care expenditures in the United States by age and sex" *PLoS One*. 2021
3. Novo Nordisk; [list price](#)- \$1309.42 per package. Accessed 10/18/22
4. Market Watch, "Bank of America: Lilly's tirzepatide could be the first \$100 billion drug," October, 2022.
5. Virta Health Executive Survey, How Health Plan Leaders Are Handling the GLP-1 Cost Crisis," March 2024.
6. Shah M, Vella A. Effects of GLP-1 on appetite and weight. *Rev Endocr Metab Disord*. 2014 Sep;15(3):181-7. doi: 10.1007/s11154-014-9289-5. PMID: 24811133; PMCID: PMC4119845.
7. New York Times, "What's Next for Ozempic?," December 2023.
8. Wilding JPH, Batterham RL, Calanna S, et al. Once-Weekly Semaglutide in Adults with Overweight or Obesity. *N Engl J Med*. 2021;384(11):989-1002.
9. Powell W, Song X, Mohamed Y, et al. Medications and conditions associated with weight loss in patients prescribed semaglutide based on real-world data [published online ahead of print, 2023 Aug 18]. *Obesity (Silver Spring)*. 2023;10.1002/oby.23859. doi:10.1002/oby.23859
10. Becker's Hospital Review, "[Up to 15% of patients on weight loss drugs may be 'non-responders'](#)" April 2024.
11. New York Times, "What Is Ozempic and Why Is It Getting So Much Attention?," November 2023.
12. Wilding et al, Once-Weekly Semaglutide in Adults with Overweight or Obesity, *NEJM*, 18 March 2021;
13. 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 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.
14. 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.
15. Virta Health Registry for Remote Care of Chronic Conditions. Proportion of patients maintaining clinically significant weight loss after one year of care at Virta Health among commercially-referred patients not receiving concurrent GLP-1 therapy. June 30, 2023. and Powell W, Song X, Mohamed Y, et al. Medications and conditions associated with weight loss in patients prescribed semaglutide based on real-world data [published online ahead of print, 2023 Aug 18]. *Obesity (Silver Spring)*. 2023;10.1002/oby.23859. doi:10.1002/oby.23859
16. 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>