Loss of Coverage for GLPs

Primary care physicians' views on supporting patients who lose insurance coverage for GLP-1 medications for weight management

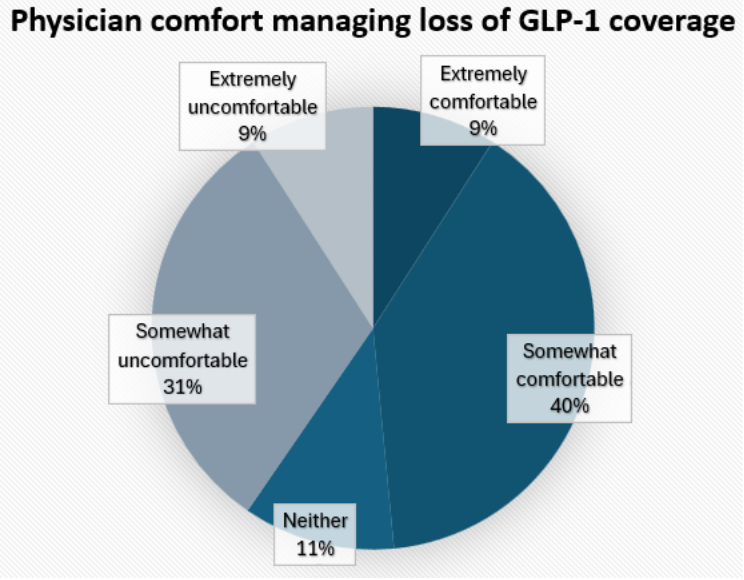
November 2024

Over 40% of US adults have obesity. Glucagon-like peptide-1 ("GLP-1") drugs, also known as incretin mimetics, are new, effective, yet very expensive medications for the treatment of obesity. Insurers are implementing a variety of cost containment strategies to manage the cost of GLP-1 drugs, including setting lifetime limits on GLP-1 coverage, setting step therapy requirements, or eliminating coverage for all incretin mimetics for weight management.

Clinical trials of GLP-1 drugs show that the majority of participants with obesity regain some or most of the weight lost when treatment is discontinued. Participants who lost 10 to 20% of their weight when treated with semaglutide (Wegovy) and tirzepatide (Zepbound) regained about half of the weight when switched to placebo.[1-2] These trials did not follow patients long enough to see if they regained all of their lost weight.

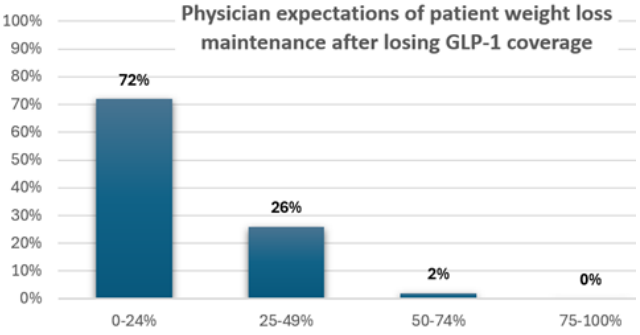
To understand how health systems can support patients with obesity who lose coverage for GLP-1 drugs, we asked a sample of 114 general Internal Medicine and Family Medicine physicians at Michigan Medicine about their knowledge, attitudes, and needs for strategies to support these patients in September 2024 (44% response rate).

Results:

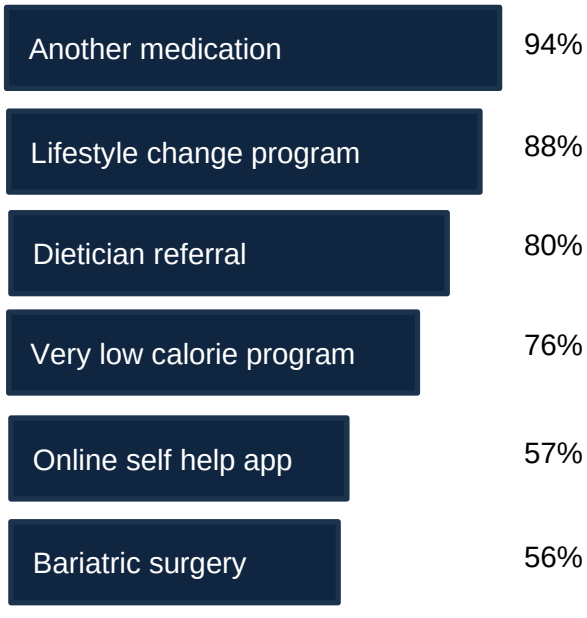


Comfort managing loss of coverage: 40% of respondents to the survey reported feeling either **extremely or somewhat uncomfortable** helping patients maintain weight loss after losing coverage for GLP drugs.

Likelihood of weight maintenance: We asked physicians what percent of their patients they thought would be able to maintain their weight loss after losing coverage. **72% of physicians believed that less than one in four** of their patients would be able to maintain their weight after losing coverage.



Strategies physicians would recommend to patients if they lost GLP-1 coverage:



Most useful health system strategies for loss of GLP coverage?

We asked primary care physicians to **rank** referral resources that would be the most helpful when their patients lose coverage for a GLP drug. They thought:

1. A physician board-certified in obesity medicine for ongoing management of weight would be most helpful to patients. (47% of primary care physicians ranked this highest)
2. A physician board-certified in obesity medicine for a one-time visit for navigation to resources. (33%)
3. A group class to educate patients about strategies for weight maintenance, including eating, activity, behavior changes and availability of medications and surgery. (21%)

Additional resources to support patients:

Physicians identified several resources that they believed would be helpful in supporting their patients, including:

- **Access to financial resources** such as coupons, insurance coverage information, cash price data and a treatment insurance navigator.
- **Treatment guidelines** covering how to transition people between medications and treatments.
- **Access to a multidisciplinary specialty team** including health coaches, nutritionists, therapists, and specialists in obesity medicine.
- **Community partnerships** so patients in rural areas have access to treatment.
- **Support for primary care physicians** from team members to handle the complex and intensive process of managing changes in coverage.

References

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Authors

Lauren Oshman MD MPH[1,3]
Patricia Arizaca-Dileo MD[2]
Dina Griauzde MD[2,3]
Alexis Vicenzi Bal MD[1]
Asim Kagzi MD[2]
Amal Othman[1]
Jonathan Gabison MD[1]
Amy Rothberg MD[2]
Andrew Kraftson MD[2]

1. Department of Family Medicine
2. Department of Internal Medicine
3. Institute for Healthcare Policy and Innovation

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