COMPREHENSIVE OBESITY CARE, NOT JUST GLP-1S

The right patient. The right treatment. The right price.

First approved in 2005, GLP-1s are now a first-line therapy for type 2 diabetes, especially in patients with chronic kidney disease or cardiovascular disease. Their growing use in weight management accompanied by a slew of celebrity endorsements has bolstered GLP-1s to cultural zeitgeist status. Wegovy, Zepbound and Saxenda, all FDA-approved for long-term weight management, have fueled surging demand and persistent shortages across the U.S.

Relying on GLP-1s as a cure-all for obesity is short-sighted. **Used in isolation, GLP-1s carry risks of significant side effects, long-term clinical uncertainty and unsustainable costs for Medicare, Medicaid and taxpayers.** ACHP urges policymakers to consider the **Three Cs** so the *right patients* receive the *right treatment* at the *right time:*

1. Reasonable price must come before COVERAGE.

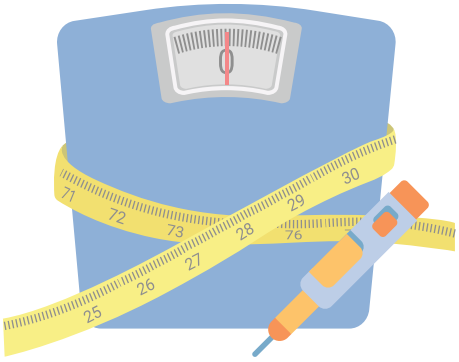
GLP-1s are proven therapies for diabetes and effective tools for weight management. But their prices remain unsustainable, putting them out of reach for most patients and straining Medicare, Medicaid and taxpayers. Given the widespread prevalence of obesity, mandating coverage at current prices would be fiscally reckless. The stark reality: even treating fewer than 1% of eligible patients would exceed an $880 million annual budget threshold.[1]

2. CLINICAL flexibility is critical and CLINICAL evidence is paramount.

Comprehensive care for obesity includes lifestyle modifications (e.g., nutrition therapy, physical activity, behavioral change), medications and bariatric surgery, alone or in combination. Clinicians need tools to ensure GLP-1s are in the best interest of each patient. GLP-1s can help patients manage weight, but on their own, the results don't last and often reverse.

Research shows that lasting weight management occurs only when pharmaceutical treatment is paired with exercise, nutrition and behavioral support:

- **Weight loss** was **sustained** only with **lifestyle change** alongside medication treatment.[2]
- More than **90 percent** of patients **stopped GLP-1 treatment** within **three years**.[3]
- **Health gains** quickly **lost** when patients stop taking GLP-1s **without ongoing lifestyle support**.[4]



3. COMPETITION is crucial.

Manufacturers are gaming the system: the current batch of GLP-1s enjoys a median of 19.5 patents filed and 18.3 years of exclusivity after FDA approval.[5] Less expensive generic options are years away. Policymakers must change the drug supply chain to ensure robust competition that lowers the price of GLP-1s and other prescription drugs.

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Why Stewardship Matters

Soaring costs: Medicaid spending on GLP1s more than doubled in one year from $1.9 billion in 2022 to $3.9 billion in 2023.[6]

Uncertain outcomes: Most people prescribed GLP-1 medications for obesity stop taking them within a year; those without diabetes are the most likely to fall off treatment and the least likely to restart.[7]

HOW ACHP MEMBER PLANS SUPPORT GLP-1 STEWARDSHIP

1. Measure long-term outcomes and cost offsets

Track **total cost of care and patient-specific health improvements**, including cardiovascular outcomes and diabetes prevention, stratified by obesity class and diabetes status to ensure meaningful insights.

2. Ensure appropriate in-network prescribing

Limit prescribing authority to endocrinologists, obesity medicine specialists or primary care providers with **obesity-specific training** to promote safe and effective use.

3. Apply evidence-based eligibility criteria

Use elevated **Body Mass Index alongside additional risk indicators** such as waist circumference, waist-to-height ratio or metabolic markers to determine eligibility for pharmaceutical treatment.

4. Protect shared decision-making

Preserve shared decision-making between **patients and clinicians**. Encourage lower-cost or generic therapies when appropriate and base coverage decisions on documented trial, failure or intolerance.

5. Require participation in structured lifestyle programs

Require that GLP-1s dosed for weight management are **paired with nutrition, physical activity and behavioral coaching programs**. Real-time documentation ensures integration with whole-person care.

6. Tie coverage to adherence and outcomes

Monitor refill data to track adherence and link ongoing coverage to **measurable clinical progress**.

ACHP calls for comprehensive obesity treatment that ensures the right patients receive the right therapy paired with lifestyle support and affordability safeguards.

For more information, contact **ACHPadvocacy@achp.org**.