



Managing The GLP-1 Surge:

CREATING A FRAMEWORK FOR CARDIOMETABOLIC HEALTH

Integrated behavioral support and clinical management, powered by modern technology, helps employers improve cardiometabolic outcomes while managing total healthcare spend

Key Takeaways:

- ✓ Cardiometabolic conditions are among the fastest-growing drivers of employer healthcare spend, with annual medical and pharmacy costs reaching up to \$50,000 and \$12,000 per member, respectively.¹
- ✓ As GLP-1 utilization continues to grow, employers need a proactive multi-prong strategy that balances appropriate access, clinical outcomes, and long-term affordability.
- ✓ Formulary, clinical program, and utilization management decisions may influence more than 50% of future pharmacy benefit spend, making drug mix a critical driver of total cost.
- ✓ Programs like Rx Activate combine behavioral support with pharmacotherapy to improve engagement, promote sustainable weight loss, and strengthen medication adherence.
- ✓ Employers that align pharmacy management with coordinated clinical support are better positioned to improve member outcomes while protecting plan economics.

Introduction

The rapid adoption of GLP-1 therapies is reshaping employer-sponsored healthcare. While these medications have transformed the treatment of obesity, Type 2 diabetes, and cardiometabolic disease, they have also become one of the fastest-growing drivers of healthcare spend. Employers are now challenged to balance expanded access with long-term affordability and sustainable outcomes.

HR executives, along with business and financial professionals, need to understand current market trends when it comes to GLP-1 drugs, the clinical necessity of behavioral interventions in their efficacy, and the data-driven results of integrated care models.

The growing popularity of GLP-1 drugs, however, tells only part of the story. For HR professionals, understanding how multidisciplinary care teams operate can also help redefine the return on investment for these metabolic health programs, especially as healthcare costs rise for their plan members who require the most support.

By shifting the focus from simple drug access to comprehensive cardiometabolic management, HR, business, and finance professionals can better navigate the high prevalence and rising costs associated with this new class of therapy while providing employees with the long-term care options they need.



Sara Izadi, PharmD
Chief Clinical Officer



Richard Frank, MD, MHSA
Chief Medical Officer, Vida Health

“It’s not solely about getting people off drugs but keeping the right people on the right medications and giving them the tools to be successful. That’s when employers see total cost reduction.”

Sara Izadi, PharmD



WATCH THE FULL WEBINAR:
[Improving Metabolic Health in a GLP-1 World](#)

The Economic Reality of the GLP-1 Revolution

The addressable market for GLP-1 medications is significant, encompassing more than 40% of the U.S. adult population.²

Data also suggest that one in eight U.S. adults has already tried a GLP-1 agent.³

For employers and plan sponsors, this translates to a massive financial commitment. An individual with a diagnosis of obesity or diabetes costs an employer roughly \$21,000 on average, and when an employee presents with both conditions, the cost can soar to \$40,000 to \$50,000 annually.¹

Beyond the initial price tag, the “discontinuation cliff” represents a significant risk to capital.

Research indicates that discontinuation rates for GLP-1s can reach 30% for diabetes patients and up to 50% for those using the drugs for weight loss. Most concerning for the bottom line is that patients who cease therapy often regain approximately 60% of their lost weight within 18 to 24 months, effectively erasing the cardiovascular benefits purchased by the employer.^{4,5}

Without a strategy to address adherence and long-term maintenance, the investment in these drugs risks becoming a recurring expense with diminishing returns.



Research indicates that discontinuation rates for GLP-1s can reach

30%

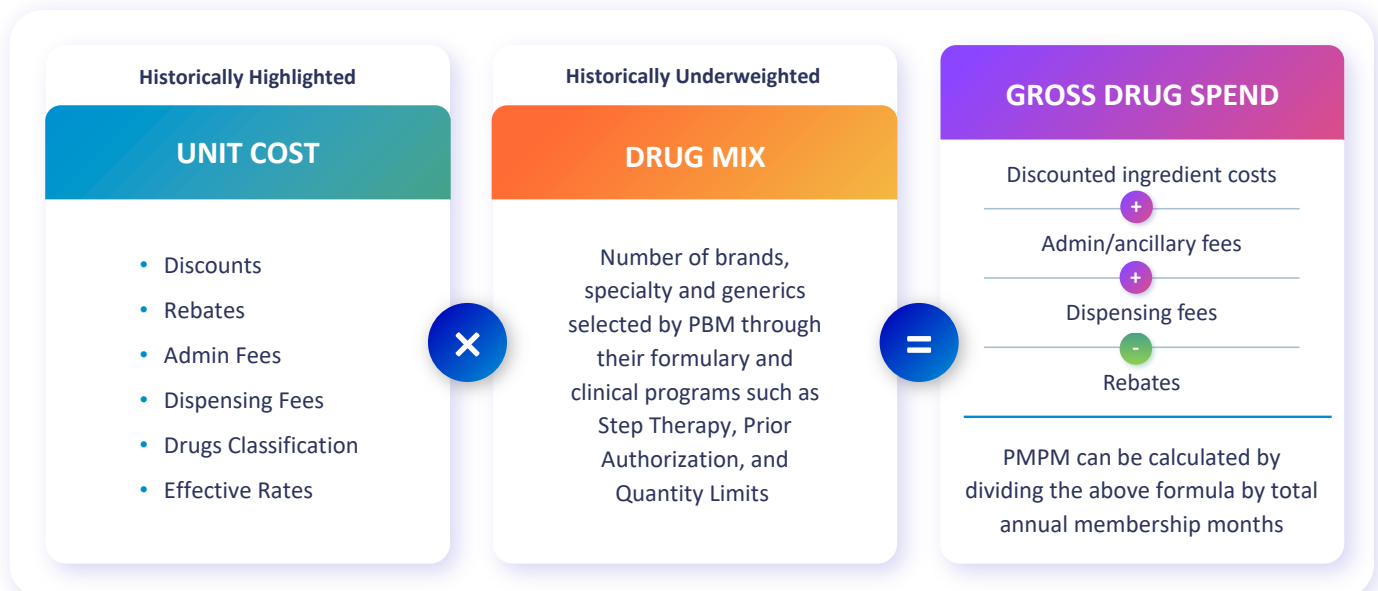
for diabetes patients and up to

50%

for those using the drugs for weight loss.

The Real Drivers of Future Pharmacy Spend are Controllable, but are Usually Underweighted in the PBM Evaluation Process

While rebate guarantees and pricing discounts remain important, formulary strategy, utilization management, and clinical program design often exert a greater influence on long-term pharmacy trend. Employers that focus exclusively on unit cost may overlook the decisions that ultimately determine total spend.



There are dozens of behind-the-scenes decisions made by PBMs that affect how much the plan ultimately spends on the medication its members need. With improving price transparency in the market for medications such as GLP-1s, the impact of those decisions is magnified.

If an employer plan sponsor knows their population and who is at risk within it, they can design a benefits program that helps plan members with metabolic conditions gain consistent access to their medication, with affordability in mind. And the plan sponsor and their consultant can evaluate the PBMs they are considering on an apples-to-apples basis, taking formulary and clinical program decisions into account, giving credit to all the factors that drive future drug costs.



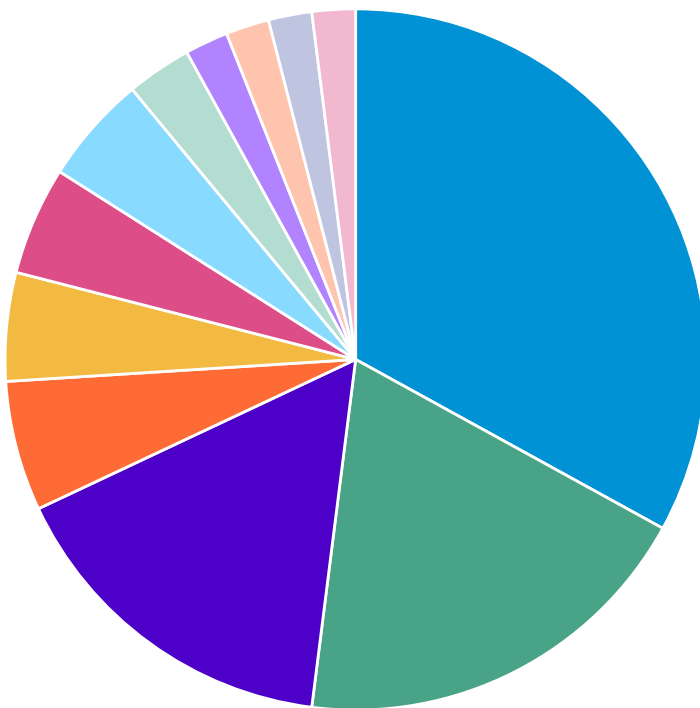
“25% of future drug costs will be driven by decisions around whether or not to cover GLP-1s and how you do so. The details truly matter.”



Sara Izadi, PharmD
Chief Clinical Officer

The Full Picture of What Drives Total Cost for Payers Today

For many employers, decisions regarding GLP-1 coverage will shape a significant portion of future pharmacy spend. Success is not determined solely by whether coverage exists, but by how eligibility, clinical oversight, and member support are designed. GLP-1s affect pricing in every facet of cost:



Spend may be higher or lower based on legacy contract and existing drug mix.

- Unit Cost Values
- Prior Authorization (PA)
- Formulary
- Clinical Programs Outside of PA
- Baseline Trend (AWP vs NADAC)
- Pass Through Full Rebate Value
- Refill Logic
- Coupon Program Fees
- White Label/Repackaging/Wholesaler
- AWP vs NADAC vs Actual Costs
- High WAC vs Low WAC
- Ancillary Program Fees

Beyond The Prescription: The Necessity of Behavioral Wraparound

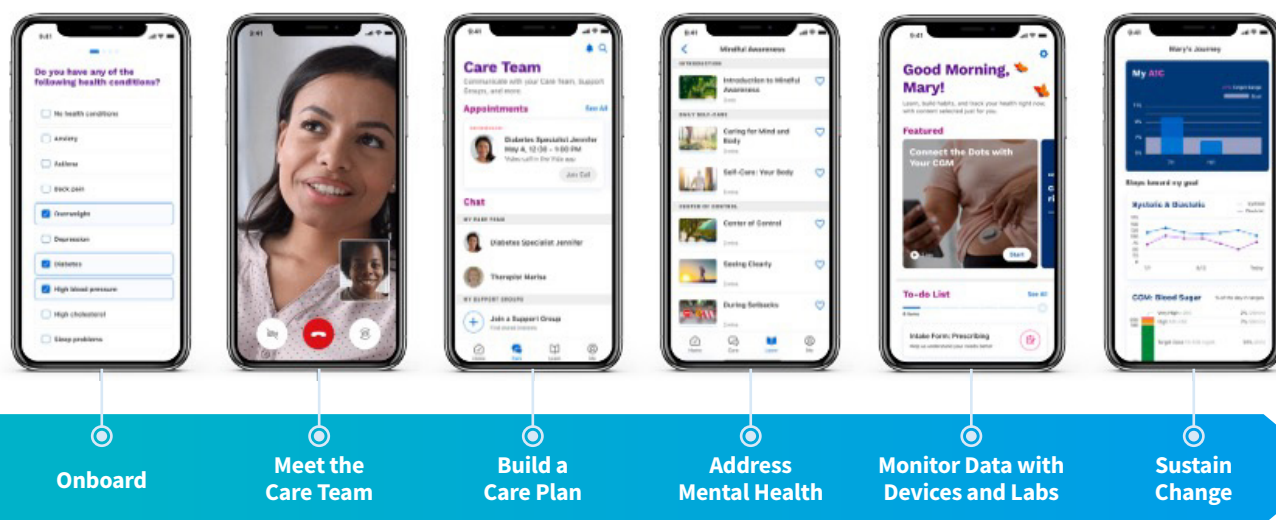
The medical community and the FDA have been clear: GLP-1 medications are intended as an adjunct to diet and exercise, not a standalone solution.

“Obesity is a very complicated disease,” observed Dr. Richard Frank, chief medical officer of Vida Health. “There really is no cure for obesity. The best that one can hope for is remission.”

To achieve remission, patients need clinical support that addresses the genetic, behavioral, and environmental factors driving cardiometabolic syndrome. Modern, interoperable technology – Judi® - helps initiate the process.

A Member's Journey Along a Personalized Care Path

Modern, interoperable technology platforms can help coordinate care and create a more connected member experience.



Integrated Mental Health

A multidisciplinary care team, including physicians, registered dietitians, behavioral health coaches, and licensed therapists, is essential for managing the side effects and “food noise” associated with obesity.

This “Obesity Step Solution” uses a systematic, evidence-based approach. Rather than defaulting immediately to a high-cost GLP-1, patients begin with intensive lifestyle and clinical support. Pharmacotherapy is introduced when clinically appropriate.

A “wraparound” model guarantees that the most powerful and expensive tools are reserved for those who truly need them and are prepared to succeed with them. By addressing underlying mental health issues like depression and anxiety, which often correlate with absenteeism, employers see a reduction in the total cost of care beyond the pharmacy spend.

Integrated Care Can Reduce Medication Dependence While Improving Outcomes

Data from Rx Activate suggest that many members may achieve meaningful clinical improvement through structured behavioral and clinical interventions, reducing reliance on long-term pharmacotherapy while maintaining engagement and outcomes.

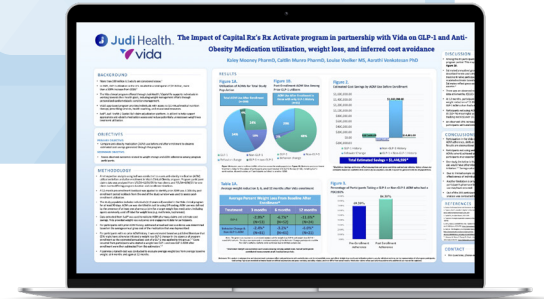
Data presented at the 2026 Academy of Managed Care Pharmacy (AMCP) Annual Meeting shows that 54% of members managed their health through behavioral change interventions alone, requiring no weight loss medication post-enrollment in Rx Activate. These members averaged 39 meaningful health activities per month, suggesting that high engagement is a primary driver of positive outcomes.

Perhaps most significantly for finance professionals, the data highlights the potential for “deprescribing.” Of the members already on a GLP-1 before enrolling in the program, 29% gained the behavioral tools necessary to maintain their health independently, so they were safely taken off the medication.

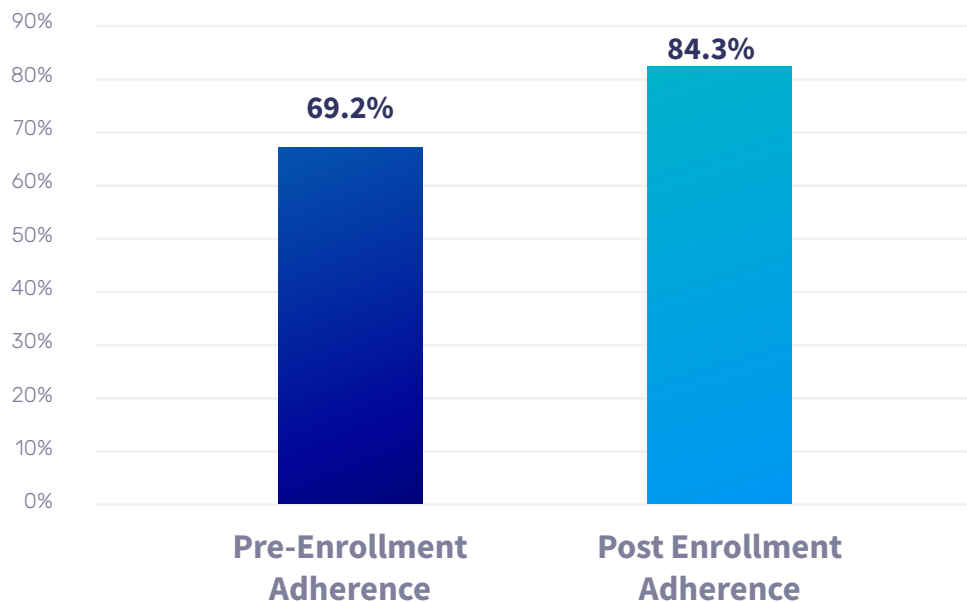


CONTENT SPOTLIGHT:

Driving Cost Savings and Clinical Outcomes in Obesity Management



Percentage of Participants Taking a GLP-1 or Non-GLP-1 AOM who had a PDC* $\geq 80\%$



*proportion of days covered

A Member's Story

The proportion of members who were adherent after enrolling in Rx Activate was 15% higher than the proportion who were adherent prior to enrollment. This protects the employer's spend from being wasted on sporadic dosing, which produces sub-optimal clinical results.⁶

Case studies of members like "Adam," who lost 12% of his body weight and reduced his A1C from 7.2 to 5.0 through behavioral intervention alone, underscore the potential for significant clinical improvement without long-term drug dependency.



Richard Frank, MD, MHSA
Chief Medical Officer, Vida Health

"We were supporting Adam with individual and group coaching, some medical nutrition therapy delivered by Laura, his registered dietitian, and he would have received some cognitive behavioral therapy support again to deal with food noise and emotional eating. That then led him to actively change the way he managed his nutrition and his day to day life."

"Adam" is Achieving Clinically Significant Weight Loss and Reducing His A1C.

Male in his 40s — joined Vida in September 2025 to lose weight.

Care Pathway Components

Program: Whole Health

Program Details: Improve health through diabetes self-management, attaining metabolic goals, education, and support.

Program Goals:

- Reduce A1C
- 5-10% weight loss within 12 months
- Medication adherence 7 days a week

Active Behaviors: Eating 5 servings of fruits/vegetables per day, taking medication as prescribed, self monitoring blood glucose and blood pressure, 150 minutes of physical activity per week, improving sleep, practicing mindfulness

Outcomes



WEIGHT LOSS

▼ **30 lbs**

Baseline BMI: 34.7, Follow up BMI: 30.3
-12.7% weight loss from baseline



DIABETES

▼ **2.2 pts**

Baseline A1C: 7.2,
Follow up A1C: 5.0

Conclusion

GLP-1 therapies represent one of the most significant opportunities and challenges facing employer-sponsored healthcare today. While these medications can improve health outcomes, sustainable value is achieved only when drug therapy is supported by behavioral interventions, clinical oversight, and coordinated care.

Employers that integrate medical, pharmacy, and behavioral health strategies are better positioned to improve adherence, reduce avoidable healthcare costs, and drive meaningful cardiometabolic outcomes across their populations.

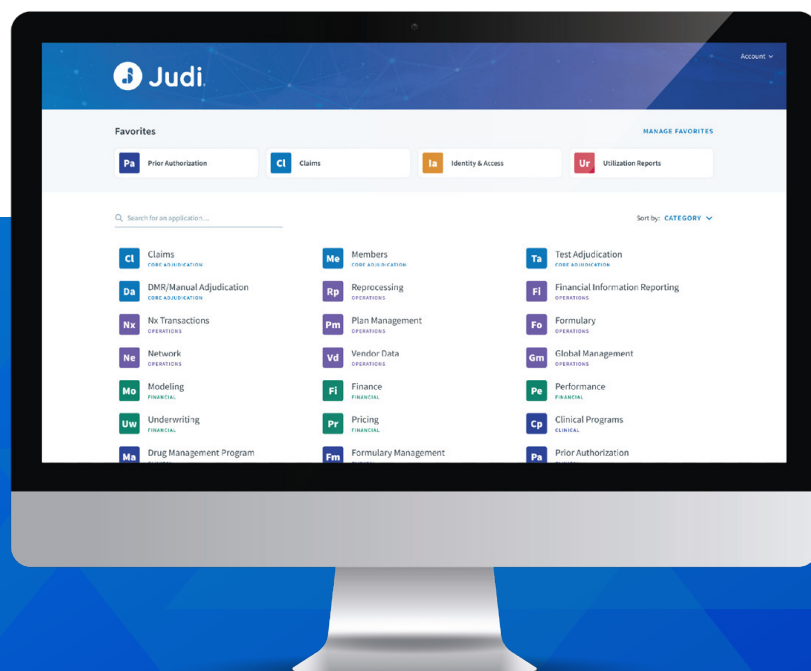
The future of cardiometabolic care is not defined by access to medication alone. It is defined by the ability to connect the right interventions, for the right member, at the right time, within a transparent and financially aligned model of care.

Want To Learn More?

Contact the Judi Health team today to learn about our transparent, financially aligned approach to pharmacy benefit management.

Contact Us Today

Follow Us On LinkedIn & Subscribe to Our Newsletter.



References

1. Do, D., Lee, T., Santana, C., Inneh, A., & Patel, U. (2024). Cardiodiabetes: Epidemiology, resource and economic impact. American journal of preventive cardiology, 20, 100887. doi.org/10.1016/j.ajpc.2024.100887
2. Shi I, Khan SS, Yeh RW, Ho JE, Dahabreh IJ, Kazi DS. Semaglutide Eligibility Across All Current Indications for US Adults. JAMA Cardiol. 2025;10. 1001/jamacardio.2024.4657
3. Poll: 1 in 8 Adults Say They've Taken a GLP-1 Drug, Including 4 in 10 of Those with Diabetes and 1 in 4 of Those with Heart Disease. KFF. Nov 14, 2025.
4. Do D, Lee T, Peasah SK, Good CB, Inneh A, Patel U. GLP-1 Receptor Agonist Discontinuation Among Patients With Obesity and/or Type 2 Diabetes. JAMA Netw Open. 2024;7(5):e2413172. doi:10.1001/jamanetworkopen.2024.13172.
5. West S, Scragg J, Aveyard P, Oke J L, Willis L, Haffner S J P et al. Weight regain after cessation of medication for weight management: systematic review and meta-analysis. BMJ 2026; 392 :e085304 doi:10.1136/bmj-2025-085304
6. Anna J. Son, Emmanuel Rapp, Alex Wiezorek, Max G. Leung, Ronadip R. Banerjee, Thomas H. Leung. Cycling GLP-1 receptor agonist treatment induces therapeutic resistance and increased adiposity. JCI Insight. 2026; doi.org/10.1172/jci.insight.205174.