

5 Risks to Avoid When Managing Costs of GLP-1s

Employers can't afford any setbacks as they work to contain the costs of GLP-1s. Here are 5 key risks to anticipate when developing a comprehensive health benefits strategy, along with ways to get ahead of potential challenges and avoid costly missteps.

The Rebound Risk



Without tapering off GLP-1s, people risk weight cycling—repeatedly gaining and losing weight—which can cause health issues and higher benefits costs.

What you can do:

Prioritize benefits that combine GLP-1 use with structured lifestyle interventions to reduce the risk of regaining weight.¹

Out-of-Pocket Problem



Even if employees pay out-of-pocket for GLP-1s, employers still face unexpected costs from hospital visits tied to side effects² or interactions with other chronic conditions—which most adults have.³

What you can do:

Offer programs that support people using GLP-1s, whether the treatment is covered or not, with lifestyle guidance, side effect management, and education on safe practices.

Tunnel Vision

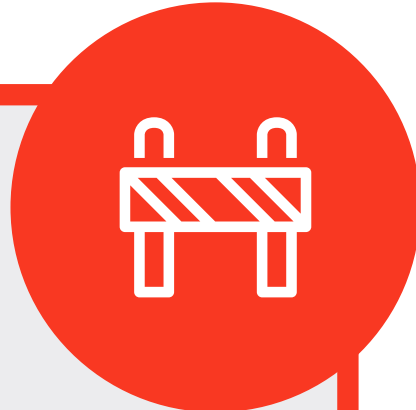


Only 38% of GLP-1 users take them primarily for weight loss. Obesity is a common co-morbidity and frequently occurs with conditions such as diabetes, hypertension, and other health concerns.⁴

What you can do:

Promote a whole-person approach that sees weight loss as part of overall health, rather than a number on the scale.

Utilization Dead End



Utilization management alone doesn't address broader health issues like medication side effects, comorbidities (like diabetes or hypertension), and long-term lifestyle changes.

What you can do:

Go beyond utilization management initiatives by addressing costs from treating side effects and coexisting conditions with one program that supports behavioral health, physical activity, and nutrition.

A Vendor Pile-Up



Relying on multiple vendors without clear metrics for financial success leads to fragmented, ineffective care⁵—especially as GLP-1s are used for other conditions.

What you can do:

Partner with a scalable, cross-condition vendor whose goals align with your business to streamline care and avoid overlap.

MOBE[®]

Discover ways to navigate the rising costs of weight management and other chronic conditions in the GLP-1 era today — [MOBEforlife.com/weight-management](https://mobe4life.com/weight-management)

1. Davide Gravina, Johanna Louise Keeler, Melahat Nur Akkese, Sevgi Bektas, Paula Fina, Charles Tweed, Gerd-Dieter Willmund, Janet Treasure, and Hubertus Himmerich. 2023. "Randomized Controlled Trials to Treat Obesity in Military Populations: A Systematic Review and Meta-Analysis" *Nutrients* 15, no. 22: 4778. <https://doi.org/10.3390/nu15224778>
2. David Hoffman. "Commentary on Chronic Disease Prevention in 2022." *National Association of Chronic Disease Directors*, 2022. https://chronicdisease.org/wp-content/uploads/2022/04/FS_ChronicDiseaseCommentary2022FINAL.pdf
3. Wafa Ali Aldhaleei, Tadesse M. Abegaz, and Akshaya Srikanth Bhagavathula. 2024. "Glucagon-like Peptide-1 Receptor Agonists Associated Gastrointestinal Adverse Events: A Cross-Sectional Analysis of the National Institutes of Health All of Us Cohort" *Pharmaceuticals* 17, no. 2: 199. <https://doi.org/10.3390/ph17020199>
4. Alex Montero, Grace Sparks, Marley Presiado, and Liz Hamel. "KFF Health Tracking Poll - May 2024: The Public's Use and Views of GLP-1 Drugs." *Kaiser Family Foundation*, 2024. <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-may-2024-the-publics-use-and-views-of-glp-1-drugs/>
5. Lisa M. Kern, Julie P.W. Bynum, and Harold Alan Pincus. 2024. "Care Fragmentation, Care Continuity, and Care Coordination—How They Differ and Why It Matters." *JAMA Internal Medicine* 184, no. 3 (2024): 236–237. <https://doi.org/10.1001/jamainternmed.2023.7628>