



GLP-1 Management:

Flexible Strategies are Necessary for Plan Protection and Sustainability

GLP-1s, or Glucagon-like Peptide Type 1 receptor agonists, originally developed for diabetes management, have surged in popularity due to their effectiveness in weight loss. While these drugs offer significant clinical benefits, they can pose challenges for plan sponsors due to their high cost compared to traditional diabetes medications and use in weight management.

This dual purpose for GLP-1s has led to skyrocketing demand, putting significant financial pressure on payers. Compounding this challenge is a pipeline filled with more GLP-1 and related therapies expected to enter the market, further driving up potential costs. Given the rapid adoption and expense of these drugs, plans must take a strategic approach to coverage decisions.



Balancing Access with Affordability

GLP-1 medications, while effective for many people, can strain healthcare budgets when access is left unchecked.

Plans need:

- Authority to make coverage decisions.
- To ensure these treatments are used appropriately.
- Access for patients who need the medication.
- Cost-effective alternatives.

Balance is critical in helping to protect long-term affordability and access for all plan members.

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Flexibility is Key to Successful GLP-1 Management

Unlike some drug categories where clinical use is more clear-cut, the use of GLP-1s for weight loss adds a layer of complexity. Having clinical criteria and guidelines unique to each indication, both diabetes and weight loss, helps provide appropriate member access.

➤ A thoughtful clinical coverage strategy and the **flexibility for plans to make their own decisions** helps reduce the risk for excessive spending in this rapidly growing category.

+ GLP-1 Management Strategies

Diabetes



Chart notes required

- ✓ More than just “checking the box” when indicating a diagnosis of Type 2 diabetes.
- ✓ Review of chart notes for Prior Authorization ensures GLP-1s are being used as intended.
- ✓ Prevents off-label use and is especially important for plans that exclude GLP-1s for weight management.



30-day supply limit

- ✓ Patients using GLP-1s are at high risk for discontinuation (discontinuation rates due to side effects range from about 7% to 10%).
- ✓ Prevents waste on this costly medication if a dose is titrated upwards or down, or if the product is discontinued for any reason.

Chronic Weight Management



Plan control in decision-making

- ✓ Plans can cover or exclude GLP-1s for chronic weight management based on their needs.



P&T Committee Oversight

- ✓ **Plans that exclude weight loss medications can opt to elect coverage for expanded indications. Coverage is not mandated.**
- ✓ Examples of expanded coverage: Wegovy for major adverse cardiovascular event (MACE) risk reduction or Zepbound for Obstructive Sleep Apnea.



Chart notes required

- ✓ Confirms body mass index (BMI) meets obesity thresholds and that lifestyle changes are addressed.
- ✓ Shorter authorization time to allow earlier assessment of effectiveness and response to therapy.

