

COUNCIL ON
EMPLOYEE BENEFITS

GLP-1 Trends & Survey Results

February/March 2025

Introducing Aon's Subject Matter Experts



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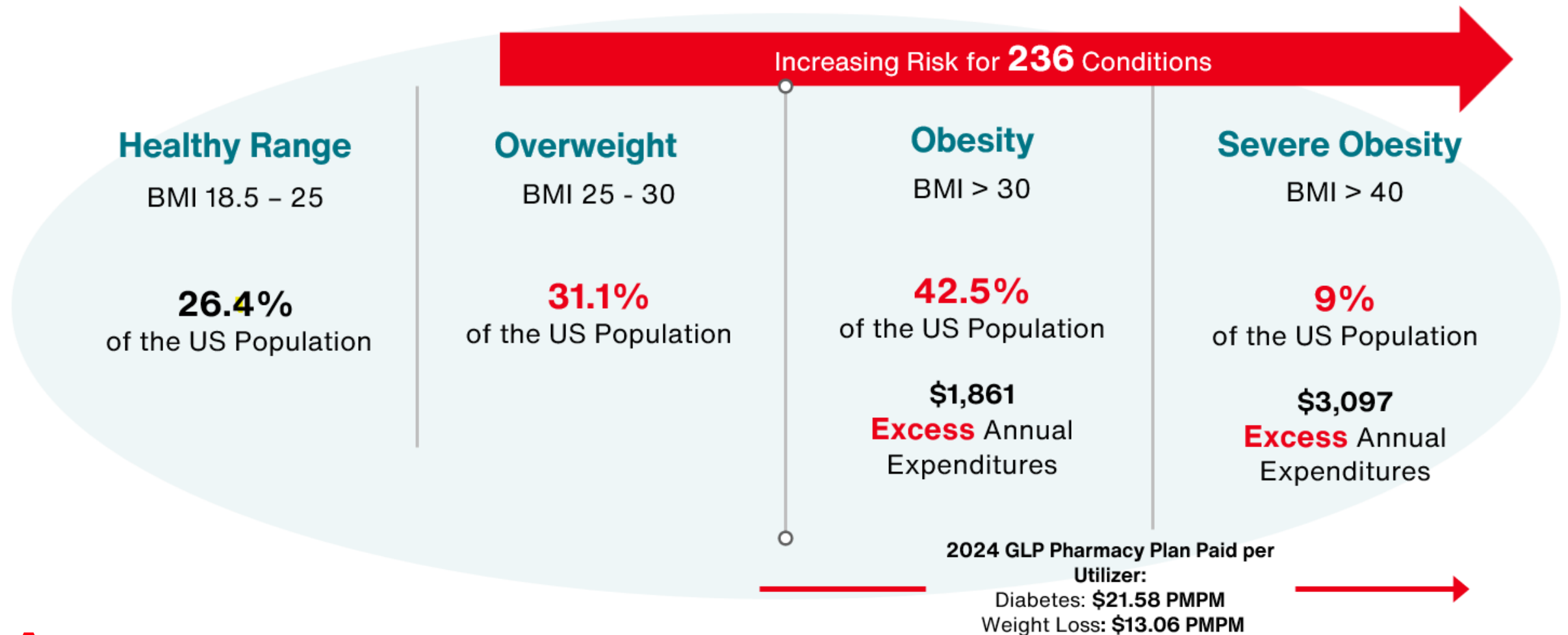
What questions would you most like to have answered during today's session?



Please enter your questions into the chat at
any time during the presentation

Getting Grounded - Weight Definitions

Understanding weight and its impact on health



Type 2 Diabetes and Obesity

Clinical Conditions

- 37.3M Americans have diabetes, and another 96M US adults have prediabetes
- 42% of the US population is obese
- Obesity is a primary risk factor for developing type 2 diabetes (T2D)
- Losing ~7% of body weight can reduce the risk of developing diabetes by almost 60%

Novel Therapies

- GLP-1s tackle both blood sugar control and promote weight loss by mimicking incretin hormones
 - ↓ Appetite ↑ Fullness
 - ↑ Insulin Sensitivity
 - ↑ Insulin Production
 - ↑ Sugar Uptake from Blood
- Multiple drugs target incretin hormones GLP and GIP with different brand names for each indication: *Mounjaro*® (diabetes) & *Zepbound*® (weight loss)

Treatment Guidelines

- American Diabetes Association: 2025 prioritizes the use of GLP-1s in the treatment of diabetes
- GLPs have become the cornerstone of treatment for obesity
- American Academy of Pediatrics: 2024 guideline update shifts from the watch-and-wait approach to a comprehensive obesity treatment plan with weight loss evaluation for ages 12+



Utilization & Trends for 2024 Compared to 2023

Utilizers of anti-obesity GLPs increased by 131%; utilizers of diabetic GLPs remained flat

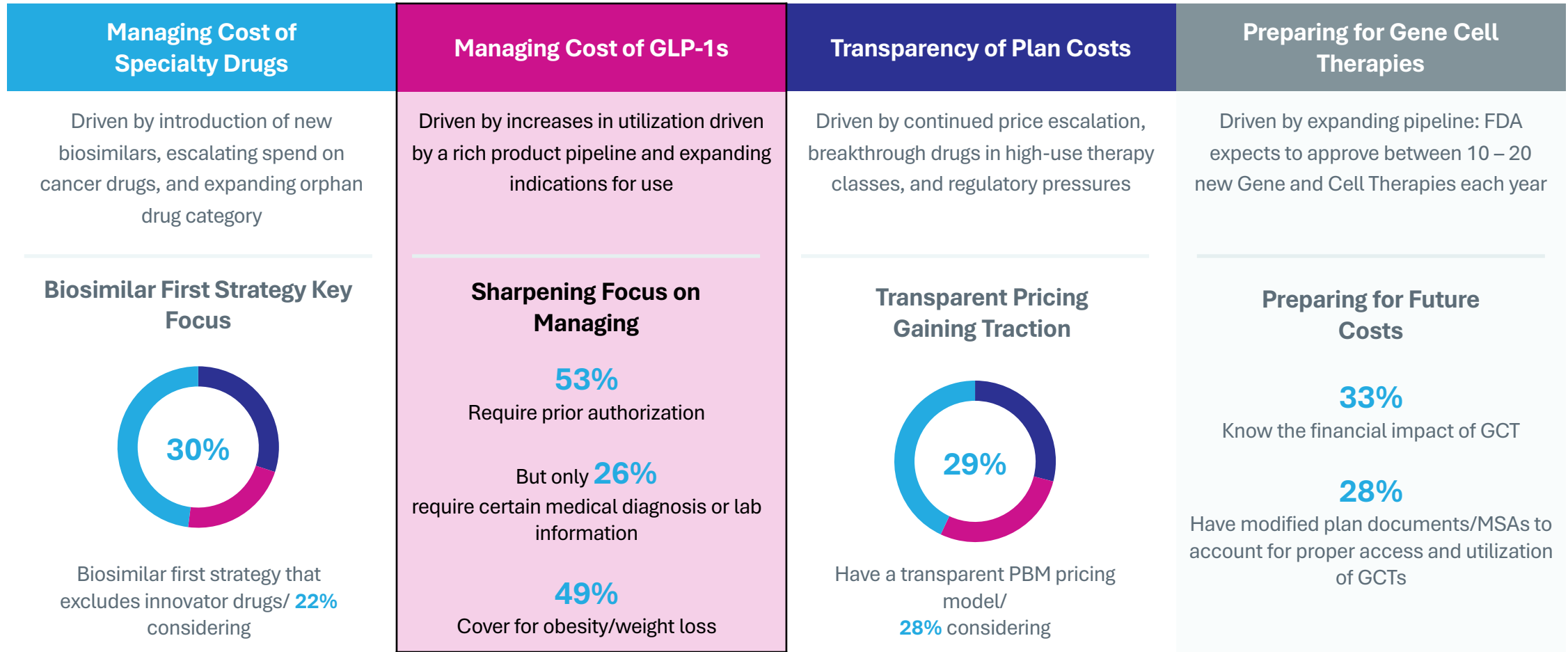
The plan paid for anti-obesity GLPs increased by 136%; plan paid for diabetic GLPs increased by 23%

Persistence on therapy for anti-obesity GLPs has increased to over 67% compared to 47% in 2023, likely the result of the resolution of drug shortage issues

Expanding indications for anti-obesity GLPs now include secondary cardiovascular disease and obstructive sleep apnea and will expand utilization

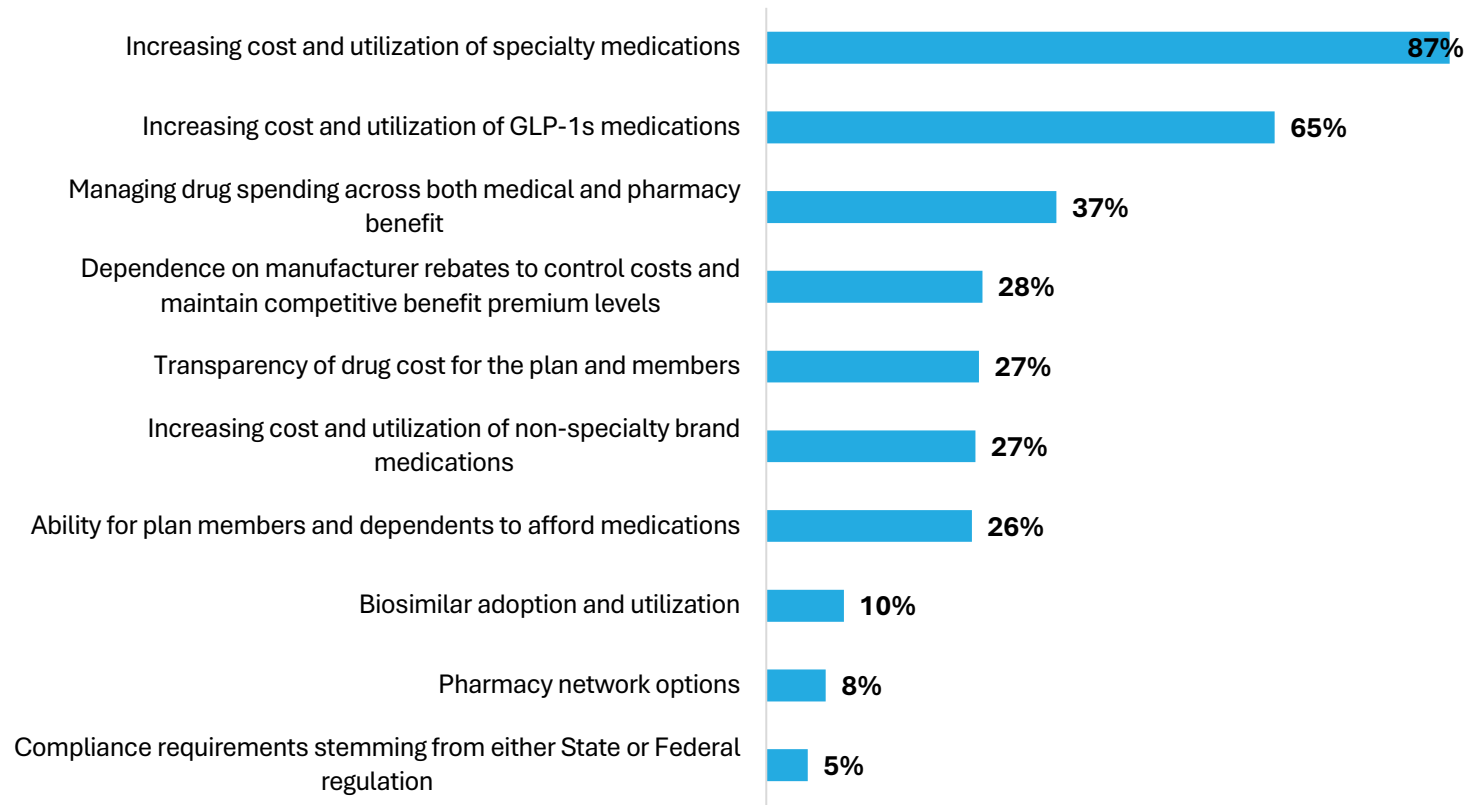
Expanded Management of the Pharmacy Benefit Is Essential in 2025

Employers taking action to address four top priorities



2025 Could Be the Tipping Point for Pharmacy Benefit Changes With the Challenges of Plan Cost and Member Affordability Colliding

What are the three biggest challenges facing your pharmacy benefit today?
Please select your top three.



Spotlight on Specialty

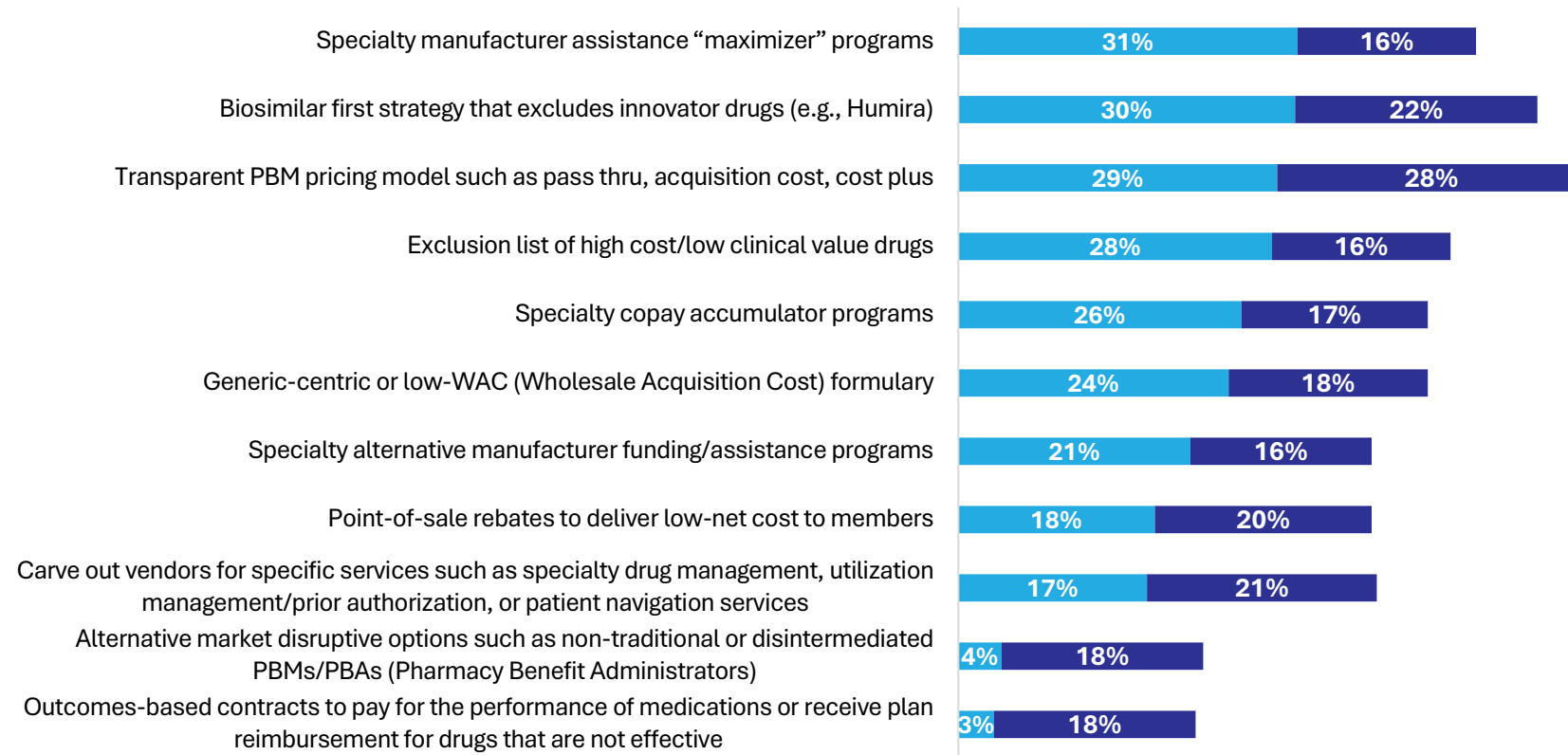
Specialty drug costs will continue to disproportionately drive cost. Oversight of self-administered drugs and site of care selection, along with analysis of utilization within therapy classes to anticipate trend increases are key for 2025.

“Managing prescription drugs regardless of the benefit they are paid under – pharmacy or medical – is more important than ever.”

Michael Manolakis, PharmD,
PhD Aon Pharmacy Thought Leader

The Range of Pharmacy Benefit Strategies In Play and Under Consideration Highlights the Extent of the Challenge Ahead

For each of the following pharmacy benefit strategies, indicate their role in your pharmacy benefit.



■ This is part of our plan for 2025 ■ We are interested in adding in the next 1-3 years

Source: Aon Survey Data

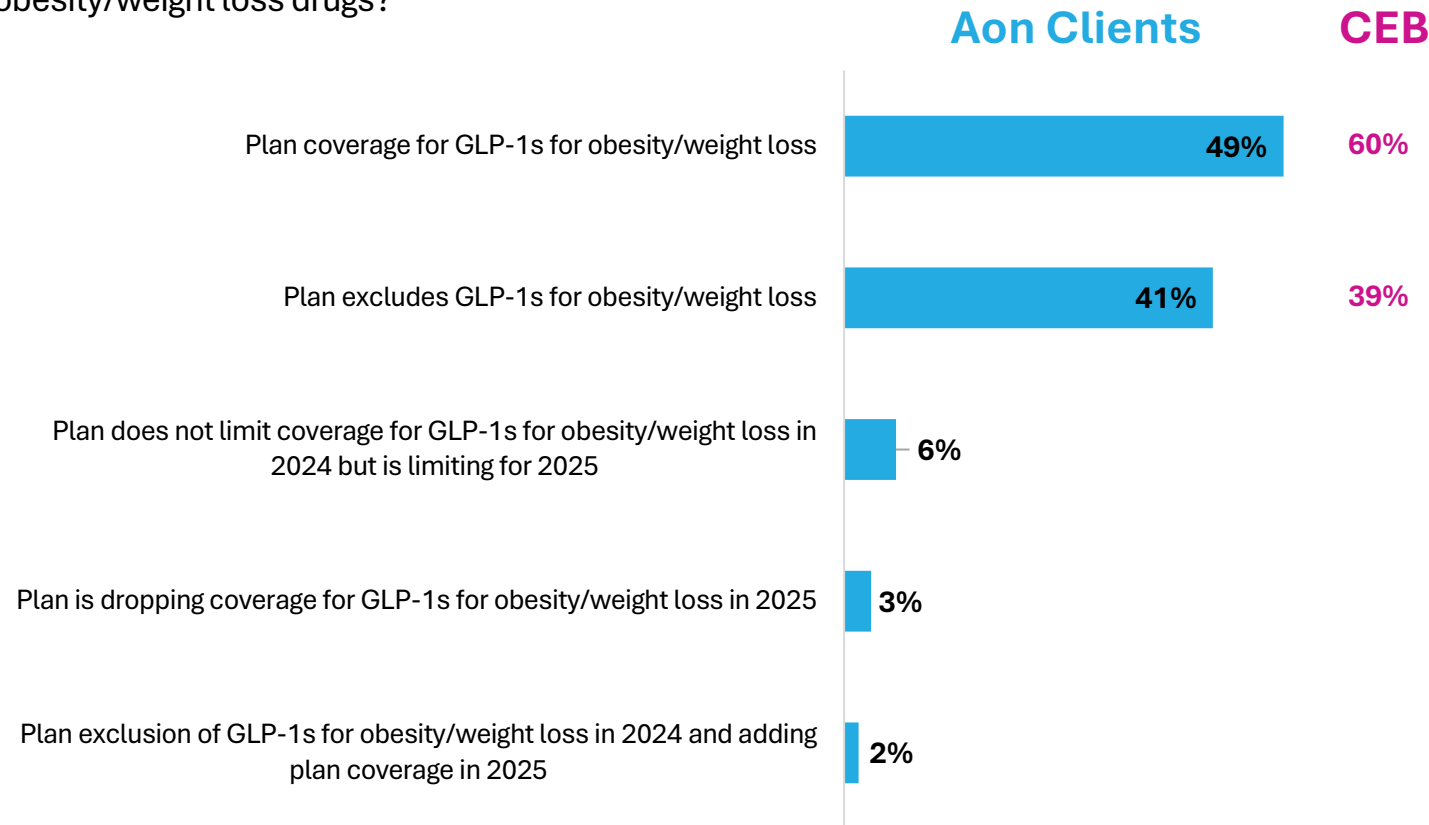
Actively managing the pharmacy benefit must be done with an eye toward affordability, accountability, and accessibility.

“The entire PBM landscape is being reshaped by cost and regulatory change pressures.”

Tracy Spencer,
Aon's National Pharmacy
Practice Leader

Challenging Questions Related to GLP-1 Drugs Are Ahead

What is your plan's coverage strategy for GLP-1 obesity/weight loss drugs?

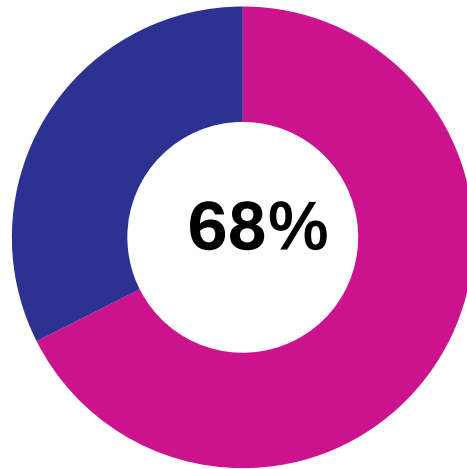


Employers remain nearly split on the cover / don't cover decision for weight loss GLP-1s, but the emerging research into new indications will likely expand utilization before market forces drive down cost.

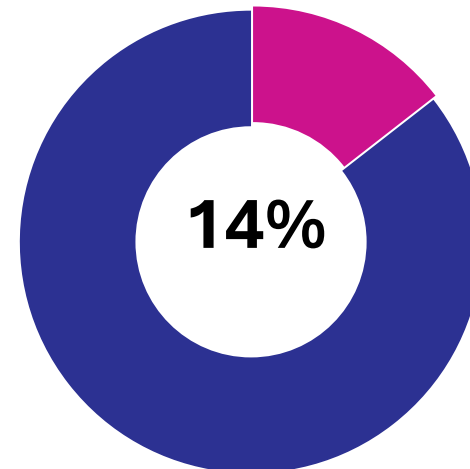
"The GLP-1 market is evolving with new products and more indications for use, so long-term cost-benefit analytics are needed."

Jonathan Hjelm, PharmD,
Aon GLP-1 Subject Matter Expert

CEB Member Organization Coverage of GLP-1s

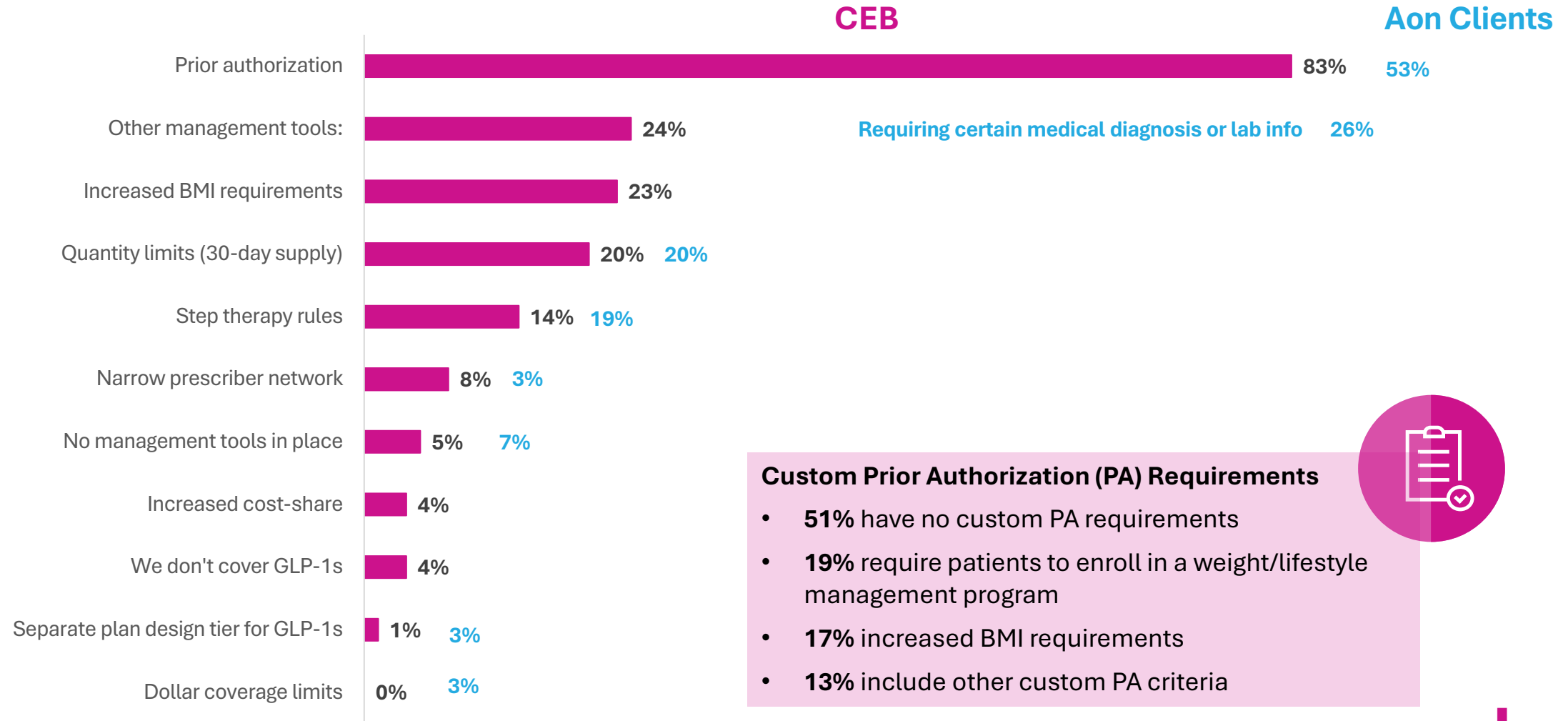


Of CEB survey
respondents cover
multiple anti-obesity
medications on formulary

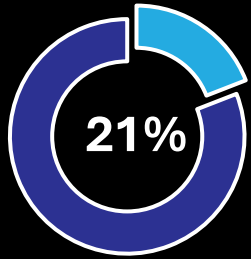


Of CEB survey
respondents cover
compounds

GLP-1 Management Tools CEB Members Have Implemented or Are Planning to Implement

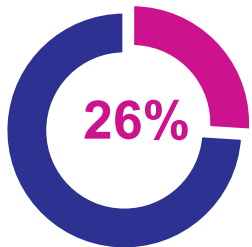
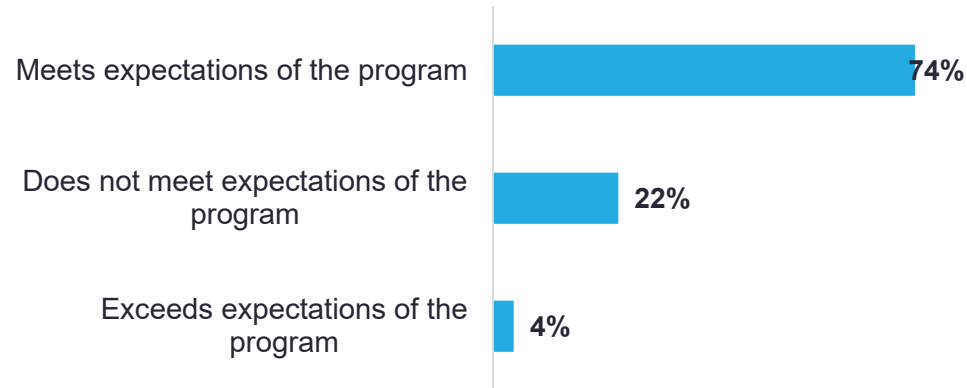


Most Employers Who Pair GLP-1s With Behavioral or Lifestyle Change Programs Are Satisfied With Results



Of surveyed Aon clients **offer lifestyle or behavior change programs** to support plan members taking GLP-1s

If your plan uses a PBM or a third-party vendor program to support behavioral or lifestyle changes for your members, how would you rate the value the program delivers?



Of CEB survey respondents offer lifestyle or behavior change programs

79% of CEB survey respondents using a lifestyle or behavior change program are **unsure** if it has effectively improved healthcare costs and/or member satisfaction

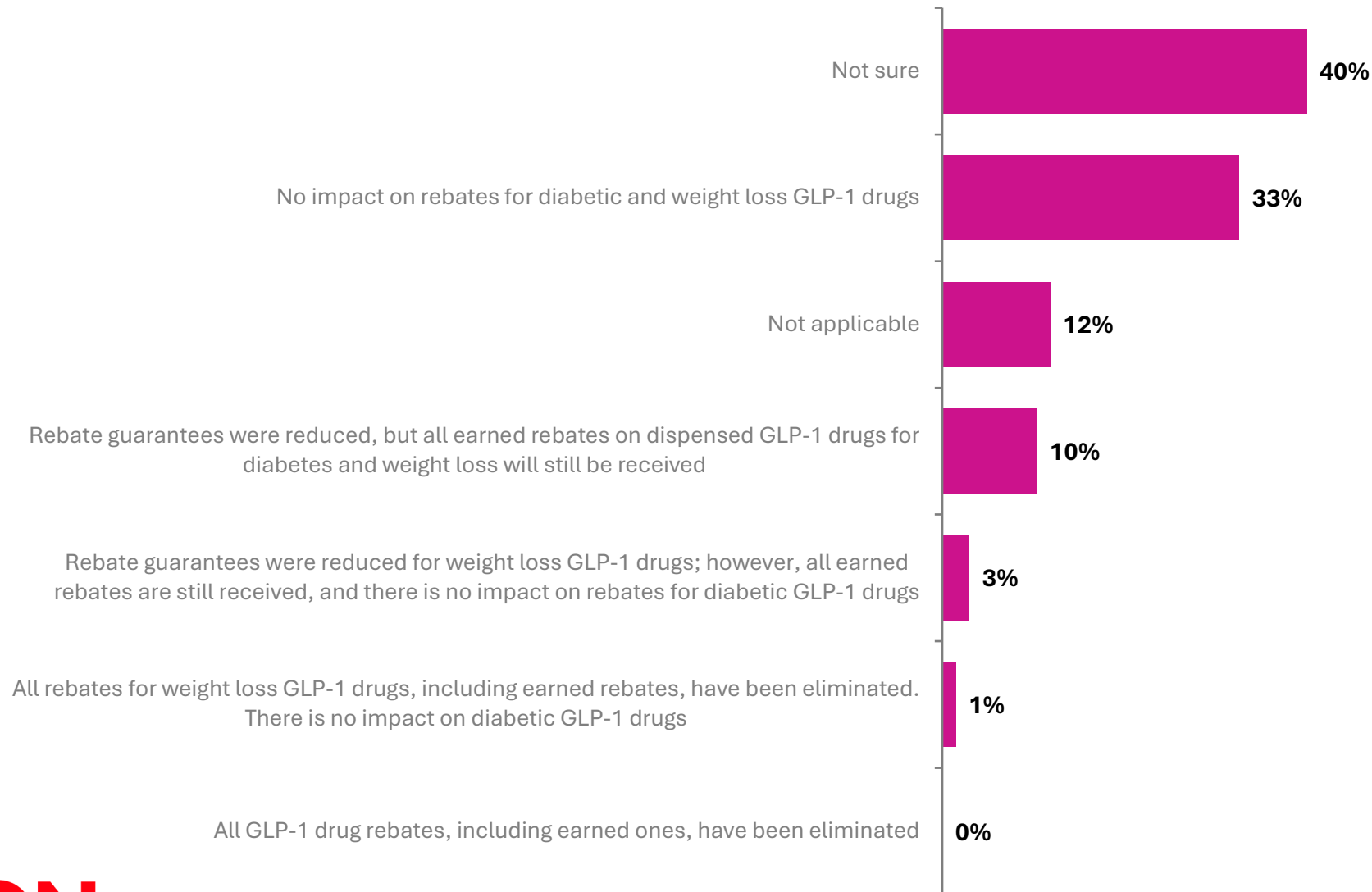
Measuring Performance is Critical

Third-party programs that pair GLP-1s with lifestyle changes, whether offered by a PBM, a health plan, or a vendor, are maturing but still developing. They should be fully evaluated, considering their methods, outcomes, performance guarantees, and cost.

“Lifestyle changes and patient support are a cornerstone for achieving and sustaining weight reduction.”

Charles Smith,
MD, Aon’s Chief Medical Officer

GLP-1 Impact on Rebates for CEB Members



Aon's Best Practice Recommendations

Utilization management is essential

- Well managed plans require prior authorization with documentation of disease state for every GLP-1 utilizer
- Add UM programs to GLP-1 drugs for diabetes to prevent off-label use for weight loss
- For plan sponsors choosing to cover the treatment of obesity with GLP-1s, Aon recommends that this class of drugs be managed using UM protocols along with a lifestyle management/coaching program
- Pairing GLP-1 drug coverage and lifestyle management for obesity treatment helps patients learn and adopt long-term approaches towards a healthier lifestyle while working towards a clinically appropriate weight
- 30-day supply limits should be in place for all obesity GLP-1s to reduce waste.

“With persistence on therapy increasing, indications expanding, and a rich pipeline, we must further sharpen our focus on managing the GLP-1 drug class.”

Tracy Spencer, Aon's National Pharmacy Practice Leader





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Questions?



Thank you.

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