Virtual Care for Metabolic Management & GLP-1 Prescribing



Written By Laura Carabello

Self-insured employers are painfully aware of the fastest-growing cost driver in employee benefits: GLP-1s, better known as weight-loss drugs. The obesity-drug competition is becoming less about losing weight and more about keeping it off and enhancing cardiovascular and metabolic health – termed cardiometabolic health. The conditions are closely intertwined, with high or unstable blood sugar levels contributing significantly to heart disease and stroke risk.
Now, plan sponsors can't afford to ignore the new generation of virtual care solutions that are reshaping how these medications are managed and discovering what's possible to better address these serious, high-cost conditions.

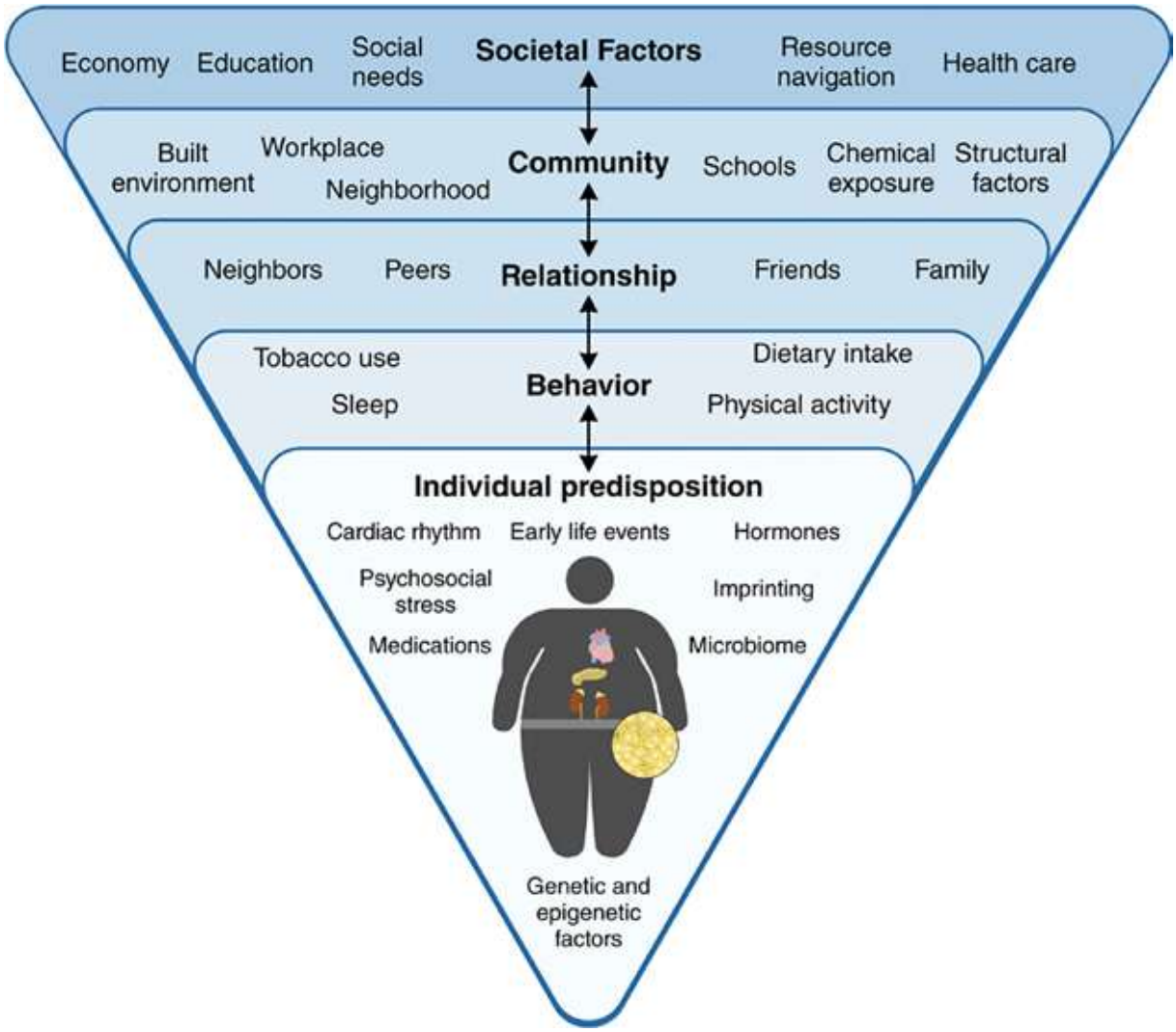
UNDERSTANDING THE DISEASE

When the body is unable to efficiently utilize food for energy or process blood sugar without medication, it becomes insulin resistant. This primary driver of the American cardiometabolic crisis has deepened as chronic health conditions—heart disease, diabetes, obesity, and kidney dysfunction—increasingly overlap, affecting a staggering 90% of adults to some degree.

The American Heart Association attributes this shocking number to a newly classified Cardiovascular-Kidney-Metabolic (CKM) syndrome, linking heart disease, kidney disease, diabetes and obesity. Now, experts link fatty liver disease to CKM, causing cirrhosis as well as increased risk of breast, colon and pancreatic cancer.

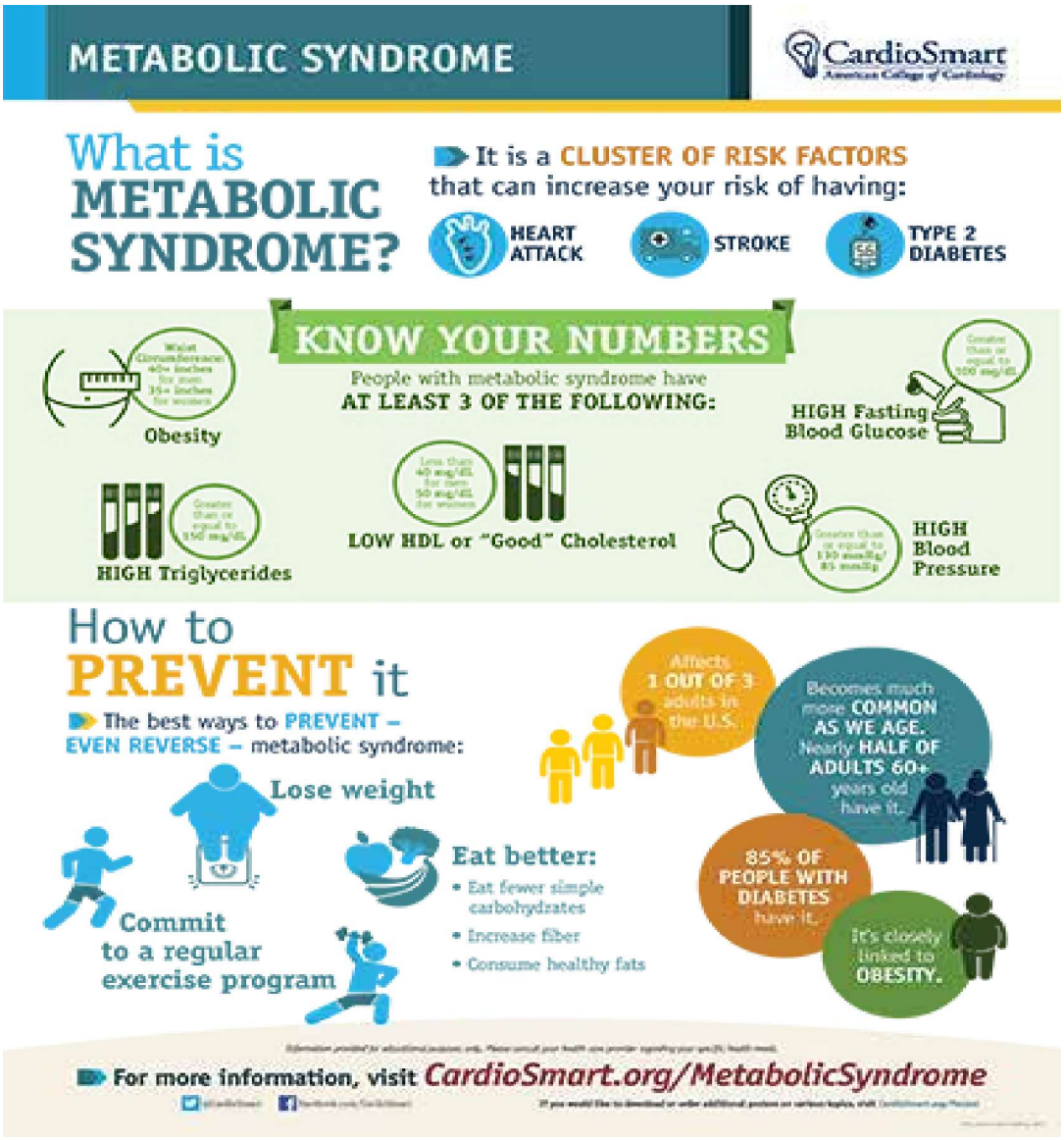
SOCIOECOLOGICAL FRAMEWORK FOR CKM SYNDROME

Social determinants at multiple levels of influence, including at societal, community, interpersonal and individual behavioral levels, affect the likelihood of cardiovascular-kidney-metabolic (CKM) syndrome and of consequent adverse outcomes. Individual biological predisposition, nested within these multiple levels of social influence, further affects CKM syndrome development and related outcomes.



Source: Circulation. A Synopsis of the Evidence for the Science and Clinical Management of Cardiovascular-Kidney-Metabolic (CKM) Syndrome: A Scientific Statement From the American Heart Association

According to WTW's 2024 Best Practices in Healthcare Survey, employers consider cardiometabolic disease a primary health concern: 84% said diabetes was a top health priority, while 83% cited obesity and 56% said cardiometabolic disease. This focus aligns with the increase in treatment utilization and pharmacy spend on these conditions.



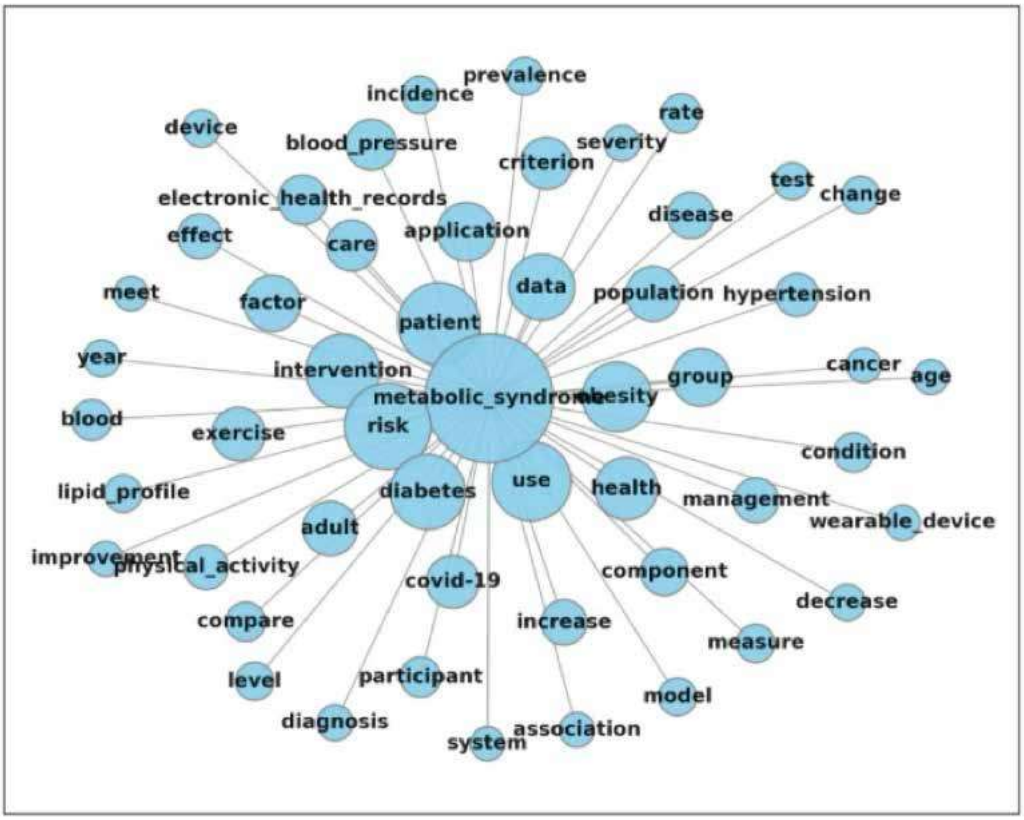
EMPLOYERS BEAR THE BURDENS

Employers are increasingly aware of the impact of obesity upon the physical health of members and the financial toll on plan performance.

Obesity is regarded as the anchor for CKM syndrome and according to a 2024 peer-reviewed study published in Nutrition & Diabetes, the combined economic burden of obesity and overweight among U.S. workers reached $425.5 billion in 2023, with the average cost per employee with obesity running $6,472 per year — compared to a healthy-weight counterpart.

The same study found that for a hypothetical employer with 10,000 employees, obesity and overweight costs total $22 million per year for obesity alone. Further confirmation in a PubMed-published study found that medical expenses for employees with obesity are estimated to be 42% higher than for normal-weight adults.

For self-insured employers, the math is truly unforgiving as the bills for these conditions simply mount, year after year. Cardiometabolic health is more than a wellness initiative; it's a financial imperative.



Source: Journal of Medical Internet Research. Network of core keywords related to MetS: metabolic syndrome.

ENTER GLP-1 MEDICATIONS — AND THE UNAVOIDABLE COVERAGE QUESTION

GLP-1s such as semaglutide, tirzepatide and others have fundamentally changed what's medically possible for weight management. For example, the Institute for Clinical and Economic Review (ICER) affirms that Tirzepatide, an FDA-approved, once-weekly injectable medication that treats type 2 diabetes, obesity, and moderate-to-severe obstructive sleep apnea, regulates appetite, slows digestion, and stimulates insulin release. ICER maintains that Tirzepatide produced a mean weight loss difference of -17.8% versus placebo, and -20.2% versus head-to-head trials.

A real-world study at an academic obesity clinic found that patients persistent on GLP-1s for 12 months achieved a median weight loss of 14.4%, approaching clinical trial results. For employees with type 2 diabetes, the cardiometabolic benefits are equally compelling.

GLP-1 medications prescribed for obesity could generate nearly $193,000 in lifetime economic and health value per patient while delivering outsized benefits to populations that have historically faced greater barriers to weight management, according to a new working paper from the National Bureau of Economic Research.

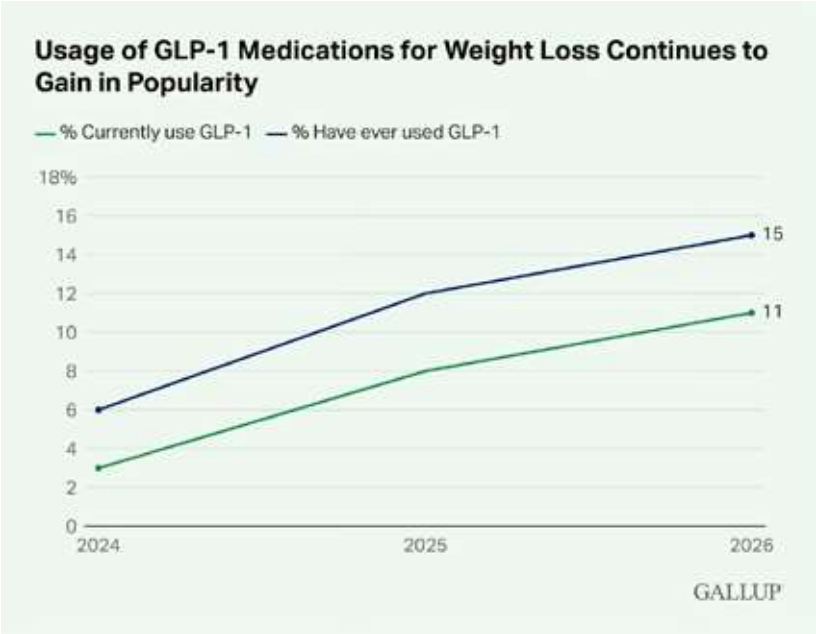
AMERICAN COLLEGE OF PHYSICIANS (ACP) RECOMMENDATIONS

Most recently, the ACP issued recommendations that semaglutide and tirzepatide are first-line treatments for overweight and obesity. They advise that clinicians and patients should discuss factors like harms and benefits, costs, values and preferences.

ACP has published living clinical guidance to help physicians select medications for patients with overweight or obesity, saying the new guidance "addresses additional management using pharmacologic treatments when lifestyle modifications alone do not result in optimal weight loss or weight maintenance for a person."



What's truly incredible is a July 2026 Gallup poll showing the share of US adults currently taking GLP-1 medications for weight loss has climbed to 11% in 2026, up significantly from 3% in 2024. Moreover, 15% report having used the medicine for weight loss at some point, an increase of nine percentage points.



But these medications come at a cost, carrying price tags that have forced self-insured employers into an untenable position: cover GLP-1s broadly and face unsustainable drug spend, or exclude them entirely and risk worsening health outcomes and workforce dissatisfaction. An Employee Benefit Research Institute (EBRI) study shows that GLP-1 drug claims among privately insured adults rose from 6.9% in 2023 to 10.5% in 2025, and now account for more than 15% of annual claims for more than a quarter of employers.



Paul Deger

Paul Deger, MA, LPC, LPCC, LMHC and chief clinical experience officer, TPN.health, advises, "GLP-1 medications sit at an interesting intersection for physical health, behavioral health, and social determinants like body image. On one hand, they can help close what I call the 'know-to-go gap': we all know we should eat better, move more, sleep well, but sustained behavior change is genuinely hard. If these medications support someone making that change more achievable, that's a real clinical win."

On the other hand, he says we have to ask whether they add to the pressures our culture already places on body image and self-criticism.

"My hope is that something this significant doesn't get treated as a quick fix, but instead opens up honest conversation," continues the psychotherapist and clinical leadership consultant specializing in digital mental health ventures. "In the same way we're still learning to have healthy conversations about technology's role in our lives, we need that same intentionality here, so people can make informed choices for themselves and for the field."

COVERAGE DECISIONS

There is a plethora of surveys hitting the media with a variety of findings:

- Last summer, an employer survey conducted by the Business Group on Health (BGH) found that 79% of employers have seen an increase in covered members' interest in weight management medications, including GLP-1s, as more employees qualify for coverage. While 96% of employers cover GLP-1s for diabetes, 67% are expanding coverage to include weight management, often struggling to manage costs and appropriate use. With this rising demand and broader eligibility, the overwhelming majority of employers are concerned about the long-term cost implications, highlighting ongoing challenges in managing overall drug expenses.

- A more recent survey from BGH found that the high cost of GLP-1s coverage for weight management is causing some employers to reconsider their decisions: 72% of those currently covering them say they're likely to continue in 2027 and just 10% said they likely will not continue coverage for weight loss in 2027.

- Another study just in from the Pharmaceutical Strategies Group (PSG) across employers, health plans and unions paints a slightly different picture. This study reports 49% of payers who do not currently cover GLP-1s for obesity would not do so at any price.

When asked the top reason for excluding coverage for obesity, 45% report coverage is too expensive for all members who would be prescribed the medication. Other factors include the view of the medications as lifestyle drugs (24%), ongoing cost exposure (18%) and high discontinuation rates resulting in a lack of ROI (5%). For plans that are open to GLP-1 coverage for obesity, the average amount they are willing to pay annually is $3,000.

- Yet another recent survey from the International Foundation of Employee Benefit Plans, spanning 31,000 multiemployer, corporate and public sector members representing over 25 million lives, shows the share of employers covering GLP-1s for both diabetes and weight loss has held steady at 36% year over year. Notably:

    - Among employers that cover GLP-1s for at least one indication, 45% also cover the drugs for other FDA-approved conditions beyond diabetes and weight loss, while 55% do not.

    - Among employers that only cover GLP-1s for diabetes or don't cover them at all, 62% are not considering adding weight loss coverage, 19% previously covered GLP-1s for weight loss but no longer do, 10% are not sure, and 9% are considering it.


Wendi Mader

Wendi Mader, chief commercial officer, Cecelia Health, observes, "The trend is extending beyond obesity treatment and appropriate use of GLP-1 medications to comprehensive metabolic health management. Employers increasingly recognize that virtual care enables efficient clinical evaluation, medication eligibility assessment, and ongoing care while reducing barriers such as provider shortages, scheduling challenges, and geographic limitations. The greatest value comes from virtual care solutions that combine medication management with ongoing lifestyle, nutrition, and behavioral support from clinicians rather than medication access alone."

Across the employee benefits community, it appears that stop-loss carriers and benefits consultants are changing their viewpoint of GLP-1s from a catastrophic claims threat to a pharmacy cost-management challenge. This shift parallels the 2026 Amwins Benefits State of the Market report, estimating that some employers are adding 2% or more to their healthcare budgets solely to account for GLP-1 medications.
Many employers are bracing for expanded access to the drugs and accelerated utilization as new formulations, including oral GLP-1s, become available and for growing evidence that the drugs could improve long-term health outcomes and potentially reduce overall medical spending.

Here's a unique suggestion: CookUnity, the first chef-to-you delivery service for busy people who want to eat well, has developed the GLP-1 Employer Cost Calculator to estimate how coverage could affect your health plan and explore strategies for supporting long-term metabolic health across your workforce. Access here: https://www.cookunity.com/business/glp-1-coverage-employers-calculator.

NEW MEDICARE BRIDGE PILOT IMPACTS EMPLOYERS

Here's a new wrinkle: The launch of Medicare's GLP-1 Bridge pilot is expected to reshape employer healthcare strategies as eligible participants now have access to certain GLP-1 medications for $50 per month.

With millions of Americans aged 65 and older remaining in the workforce, employers will no doubt see the use of GLP-1s increase among this population. Eligible participants are those enrolled in Medicare drug coverage (Part D) with a body mass index (BMI) of 35 or more, or a slightly lower BMI accompanied by at least one other weight-related condition.

WHAT'S THE BUZZ ABOUT COMPOUNDED GLP-1 MEDICATIONS?

Compounded GLP-1 medications are prepared by compounding pharmacies, usually at a lower cost than branded alternatives. Speaking at the 2026 J.P. Morgan Healthcare Conference, panelists reported that as many as 1.5 million patients in the U.S. may be using compounded versions of blockbuster GLP-1 drugs, underscoring how cheaper, unapproved alternatives have captured a significant share of demand for obesity treatments.

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But according to the U.S. Food and Drug Administration (FDA), while compounding pharmacies were legally allowed to make copies of brand-name GLP-1s during national drug shortages, those shortages have been resolved. GoodRx reports that compounded GLP-1s have been largely phased out, although they may still be on the market for workarounds such as non-standard doses and forms. Moreover, the FDA has expressed concerns with compounded GLP-1s and has received reports of adverse events related to compounded versions.

Consequently, the FDA ruled that pharmacies can no longer mass-produce standard "copies" of FDA-approved drugs. However, under certain conditions, pharmacies can still legally mix customized versions if a prescriber alters the drug's dosage, ingredients (e.g., adding Vitamin B12), or for a patient with a unique medical need.

The FDA has also issued numerous warning letters to telehealth companies that have made false or misleading claims about compounded GLP-1 products in their advertisements, including claims suggesting their products are the same as FDA-approved GLP-1 drugs. The FDA will continue to enforce compounding restrictions and prevent cheaper compounded alternatives from reaching the market.

Benefit advisors at Sequoia say employers and patients might consider compounded versions for significant cost savings, but these medications call for careful consideration. Employers should seek compounding pharmacies accredited by reputable bodies such as the Pharmacy Compounding Accreditation Board (PCAB).

From a pharmacist's perspective, they advise that compounded GLP-1 medications present several risks: Safety risks: Potency can vary significantly between batches, increasing the risk of suboptimal dosing or overdose. Past documented issues have included contamination and improper storage, leading to serious adverse reactions.

Efficacy risks: Lack of formal clinical testing means effectiveness can vary. Degradation due to improper storage, lack of bioequivalence studies, and absence of structured safety monitoring programs such as REMS or post-market surveillance may result in unpredictable clinical outcomes. Degradation due to improper storage and absence of bioequivalence studies may result in unpredictable clinical outcomes. Regulatory and legal risks: Compounded medications do not have FDA approval, potentially exposing employers to liability under ERISA and pharmacy benefit management contracts.

RISKS OF MICRODOSING

Microdosing, as popularized by direct-to-consumer companies that sell compounded products that are not FDA-approved GLP-1 therapies at lower costs, poses risks. Many experts believe that compounded products sit outside FDA approval for a reason. Without the clinical trial data that backs approved therapies, neither the employer nor the patient has a reliable basis for evaluating safety, efficacy or appropriate dosing.

Jonathan Wiesen, MD, cofounder & chief medical officer, Medi Orbis, concurs, "Regarding microdosing via compounded, non-FDA-approved GLP-1 products, this practice lacks clinical evidence and regulatory oversight. Physicians have an obligation to steer patients exclusively toward FDA-approved therapies with established safety and efficacy profiles."


Dr. Jonathan Wiesen

Mader agrees that the clinical evidence supporting GLP-1 microdosing remains limited, and no FDA-approved GLP-1 therapies are currently indicated for this approach.

"Employers should carefully evaluate programs that rely upon compounded products or dosing strategies without established clinical evidence or regulatory oversight," counsels Mader. "Medication decisions should be guided by qualified healthcare professionals using evidence-based clinical guidelines, approved prescribing information, and each member's individual clinical needs. As with any emerging treatment approach, clinical outcomes and patient safety should take precedence over marketing claims or perceived cost savings. Virtual care creates value when it extends access to evidence-based, clinician-led metabolic care—not when it simply makes GLP-1 prescriptions easier to obtain."

VIRTUAL CARE CHANGES THE LANDSCAPE

Virtual care platforms purpose-built for metabolic management are a smart strategy. For self-insured employers, they unlock several advantages traditional benefits structures can't provide, bringing clinical oversight, behavioral support and prescribing capability together in a coordinated, digital-first model.

These solutions are designed to augment, complement, or replace GLP-1 prescribing with additional support services. Most solutions evolved from virtual cardiometabolic programs or telemedicine platforms that expanded their capabilities to incorporate GLP-1 prescribing and management.

Dr. Wiesen observes, "Employers are increasingly recognizing telehealth as an essential benefit for weight management, utilizing remote evaluations to efficiently capture comprehensive medical histories and facilitate evidence-based GLP-1 prescribing for qualified members."

He maintains that high-quality virtual platforms must start with clinically excellent programs that support prior authorization requirements and pharmacy coordination, as navigating these pathways meaningfully impacts medication access and adherence.

"Equally critical is longitudinal care and clinical oversight — systematic monitoring of side effects, precise dose titration, and thoughtful tapering protocols distinguish clinically rigorous programs from transactional prescribing models," he continues. "The integration of coaching and engagement tools, both synchronous and asynchronous, is essential to optimize the user experience and clinical outcomes. "

Melinda Alba, MD, chief medical officer, Evidium, Inc., confirms that employers are moving in this direction for good reason.

"Telehealth services have been expanding since their inception, initially treating common urgent care illnesses," she explains. "Opportunities to treat and manage chronic diseases, including hypertension, diabetes and obesity, are now more accepted and utilization of these services is rising. Patients have more opportunities to return to manage their condition as well as check in early to discuss medication side effects or other related concerns."


Dr. Melinda Alba

She says this is positive for both patient and provider, adding, "As a clinician, this gives us the opportunity for early intervention, managing side effects, adjusting dosing and providing patient education. For the patient, virtual care is an opportunity to have questions answered by their trusted source of medical information in an expedited manner."

Dr. Alba maintains that the limitations of services when it comes to GLP-1s are around the prior authorization.

"Initially, the indications to prescribe a GLP-1 were very limited to people with diabetes," she continues. "This directly impacted prior authorization, especially when we were seeing weight loss as a side effect. For well-established virtual care platforms, a prior authorization process was in place, which obviously resulted in fewer unhappy clients, as these were able to facilitate the process. The patient's experience was evident in how quickly they received their prescription."

Now, as GLP-1 indications expand, Dr. Alba believes that the authorization process is improving. "It remains a key component for positive interactions with the telehealth platform. The best-case scenarios include both prior authorization and pharmacy support."


Beckie Fenrick

Beckie Fenrick, PharmD, chief pharmacy officer, Navion, affirms that many weight management solutions offered to employer groups now include telehealth and video consultations as a core component.

"These programs typically pair GLP-1 prescribing with a multidisciplinary care team: dietitians, health coaches, and clinical professionals such as advanced practice nurses and physicians — who support patients throughout their weight management journey. That comprehensive model is what makes the difference: not just access to medication, but the ongoing support and monitoring that help members make sustainable lifestyle changes for long-term results."

She attests that both prior authorization and pharmacy support for weight loss medications are essential components of a virtual care platform, adding, "Real-world data shows more than 50% of GLP-1 users discontinue therapy within a year, with side effects, including nausea, GI issues, and hair loss, among the leading reasons. Prior authorization tied to documented medical necessity supports appropriate patient selection from the start. Ongoing monitoring matters just as much: patients who stop therapy can regain a significant portion of lost weight rapidly, making tapering decisions and

continued clinical support a critical part of any responsible program."

Fenrick emphasizes that the clinical evidence is clear: sustainable weight loss depends on long-term behavior change, not medication alone.

"Programs offering diet, exercise, and lifestyle support alongside GLP-1 therapy improve outcomes and help patients maintain progress after stopping medication," she emphasizes. "A virtual program that prescribes without that wraparound support isn't managing metabolic health. It's managing a prescription."


Becca Bean

Recognizing that a prescription alone isn't enough, Becca Bean, senior vice president, DialCare, advises, "When employers are looking at GLP-1 solutions, they really need to demand a model where their employees receive ongoing communication from both prescribing doctors and behavioral health experts," she says. "Our Virtual Primary Care model provides whole-health support and preventive care services. Licensed physicians conduct initial evaluations, prescribe medications, provide pharmacy support, monitor clinical side effects and manage dosing."

But she maintains that the medical aspect is only part of the solution, noting, "We believe members also need the benefit of working with behavioral support experts who can provide guidance on crucial nutritional and lifestyle factors. It's a two-part approach that maximizes metabolic benefits and creates real, sustainable health outcomes for every employee served by virtual care platforms that provide access to GLP-1 medications."

CAUTIONARY GUIDANCE

Telehealth platforms offer virtual medical evaluations and medication management, while retail health options and direct-to-consumer platforms integrate online consultations directly with prescription deliveries. Because GLP-1s carry potential side effects, they require a prescription and should only be obtained through legitimate services with licensed healthcare professionals.

Providers must be licensed in the specific state for virtual care and must conduct a thorough medical review before prescribing. Traditional primary care physicians have expressed concerns that some third-party telehealth companies provide rushed evaluations or poor long-term monitoring. To ensure safe prescribing and delivery, major pharmaceutical manufacturers have launched direct digital networks to connect patients with telehealth providers and medications.

In a study published in the Journal of the American Medical Association, one researcher at Yale University set out to document those online prescriptions by posing as a 'secret shopper' patient. The results capture what many Americans have learned in the last few years: It is extraordinarily fast and easy to get a GLP-1 online.

Forty-five of 49 sites wrote a prescription for the patient, whose simulated profile included obesity and prediabetes — usually within a day, and sometimes in less than five minutes. But the prescription process often fell short of obesity care standards. Many telehealth sites' patient intake surveys skipped essential

questions about eating disorders and lifestyle. Steps to verify patients' self-reported information were poorly enforced. In some cases, the patient received multiple prescriptions from the same clinicians working for different sites.

Now there are specific allegations against telehealth company LifeMD, listed as a provider on the Novo Nordisk website, the maker of Ozempic and Wegovy. The complaints claim that the company has sought to maximize the volume of prescriptions it issues at the expense of patient safety, which has led to reckless prescribing. While LifeMD strenuously denies the charges, these concerns come amid growing concerns about lax clinical oversight of telehealth providers, as referenced earlier.

MULTIPLE ADVANTAGES OF THE VIRTUAL APPROACH

Clinical gatekeeping that protects plan members and the bottom line. Wraparound support optimizes clinical outcomes.

The greatest risk with GLP-1 coverage isn't the medication itself; it's providing coverage without having a clinical structure in place. When care is left unmanaged, reports show that 40–50% of members are placed directly on a GLP-1 as a first-line treatment. Virtual metabolic programs with structured prescribing protocols bring that number down dramatically: one program reported only 14% of members starting on a GLP-1, with the rest beginning with behavioral and less intensive interventions. This keeps your benefit justifiable and cost-effective.



Dr. Wiesen advises employers that are evaluating virtual programs to demand seamless communication with primary care physicians, registered dietitians, nutritionists and fitness specialists, noting, "This interdisciplinary infrastructure transforms GLP-1 therapy from a pharmacological intervention into a comprehensive metabolic reset," he says.

GLP-1 medications work best when paired with nutritional coaching, behavioral health support and lifestyle modification. Research published in the Cleveland Clinic Journal of Medicine found that combining GLP-1 medications with intensive lifestyle intervention in a real-world virtual program led to sustained weight loss — yet fewer than 2% of qualifying adults currently receive GLP-1s alongside structured behavior change support.

Omada Health's internal data found that members in their Enhanced GLP-1 Care Track who persisted on medication through 12 months experienced an average weight loss of 18.4%, compared to 11.9% in real-world evidence without structured support.

ONLINE MEDICATION ORDERING

KFF polling data shows that while most patients who have taken a GLP-1 received their prescription through a primary care doctor or a specialist, some industry observers are concerned that getting a weight loss prescription online is usually much easier than getting one through an in-person appointment. Many telehealth companies write quick prescriptions for GLP-1s, but they often sell the medications, too, allowing patients to bypass in-person pharmacy visits.

Critics maintain that this one-stop shopping may not be a positive trend, charging some telehealth providers with writing prescriptions for people who should not be taking GLP-1s and then providing little or no follow-up care. Virtual care visits may present an easy way to lose weight, especially with a boost from paid celebrity endorsements, but often fail to emphasize the importance of healthy eating and exercise, KFF Health News review of Food and Drug Administration data, along with telemedicine researchers, worries that adverse experiences tied to telehealth companies are becoming more common. But suboptimal outcomes aren't unique to telehealth providers or to the compounded weight loss drugs many of them offer. In fact, court data shows that product liability lawsuits alleging patient injuries have been filed overwhelmingly against pharmaceutical giants that manufacture name-brand weight loss drugs.

INTEGRATED FORMULARY AND UTILIZATION MANAGEMENT

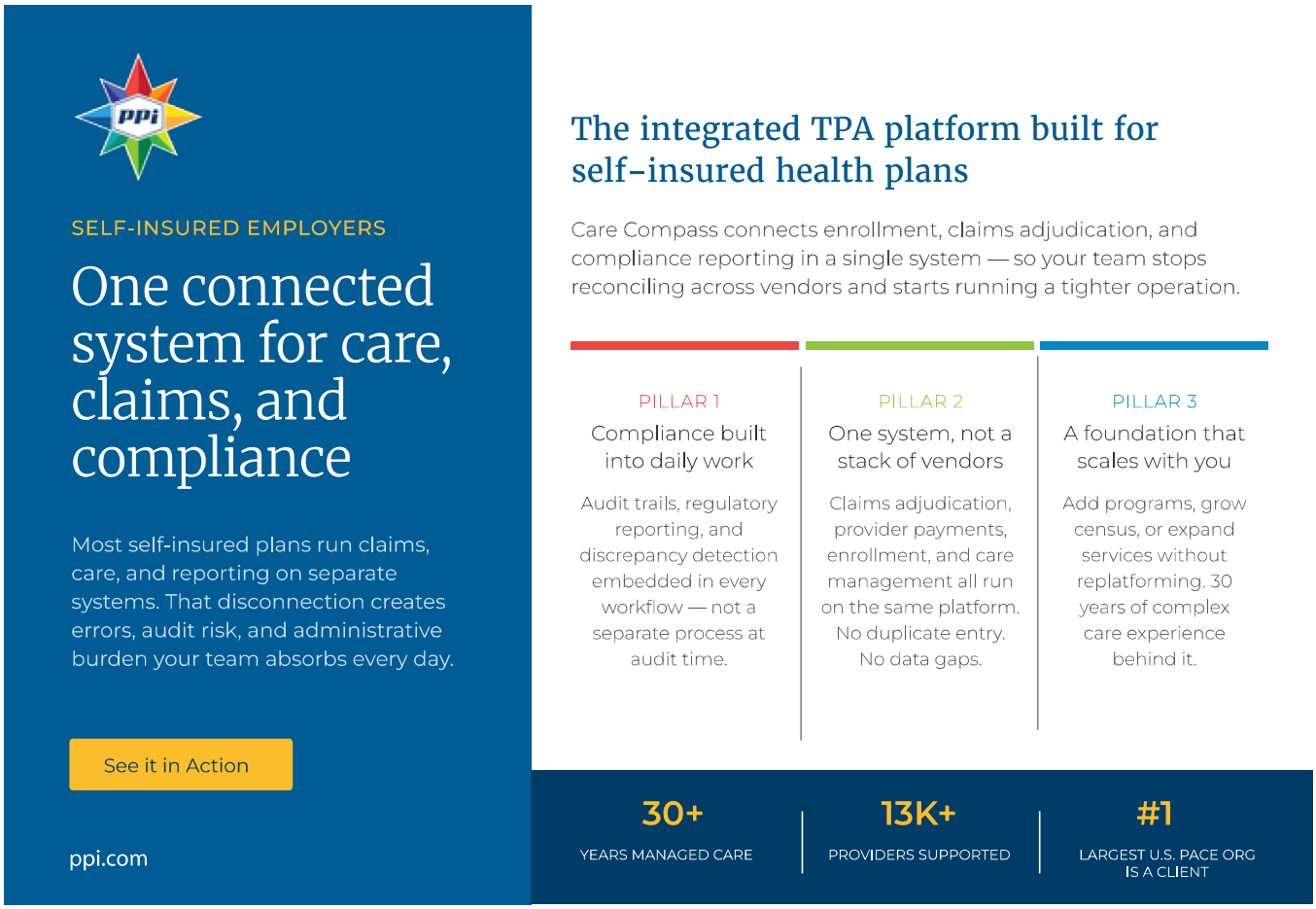
A truly effective virtual care partner acts as an extension of the benefits team, actively navigating the complexities of GLP-1 therapy. The right virtual care partner will work within your pharmacy benefit structure, applying step therapy protocols, prior authorization logic, and manufacturer coupon strategies to reduce per-member drug costs without restricting access for clinically appropriate candidates.

Mader attests that prior authorization and pharmacy support are essential components of a high-quality virtual care program. "...because they help members access appropriate therapies efficiently while ensuring alignment with employer benefit design."

But medication access is only the starting point, as Mader emphasizes, "Sustainable outcomes require ongoing clinical oversight, including dose titration, side effect monitoring and management, adherence support, and individualized planning for long-term maintenance or medication discontinuation when appropriate, plus coordination with prescribing providers. This continuous engagement not only promotes safety and effective medication use but also helps members remain engaged in the lifestyle changes necessary to achieve lasting metabolic health improvements."

She advises employers to evaluate virtual care programs based on the quality of clinical care they deliver—integrating medication management with lifestyle interventions, intensive nutrition counseling, physical activity, and psychosocial support to drive lasting metabolic health improvements.

"Effective programs are clinician-led and supported by multidisciplinary teams that include registered dietitians and specialty providers as appropriate," Mader explains. "Equally important is communication with primary care providers to ensure care is coordinated and sustainable. Employers should look for demonstrated clinical outcomes, sustained engagement, evidence-based protocols, and integrated care models that help members build healthy behaviors alongside appropriate medication use."



ASYNCHRONOUS AND SYNCHRONOUS CARE OPTIONS.

Not every employee can or will attend in-person appointments. Virtual metabolic programs meet members where they are, through app-based check-ins, telehealth visits and on-demand messaging with care teams. According to WTW's 2024 Best Practice Survey, 38% of employers have already partnered with a third-party point solution vendor to support obesity management, reflecting growing recognition that medication alone is not the answer.
Dr. Alba's viewpoint is thoughtful: "Patient-centered coordinated care is complete virtual care. This allows for more dialogue and putting the patient first."

She emphasizes that care coordination is one of the most challenging aspects of patient care, explaining, "Therefore, virtual care that includes support not only from primary care physicians but also from wellness experts including dietitian and nutritionists, is important. With GLP-1's, assisting in the creation of healthy food regimens is a priority while controlling food cravings. Further, having a fitness expert available completes the coaching with weight loss. Whenever possible, the initial fitness training should be offered in person to ensure correct form and optimal weights.

ADHERENCE TO TREATMENT IS KEY TO ROI

As with most treatment regimens, compliance with GLP-1 protocols is essential to improving clinical outcomes. When patients stop taking these drugs, studies show they not only regain weight, but also incur increased risk of heart attack, stroke and death compared to staying on the medication.

Researchers at Washington University School of Medicine in St. Louis followed more than 333,000 U.S. veterans with type 2 diabetes for three years. Over the course of the study, 26% of GLP-1 users stopped taking the medication most often due to cost, side effects or lack of clinical support. About 23% had an interruption of six months or more followed by resuming treatment.

Compared to continued use, they found that stopping or interrupting GLP-1 treatment for as little as six months was linked to a significant increase in the risk of major cardiovascular events. The longer the gap in treatment, the bigger the jump in risk — up to a 22% increase for cardiovascular events, even death -- after two years off GLP-1s, largely erasing the benefits gained during treatment.

Clearly, without adherence to treatment, members relinquish the outcomes they anticipate, and plans forego the downstream claims savings they need.

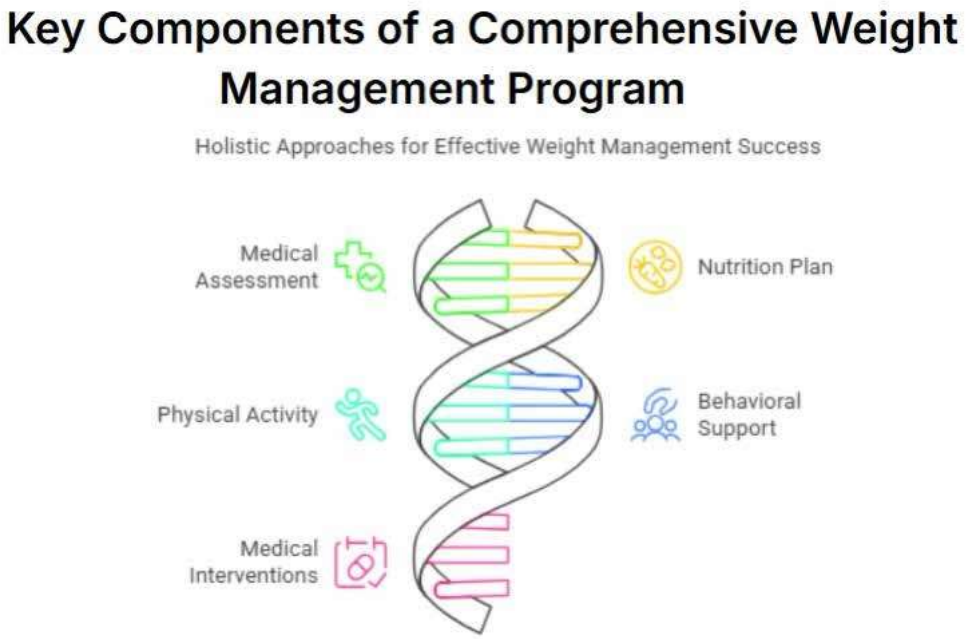
COMPREHENSIVE V. WRAP-AROUND VIRTUAL SOLUTIONS

Today, some companies are partnering with employers to design custom programs based upon an employer's benefit strategy, existing coverage dynamics and employee needs. The Peterson Health Technology Institute explains that typically, employers can choose either a comprehensive solution that includes a GLP-1 prescriber network paired with weight management and support services or a wraparound solution that provides additional weight management or support services to patients already receiving GLP-1 medications.

The difference lies in the level of clinical integration and holistic care, as vendor offerings are evolving quickly in response to market trends and purchaser needs.

Comprehensive Solutions integrate medications for weight management with broader cardiometabolic support, treating obesity as a chronic, complex disease rather than focusing solely on a calorie deficit. Offering a holistic baseline that combines nutrition therapy, exercise plans and behavioral counseling from day one, this approach establishes multi-faceted, foundational structures addressing diet, movement, behavior change and medical/surgical interventions simultaneously. They provide employees with access to clinicians and lifestyle counseling delivered by coaches or dietitians.

This approach pairs access to prescriptions and medication management with structured behavior change programs. Prescriber integration enables these solutions to offer their behavior change programs as a stand-alone, weight loss option that can be used instead of a GLP-1 or as a complementary support for those receiving medication.



Source: NY Choice Medical

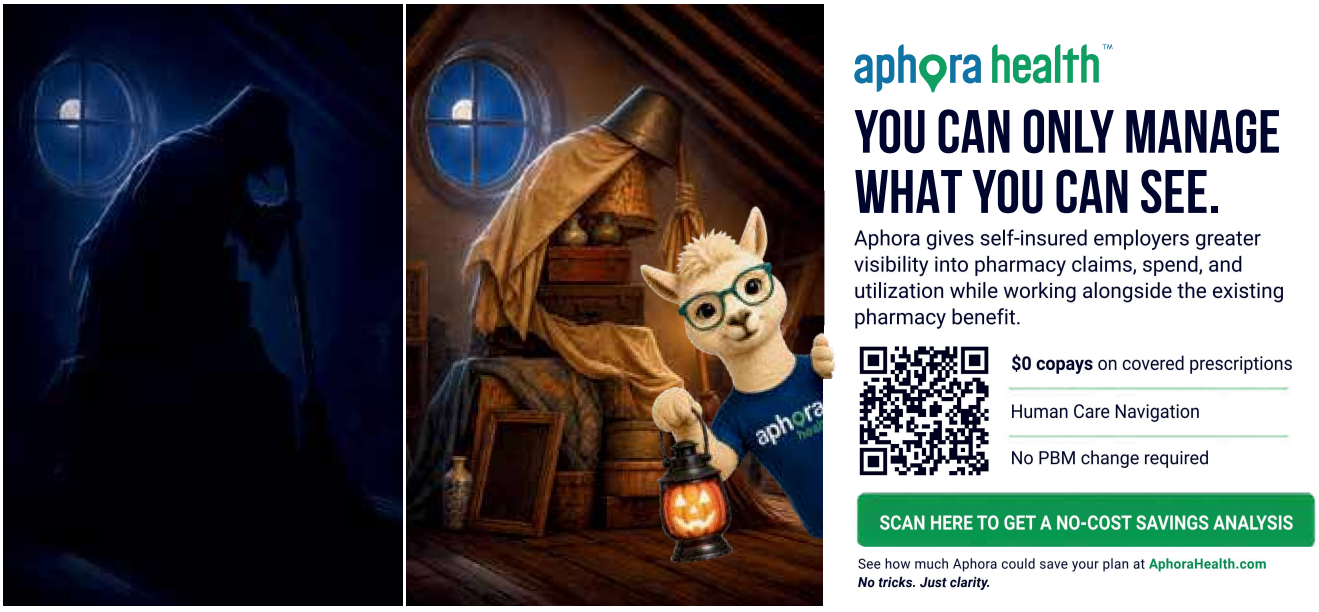
Northwell Health points to the benefits of not simply achieving long-lasting weight loss but also overall health improvement. Employing a holistic strategy, comprehensive programs offer individualized treatment plans with a personalized approach that is tailored to a person's unique needs, metabolic rate, medical history and personal preferences to ensure more effective and sustainable weight loss. They take into account multiple aspects of weight loss including diet modification, physical activity, behavior change therapy and use of weight loss medications.

Experts at Northwell also point to the value of medical supervision, as these programs are overseen by healthcare professionals who are specifically trained in medical weight loss. They integrate care with on-site nutritionists and mid-level providers, further assuring that the weight loss process is safe, healthy and adjusted based upon progress and any medical issues that may arise.

Collectively, these features focus on sustainable lifestyle changes, providing ongoing support and education to ensure long-term success. Members will develop healthy habits that can be maintained long after the formal program ends as opposed to quick-fix diets. It's a recipe for reducing the risk of chronic diseases such as diabetes, heart disease and hypertension and enhancing quality of life, improved mobility and better psychological well-being.

AT A GLANCE

Feature	*Comprehensive*	*Wrap-Around*
Primary Focus & Structure	*All-in-one, provided by the platform; The entire obesity management experience: diet, behavioral health, physical activity*	*External, managed by your own PCP; Supplemental services wrapping around a medication or surgical benefit.*
Medical Oversight	*High; routine labs and medication management included*	*Low; relies on your personal doctor*
Cost	*Usually higher -- often requires monthly subscriptions*	*Variable -- many offer free or low-cost tiers*
Focus	*Holistic medical, behavioral, and nutritional changes*	*Behavior modification, tracking, and lifestyle coaching*



Wraparound Solutions focus on supporting employees who are already receiving GLP-1s, but do not provide prescribing services themselves. Employers often adopt these programs when they use other GLP-1 prescribing solutions or if they allow GLP-1 access through their standard pharmacy benefit and provider network. Essentially, they complement existing healthcare services rather than replacing them, "wrapping" additional support around the foundation of care a member already receives from their primary care physician (PCP).

Members get their prescriptions and primary medical clearances directly from their own doctor. The virtual platform then provides supplementary services, such as digital food logging, mindfulness coaching, fitness tracking and dietitian support. This approach is ideal for those who already have a trusted PCP managing their medical weight loss and just need supplementary accountability, education or lifestyle coaching.

This model effectively addresses common barriers to medication adherence by offering behavioral coaching, nutritional counseling, side-effect management and digital tracking tools. A number of solutions focus on food and nutrition, some of which include food delivery and meal preparation services. Many solutions are also willing to offer performance guarantees and link payments to weight loss outcomes.

A recent clinical trial shows that taking medications along with participation in the WeightWatchers behavioral program is 54% more effective for weight loss than reliance on medications alone. Sponsors of the program say adherence is key to successful weight loss with GLP-1s, and a wraparound program improves medication adherence by providing added support and motivation. When employees face challenges like navigating side effects or out-of-

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pocket costs, a wraparound program can provide ongoing education and encouragement to help them stay motivated and committed to their weight health goals.

GROWING REGULATORY SCRUTINY

For the public "heavyweights" and venture capital-backed startups that have surfaced to meet overwhelming demand for GLP-1 weight loss drugs, the emerging state crackdowns on corporate medicine are a concern.

Online care is caught in the crossfire as more than 30 states have determined it's illegal for corporations to practice medicine. In fact, in the last two years, several states have moved to strengthen the corporate practice of medicine laws that govern relationships between physician-owned medical groups and lay companies.

These regulations and proposals are written with an eye toward in-person care provided in hospitals, physician clinics, and nursing homes, and aim to protect patients from profit-motivated care. But the business model they target is also the underpinning for many telehealth companies as new lawsuits threaten their existence.■

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