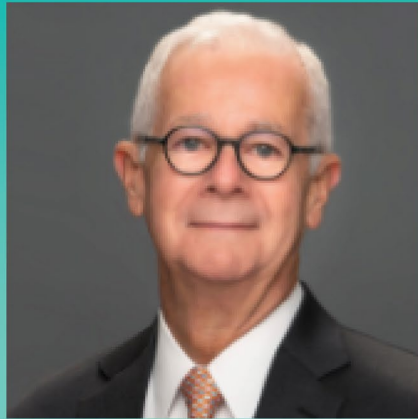




BREAKOUT SESSION **B:**

GLP-1s + BEHAVIOR CHANGE: MAKING WEIGHT LOSS DRUGS WORK



Charles E. Smith, MD
Chief Medical Officer North America
Aon Health Solutions



Jason Parrott
Senior Vice President, Growth,
Innovation & Partnerships
Vida Health

AON

GLP1s + Behavior Change

Making Weight Loss Drugs Work

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How clients are evaluating
GLP-1s



Our Early GLP-1 Research Findings

A

Early year costs are higher for GLP-1 users, though early trends are lower, compared to control

- After an initial increase in costs, Aon observed a seven-percentage point improvement in medical spend growth for GLP-1 users in the second year, outside the cost of treatment. Lower inpatient costs were a key driver of the lower spend growth.

B

GLP-1 users experienced a 44% reduction in hospitalizations caused by major adverse cardiovascular events (e.g., stroke, heart attack and heart failure) over the 24 months following therapy initiation

- We also observed 20%+ reduction in hospitalizations for other conditions such as alcohol and substance use disorders and respiratory conditions (e.g., pneumonia)

Aon also observed lower incidence of claims for pneumonia, inflammatory bowel disease, osteoporosis, and alcohol and substance use disorders among the treatment group

C

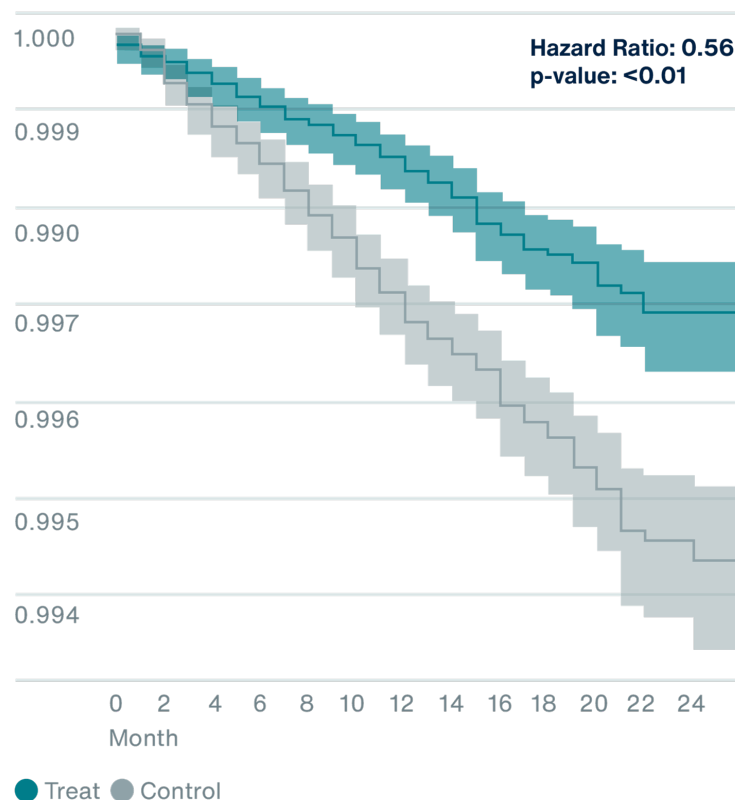
- The analysis also showed GLP-1 users had elevated claims activity in certain arthritic conditions, thyroid and esophageal disorders, and sleep-wake disorders



B

We observed a 44% decrease in hospitalizations for Major Adverse Cardiovascular Events (MACE), among other inpatient improvements

Survival chart: Percent of population absent of inpatient admissions for MACE during first 24 months of treatment of GLP-1s, compared to control group



Takeaways

- We observed 44% reduction in major adverse cardiac event hospitalizations (e.g., heart attack, stroke)
- We also observed 20%+ reduction in hospitalizations for other conditions such as alcohol and substance use disorders and respiratory conditions (e.g., pneumonia)

C

We observed mixed impacts to claims incidence for new diagnoses across conditions

Diagnosis rate impact by condition among GLP-1 utilizers of Ozempic, Mounjaro, and Wegovy compared to control

Condition	Diagnosis Rate Impact	Hazard Ratio
Pneumonia	Reduction	0.78
Inflammatory Bowel Disease (IBD)	Reduction	0.80
Osteoporosis	Reduction	0.80
Alcohol and Substance Use Disorder	Reduction	0.84
Cerebrovascular Disease	Reduction	0.87
Disc/Joint Disorder	Increase	1.13
Mental Health Disorder	Increase	1.15
Thyroid Disorders	Increase	1.16
Esophageal Disorders	Increase	1.19
Osteoarthritis	Increase	1.23
Sleep-Wake Disorder	Increase	1.28

Takeaways

- Reductions in pneumonia, IBD, osteoporosis, alcohol and substance use disorder, cerebrovascular disease, and rheumatoid arthritis diagnoses
- Increased diagnoses of select cardiovascular, musculoskeletal, digestive, behavioral, endocrine, and nervous conditions
- A Jan 2025 Nature study using VA data found some similar condition impacts¹

1. Mapping the effectiveness and risks of GLP-1 receptor agonists, Nature, Xie et al, Jan 2025; Compared to the composite control, GLP-1 use was associated with a decreased risk of 34 (19.43%) outcomes, including pneumonia, alcohol use disorders, respiratory failure, COPD and suicidal ideation, and an increased risk of 17 (9.71%) outcomes, including nausea and vomiting, GERD, abdominal pain, nephrolithiasis and sleep disturbances

Note: For Aon condition-specific sub-analysis, includes users with >80% days supply filled over time period for which we can observe the individual.

Lifestyle Management for Treating Obesity

Evidence supports the critical role of Lifestyle Management along with Medication



Lifestyle changes help preserve lean muscle mass, support cardiovascular health, and can address other underlying contributors to obesity that medication alone may not fully manage. 1

Weight regain risk: Studies show that discontinuing GLP-1 therapy without continued lifestyle support often leads to weight regain, highlighting the importance of sustainable habits. 2



Adherence to lifestyle changes improves long-term success. Observational studies indicate that people who continue to follow healthy lifestyle practices alongside GLP-1 therapy are more likely to maintain weight loss after stopping the drug. 3



GLP-1 Patient Support Model Spectrum

Each coverage pathway has a unique set of member, cost, and rebate considerations

	Unrestricted	Supportive	Minimal	Restrictive	No Coverage
Description	<ul style="list-style-type: none"> Open access. 	<ul style="list-style-type: none"> Voluntary participation in companion program offering support for lifestyle and medication management. 	<ul style="list-style-type: none"> Required engagement in lifestyle/medication management program. 	May include: <ul style="list-style-type: none"> Custom eligibility Narrowed Prescriber Step Therapy Strict engagement De-prescribing 	<ul style="list-style-type: none"> Direct to consumer options or subsidized access to telehealth for weight loss.
Coverage	<ul style="list-style-type: none"> Members meeting FDA criteria. 	<ul style="list-style-type: none"> Members meeting FDA criteria plus those who receive incentive for engagement. 	<ul style="list-style-type: none"> Only members achieving monthly engagement metrics. 	<ul style="list-style-type: none"> Only members meeting requirements of all eligibility and administration expectations. 	<ul style="list-style-type: none"> No coverage on the medical plan, self-pay only.
Member Experience	<ul style="list-style-type: none"> Reliance on guidance of PCP and self-directed interest in lifestyle management supports. 	<ul style="list-style-type: none"> May support enhanced outcomes, if incented to engage. 	<ul style="list-style-type: none"> Slight inconvenience with required engagement, supports enhanced adherence and outcomes. 	<ul style="list-style-type: none"> Disruptive for current users initially, supports optimal adherence and outcomes. 	<ul style="list-style-type: none"> Reliance on guidance of PCP and direct to consumer resources.
Cost Impact	<ul style="list-style-type: none"> Increase Rx Trend. 	<ul style="list-style-type: none"> Program Cost PBM Admin Fees Increase Rx Trend 	<ul style="list-style-type: none"> Program Cost PBM Admin Fees Decrease Rx Trend 	<ul style="list-style-type: none"> Program Cost PBM Admin Fees Decrease Rx Trend 	<ul style="list-style-type: none"> Decrease Rx Trend Unintended Med Costs
Pharmacy Rebate Impact	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Not likely. 	<ul style="list-style-type: none"> Likely. 	<ul style="list-style-type: none"> Very Likely. 	<ul style="list-style-type: none"> N/A

Challenging Questions Related to GLP-1 Drugs are Ahead

Key Consideration when developing an Obesity GLP1 Strategy:

- Coverage Spectrum
 - No Coverage
 - No Coverage except for Co-Morbidities
- BMI Considerations (an Actuarial Exercise)
- Program Engagement Requirements
 - % of Activities and Grace Period
- Value Based Designs
- Employment Status Plan Designs (for High Turn-Over Businesses)
 - i.e. Cover after 12 months of employment
- Other?

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.



2

Questions

AON

