

A Cost-Benefit Analysis of GLP-1s

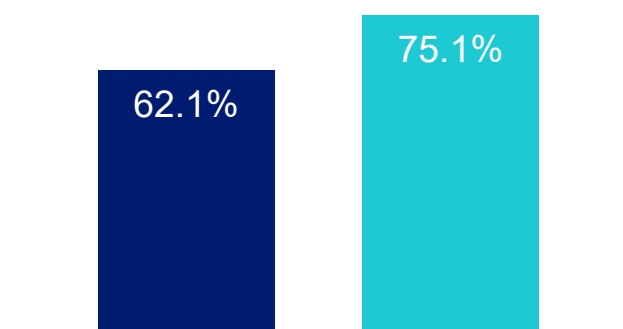


This infographic presents key findings about utilization of glucagon-like peptide-1 agonists (GLP-1s) for both diabetes and weight loss and the impact on health plans. The analysis is based on data from SHAPE, Segal's proprietary health data warehouse, which includes information from health plans across the United States representing a range of industries and organizations that collectively cover more than 4 million lives.

We found adherence with GLP-1 therapy differs for diabetics and those using the medication for weight loss as well as among age groups and between men and women. Adherence rates have a significant impact on savings.

■ Diabetic ■ Non-Diabetic

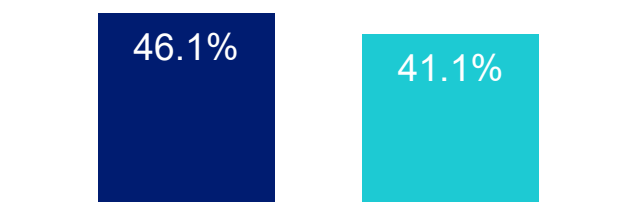
The majority of new GLP-1 users are women.



One-third of new GLP-1 users discontinue therapy after one year.



Less than half of new GLP-1 users are adherent* after one year with adherence lower among non-diabetics than diabetics.



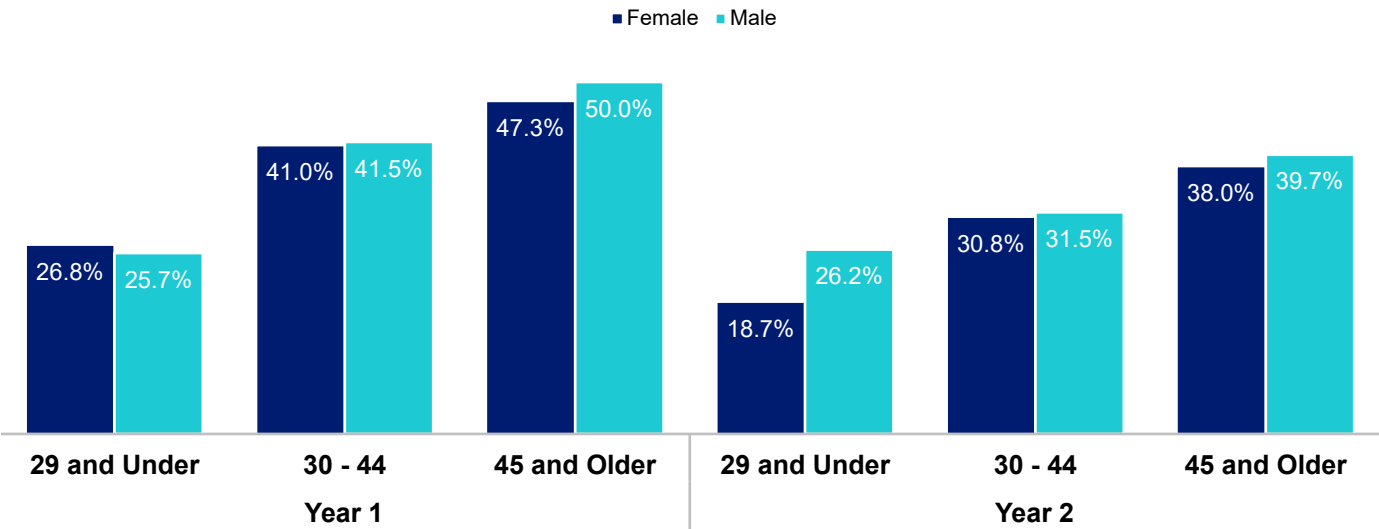
In year two, GLP-1 adherence continues to drop and remains lower among non-diabetics than diabetics.



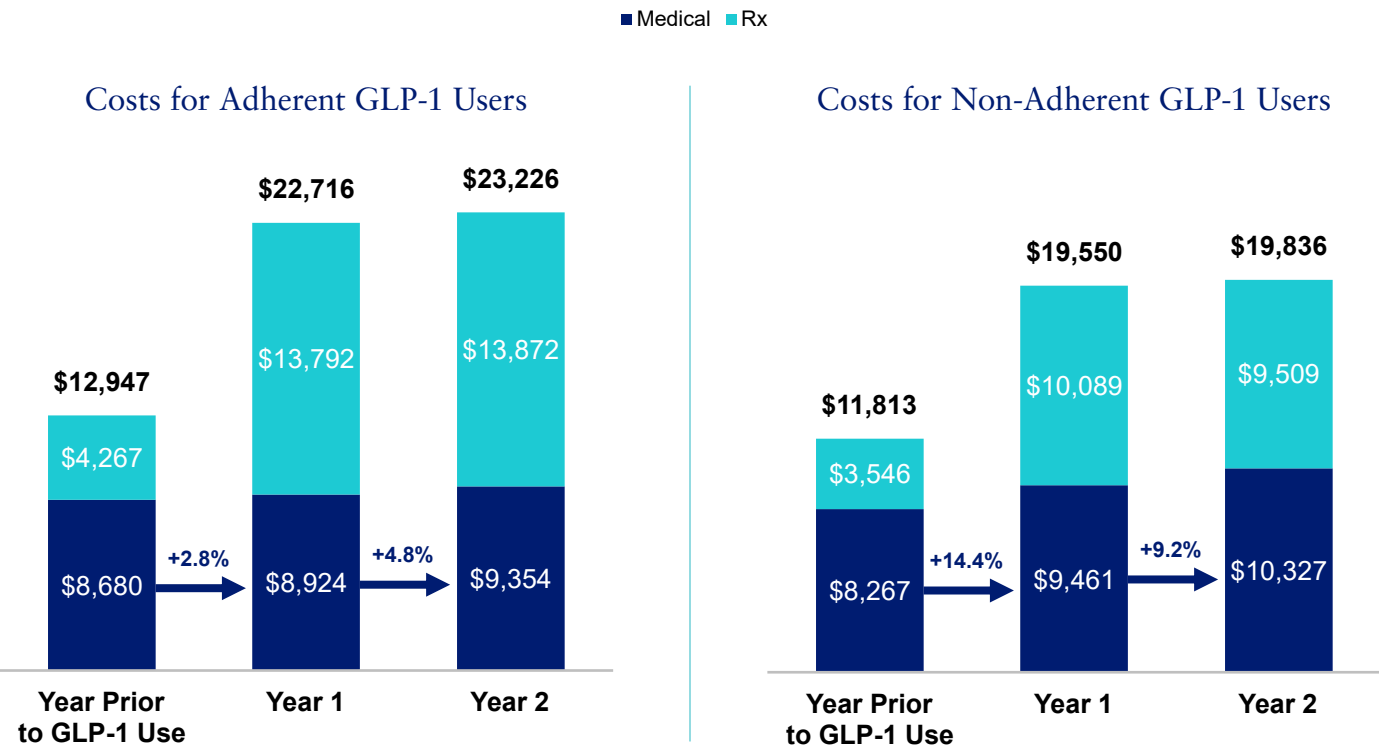
* Adherence is proportion of days covered (PDC) at 80 percent or greater.

In general, younger participants on GLP-1 therapy are less likely to be adherent than older participants. There are significant decreases in adherence rates from year one to year two across all age groups and for both genders.

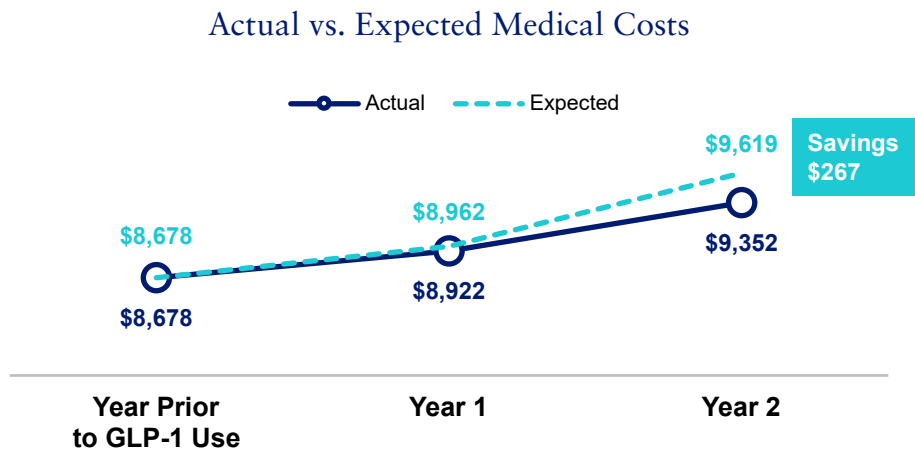
Adherence Rates by Age and Gender



Medical trend for adherent GLP-1 users was less than for non-adherent GLP-1 users in both year one (2.8% vs. 14.4%) and year two (4.8% vs. 9.2%).

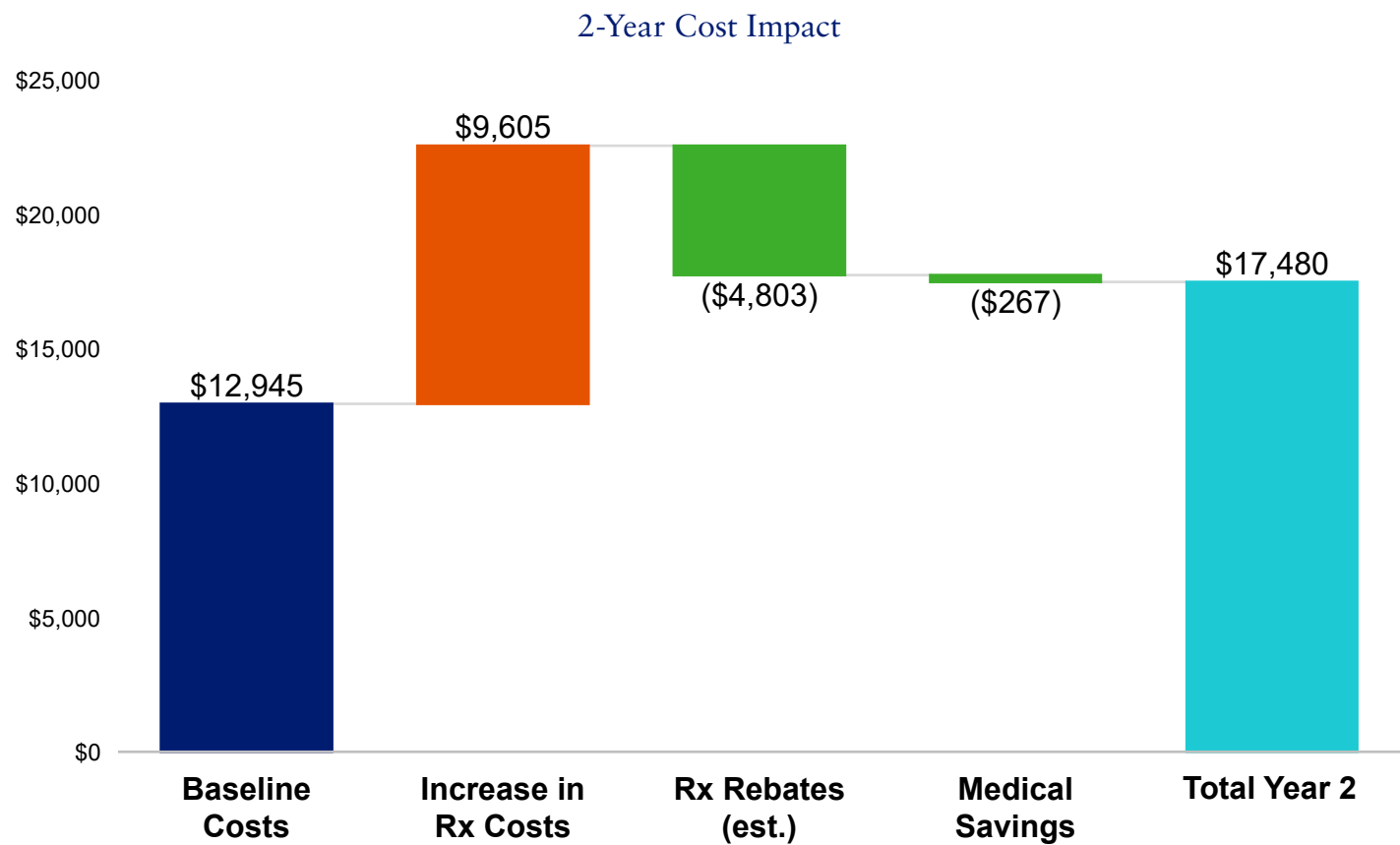


For adherent diabetic participants, actual medical costs after two years of GLP-1 therapy was \$267 less than expected medical costs.



The first FDA-approved oral GLP-1s for weight loss, Wegovy®, is now available. Additional options are coming soon (Orforglipron for diabetes and weight loss), which may improve adherence.

However, once all pharmacy costs and estimated rebates are considered, the total cost of care after two years was \$4,269 higher than during the 12 months prior to GLP-1 use for diabetics (baseline costs).

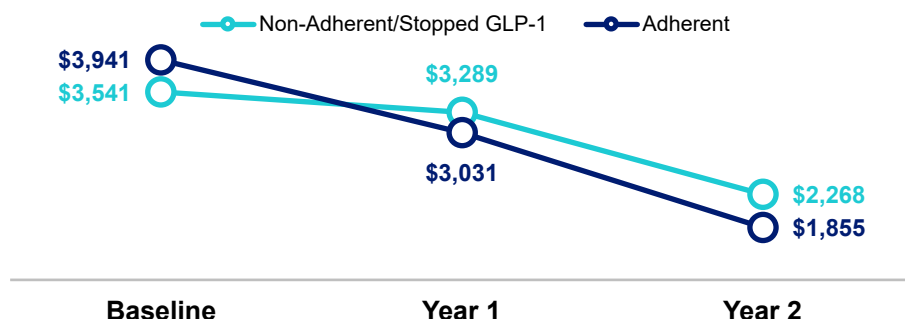


For diabetics initially on insulin, insulin use in year two decreased to a greater extent in adherent GLP-1 participants than those who stopped or were non-adherent, offsetting some of the prescription drug costs.

33.0% of adherent GLP-1 users stopped insulin by year 2 compared to **24.3%** for those who stopped or were non-adherent to GLP-1 therapy.



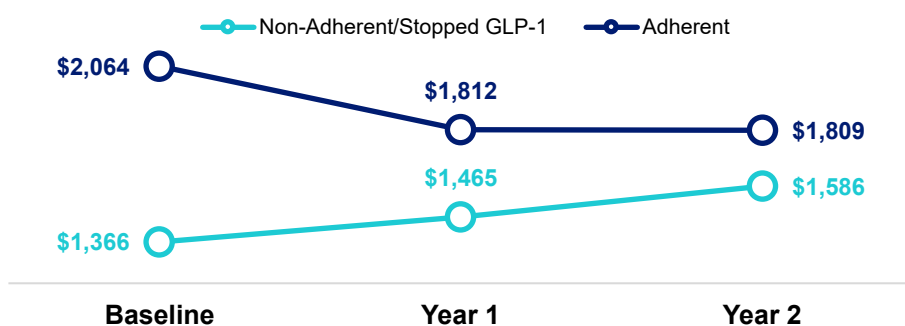
Average Insulin Cost — Existing Users



For participants who added GLP-1 therapy to existing anti-diabetic therapy (including insulin), adherent GLP-1 users experienced an immediate decrease in total non-GLP-1 anti-diabetic spending while those who stopped or were non-adherent on GLP-1 therapy saw spending increase each year.



Average Non-GLP Anti-Diabetic Spend



Non-GLP-1 anti-diabetic medication discontinuation rates were similar between both groups, with **26.8%** of all users stopping all other anti-diabetic medications.

To learn more about our SHAPE health data warehouse and how you can use it to benchmark your plan's experience and performance, get in touch with one of the following subject matter experts:



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