

# Understanding GLP-1s and Plan Coverage

## Executive Summary

As new medicines and treatments become available, plan sponsors need to weigh the costs and benefits of providing them. Making sense of new options is often difficult, but finding the way forward can be easier with the right data and analysis. One of the latest developments for sponsors to reckon with is the use of GLP-1 (glucagon-like peptide-1) receptor agonists, medications initially designed for diabetes management that have also shown efficacy in promoting weight loss. This white paper aims to evaluate the benefits and drawbacks for employers considering whether to cover the cost of GLP-1 drugs for diabetes and/or weight loss, offering a detailed analysis to aid in informed decision-making.

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# Key Findings:

## ■ Clinical Efficacy:

- GLP-1 drugs have demonstrated significant benefits in managing blood sugar levels in diabetic patients and have shown substantial weight loss results in clinical trials.
- These medications can play a crucial role in improving the overall health of employees suffering from diabetes and obesity, potentially reducing the prevalence of related health complications.

## ■ Economic Implications:

- Covering GLP-1 drugs may lead to short-term increases in healthcare costs due to the high price of these medications. However, the long-term benefits could include reduced healthcare expenditures resulting from improved disease management and fewer complications.
- Employers might experience indirect financial benefits through enhanced employee productivity and reduced absenteeism associated with better-managed chronic conditions.

## ■ Employee Health and Productivity:

- Improved health outcomes from the use of GLP-1 drugs can contribute to a healthier, more productive workforce. Effective management of diabetes and weight loss can reduce the incidence of comorbid conditions, enhancing employees' quality of life and work performance.
- Providing comprehensive health benefits that include GLP-1 drugs can also boost employee morale and satisfaction, aiding in recruitment and retention efforts.

## ■ Potential Drawbacks:

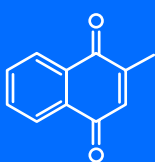
- The high cost of GLP-1 drugs remains a significant concern for employers, necessitating careful consideration of the financial impact on health benefits plans.
- The need for ongoing medication management must be factored into the decision-making process to ensure that the benefits outweigh the risks.
- Coverage of GLP-1 drugs for obesity needs to be paired with wellness programs in order to achieve long-term benefits.

Employers face a critical decision in determining whether to include GLP-1 drugs in their health benefits plans. It is important to remember that there are no one-size-fits-all solutions in employee health benefits, and no simple solution for determining if an employer should cover GLP-1 medicines. By evaluating the clinical and economic costs and benefits, employers will be in a better position to work with their benefits advisors to make an informed and well-reasoned decision. And while this white paper provides a thorough analysis for employers and advisors, it is meant to be a starting point for the decision-making process for each member population to promote employee health.

# Introduction

According to a study by the Centers for Disease Control<sup>1</sup> (CDC) published in 2022, employees with type 2 diabetes costs US employers an average of \$7,000 per employee per year. Meanwhile, analysis from the Kaiser Family Foundation<sup>2</sup> found that individuals diagnosed with obesity who were enrolled in large group insurance coverage had annual health costs which were \$7,889 higher than individuals without an obesity diagnosis. Finding a method of reducing the costs and attendant health issues associated with these conditions has long been a goal of researchers.

Recently, a relatively new family of drugs has emerged as a means of treating both of those conditions. GLP-1 medicines were originally developed to address the growing need for effective treatments for type 2 diabetes. The discovery of GLP-1, a hormone that plays a key role in glucose metabolism, paved the way for the development of these drugs, pointing toward a way to harness the body's natural mechanisms for regulating blood glucose levels.



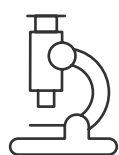
**GLP-1 is an incretin hormone, which means it is released after eating and stimulates insulin secretion.**

**GLP-1 is produced in the intestines and has several important functions, including:**

- Stimulating insulin release from the pancreas in response to meals.
- Inhibiting glucagon secretion, which helps prevent excessive glucose production by the liver.
- Slowing gastric emptying, leading to a feeling of fullness and reduced food intake.

The first GLP-1 receptor agonist was approved by the U.S. Food and Drug Administration<sup>3</sup> (FDA) nearly 20 years ago. Since then, several other GLP-1 receptor agonists have been developed and approved for clinical use, including liraglutide (Victoza), dulaglutide (Trulicity), and semaglutide (Ozempic, Rybelsus).

Beyond their use in diabetes management, GLP-1 receptor agonists have shown significant potential in promoting weight loss<sup>4</sup>. This has led to the approval of certain GLP-1 drugs, such as liraglutide (Saxenda) and semaglutide (Wegovy), specifically for weight management in individuals with obesity or overweight conditions.



The development of GLP-1 receptor agonists represents a significant advancement in the treatment of type 2 diabetes and obesity. These drugs leverage the body's natural glucose-regulating mechanisms to improve blood sugar control and promote weight loss, offering new hope for individuals struggling with these chronic conditions. As research continues, the role of GLP-1 drugs in broader therapeutic applications may expand, further enhancing their impact on public health.

**This white paper will delve into the following areas pertaining to GLP-1 coverage under health benefits plans:**

**1. Economic Implications**

**2. Employee Health and Productivity**

**3. Potential Drawbacks**

By providing this thorough evaluation, our goal is to equip benefits brokers and employers with the critical information needed to make informed decisions regarding the inclusion of GLP-1 drugs in their health benefits plans. This strategic approach aims to foster a healthier workforce, optimize healthcare spending, and ultimately contribute to the success and sustainability of employer-sponsored benefits programs.

<sup>1</sup> <https://stacks.cdc.gov/view/cdc/122059>

<sup>2</sup> <https://www.healthsystemtracker.org/chart-collection/how-have-costs-associated-with-obesity-changed-over-time/>

<sup>3</sup> <https://my.clevelandclinic.org/health/treatments/13901-glp-1-agonists>

<sup>4</sup> <https://utswmed.org/medblog/obesity-medication-weight-program>



# Part 1: Economic Implications

GLP-1 medicines have incredible promise in the managing of type 2 diabetes and obesity. However, these drugs come with a substantial financial cost, raising important questions for employers about the economic implications of including these medications in their health benefits plans.

This section of the white paper will delve into the economic considerations of providing coverage for GLP-1 medicines. We will explore the potential financial impact on employers, including direct costs and the broader implications for health benefits spending costs in general. By examining both the benefits and challenges, this analysis aims to provide a comprehensive overview to assist employers in making informed decisions regarding the inclusion of GLP-1 drugs in their health benefits offerings.

The financial costs to employers for providing GLP-1 coverage under their health benefits plans can be broken down into four key components:

## 1. Direct Costs of Medication

- **Prescription Costs:** GLP-1 drugs are still somewhat expensive, with monthly costs per patient ranging from several hundred to over a thousand dollars<sup>5</sup>.
- **Formulary Placement and Rebates:** Depending on size and population factors, plan sponsors may be able to negotiate with their pharmacy benefit manager (PBM) to include GLP-1 drugs in their formulary. These negotiations may result in rebates or discounts, but the net cost will likely remain significant.

## 2. Member Premiums

- **Higher Premiums:** Providing coverage for a high-cost medication, like GLP-1 agonists, can lead to increased premiums needed to offset the higher overall spending by sponsors<sup>6</sup>.



<sup>5</sup> <https://www.kff.org/affordable-care-act/press-release/costly-glp-1-drugs-are-rarely-covered-for-weight-loss-by-marketplace-plans/>

<sup>6</sup> <https://www.kff.org/affordable-care-act/press-release/costly-glp-1-drugs-are-rarely-covered-for-weight-loss-by-marketplace-plans/>

### 3. Administrative Costs

- **Benefit Management:** Additional administrative efforts are needed to manage coverage, including pre-authorization, utilization management, and managing claims<sup>7</sup>.
- **Wellness and Educational Programs:** To make the most of their investment, employers may need to take steps to educate employees about GLP-1 medicines and provide wellness programs to help members maintain their health after going off the drugs<sup>8</sup>.

### 4. Indirect Costs and Potential Savings

- **Productivity Gains:** Improved management of type 2 diabetes and/or obesity may result in overall improvements employee health. Such improvements may reduce absenteeism and increase productivity<sup>9</sup>.
- **Reduced Complications:** When properly used, GLP-1 drugs may lower the incidence of diabetes-related complications, which could reduce overall healthcare costs in the long term. More studies will be needed to see what impact, if any, these drugs have on hospitalizations, the need for additional medications, or rates of cardiovascular events among users<sup>10</sup>.
- **Long-Term Healthcare Costs:** When chronic conditions are managed more effectively, the result is often lower long-term healthcare costs<sup>11</sup>. Managing obesity, for example, may reduce the risk of developing other costly comorbidities such as heart disease, stroke, and certain cancers.



The decision to provide GLP-1 coverage involves weighing significant direct and indirect costs against potential long-term savings and improvements in employee health and productivity. Employers must carefully consider these financial implications within the broader context of their health benefits strategy and organizational goals. As with all decisions related to employee benefits plans, employers should look at their individual expenditures and population needs.

<sup>7</sup> <https://www.shrm.org/topics-tools/news/benefits-compensation/how-much-glp1-drugs-for-weight-loss-costing-employers-international-foundation-ozempic>

<sup>8</sup> <https://www.ccjm.org/page/obweek-2023/GLP-1-weight-loss>

<sup>9</sup> <https://www.cdc.gov/diabetes/hcp/employers/index.html>

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/books/NBK572151/>

<sup>11</sup> <https://www.npr.org/sections/health-shots/2024/04/17/1244879040/medicare-chronic-care-management-seniors>

# Part 2: Employee Health and Productivity

As discussed above, GLP-1 drugs have the potential to significantly impact overall employee health and productivity for members managing type 2 diabetes and/or obesity. By improving these health outcomes, employers can expect a range of benefits that extend beyond the immediate health of their workforce, possibly enhancing employee health and productivity, and ultimately contributing to a more efficient and engaged workforce.

## Health Improvements

- **Reduction in Diabetes-Related Complications:** Improved glycemic control can reduce the risk of complications such as neuropathy, retinopathy, and nephropathy, leading to fewer health-related issues and a better quality of life for employees<sup>12</sup>.
- **Significant Weight Reduction:** GLP-1 medications are effective in promoting weight loss, which can help employees who struggle with obesity<sup>13</sup>.
- **Lowered Risk of Comorbidities:** WGLP-1 drugs have been associated with weight loss<sup>14</sup> which can reduce the risk of developing other health conditions such as cardiovascular disease, hypertension, and certain cancers<sup>15</sup>.

## Productivity Gains

- **Fewer Sick Days and Reduced Absenteeism:** Healthier employees are less likely to take sick leave, leading to a reduction in absenteeism. Effective management of diabetes and obesity can result in fewer days missed due to illness<sup>17</sup>.
- **Enhanced Focus and Energy:** Employees who are not struggling with the symptoms of uncontrolled diabetes or obesity are more likely to be engaged and productive at work<sup>18</sup>.
- **Lower Incidence of Health Crises:** By preventing complications and managing chronic conditions, employees are less likely to experience sudden health crises that require extended time off and major interruptions to their lives<sup>19</sup>.
- **Improved Mental Health:** Better physical health often translates to better mental health. Employees who feel healthier are likely to experience lower levels of stress and depression, contributing to increased productivity<sup>20</sup>. GLP-1 medicines have also shown early signs of reducing the effects of certain mental illnesses, such as obsessive-compulsive behavior and substance abuse.

<sup>12</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5084623/>

<sup>13</sup> <https://www.health.harvard.edu/staying-healthy/understanding-new-weight-loss-drugs>

<sup>14</sup> <https://www.medicalnewstoday.com/articles/how-semaglutide-and-similar-drugs-act-on-the-brain-and-body-to-reduce-appetite>

<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9292723/>

<sup>16</sup> <https://www.cdc.gov/workplacehealthpromotion/model/control-costs/benefits/productivity.html>

<sup>17</sup> <https://www.cdc.gov/diabetes/hcp/employers/index.html>

<sup>18</sup> <https://www.endocrine.org/news-and-advocacy/news-room/2023/endo-2023-press-lee>

<sup>19</sup> <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>

<sup>20</sup> <https://www.cdc.gov/workplacehealthpromotion/model/control-costs/benefits/productivity.html>

## Recruitment and Retention

- **Increased Job Satisfaction:**

Employees who feel their health is supported by their employer are more likely to be satisfied with their job, reducing turnover rates<sup>22</sup>.

- **Attractive Benefit Offering:**

Comprehensive health benefits, including coverage for advanced medications like GLP-1 drugs, can make an organization more attractive to top talent<sup>23</sup>.

Providing coverage of GLP-1 medicines through employee health benefits plans can lead to significant improvements in employee health and productivity. By effectively managing diabetes and supporting weight loss, these medications not only enhance individual health outcomes but also contribute to a more engaged and productive workforce. Plan sponsors who opt to provide GLP-1 coverage may see short and long-term financial benefits through reduced healthcare costs, lower absenteeism, increased productivity, improved recruitment, and increased employee satisfaction and retention.



<sup>22</sup> <https://www.hrvisionevent.com/content-hub/how-employee-wellbeing-affects-engagement-motivation-and-performance>

<sup>23</sup> <https://www.insightexecutivesearch.com/the-role-of-employee-benefits-in-talent-retention-strategies-for-creating-an-attractive-benefits-package/>



# Part 3: Potential Drawbacks

While the inclusion of GLP-1 medicines in employer-sponsored health plans offers several benefits, there are also potential drawbacks that employers must consider. This section explores the challenges and disadvantages associated with providing coverage for these medications, helping employers make a balanced decision regarding their health benefits offerings.

## Financial Implications

- **Budget Allocation:** As discussed above, GLP-1 medicines are still relatively expensive. Providing coverage for them in employee-sponsored plans will require a redistribution of resources and may require cuts to other areas of the plan and/or increased cost-sharing mechanisms such as co-pays, deductibles, and premiums.
- **Complex Benefit Management:** Handling the increased demands for prior authorization approvals, utilization management programs, and wellness programs will require additional resources from the benefits administrator and could translate into increased costs for the employer.

## Long-Term Cost Considerations

- **Ongoing Expense:** The chronic nature of conditions treated by GLP-1 drugs means that the cost is not a one-time expense but an ongoing financial commitment. Sustaining this level of expenditure over the long term can be challenging, especially if the prevalence of diabetes and obesity rises.
- **Future Budgeting:** Predicting future healthcare costs can become more complex, making it difficult for employers to budget accurately. The unpredictability of healthcare inflation and drug pricing can exacerbate this issue.

## Employee Equity Issues

- **Benefit Disparities:** Employees who do not need GLP-1 medications may perceive the health benefits plan as inequitable, feeling that resources are disproportionately allocated to others with specific conditions. This may lead to increased calls from members to expand coverage to include other costly treatments.
- **Morale and Satisfaction:** Perceived inequities in health benefits can lead to dissatisfaction and decreased morale among employees who feel their needs are not being adequately addressed.

## Potential Medical Risks

- **Side Effects and Adverse Reactions:** While generally safe, GLP-1 medications can have side effects, including gastrointestinal issues, and, in rare cases, pancreatitic and thyroid tumors<sup>24</sup>. Managing these side effects may require additional medical interventions and monitoring.

While the inclusion of GLP-1 drugs in employer-sponsored health plans can offer significant health and productivity benefits, it also presents several potential drawbacks. These include high medication costs, increased administrative burdens, potential perceived inequities among employees, and long-term sustainability challenges. Employers must weigh these factors carefully, considering both the immediate and long-term implications for their health benefits strategy and overall organizational goals.

<sup>24</sup> <https://my.clevelandclinic.org/health/treatments/13901-glp-1-agonists#risks-benefits>

# Conclusions

The decision to include GLP-1 (glucagon-like peptide-1) receptor agonists in employer-sponsored health benefits plans is a complex one, involving multiple factors that must be carefully weighed. This white paper has outlined the key pros and cons, providing a comprehensive analysis to help employers and benefits brokers make informed decisions.

## **Financial Implications**

On the financial side, GLP-1 drugs present a significant cost due to their high prices. Employers must consider the direct expenses of the medications, potential increases in health benefits plan contributions, and the administrative costs associated with managing these benefits. However, these costs may be offset by long-term savings resulting from improved employee health and reduced medical complications associated with type 2 diabetes and obesity.

## **Employee Wellbeing and Productivity**

The potential impact on employee wellbeing and productivity is a critical factor. GLP-1 medications can lead to substantial improvements in glycemic control and weight management, enhancing overall health and reducing the risk of serious complications. Healthier employees are likely to experience fewer sick days, improved mental health, and increased productivity. These benefits can contribute to a more engaged and efficient workforce, potentially lowering long-term healthcare costs.

## **Potential Drawbacks**

Despite the benefits, there are potential drawbacks to consider. The high cost of GLP-1 drugs can strain health benefits budgets and may lead to perceived inequities among employees. Additionally, managing the complexities of these medications, including prior authorizations and monitoring adherence, can increase administrative burdens. There are also medical risks associated with GLP-1 use, such as side effects and adverse reactions, which could result in additional healthcare needs and legal considerations.

## **Informed Decision-Making**

Ultimately, the decision to include GLP-1 coverage in health benefits plans should be based on a thorough evaluation of these factors. Employers and benefits brokers need to balance the financial implications, potential health and productivity gains, and the associated challenges. By carefully considering the information provided in this white paper, stakeholders can make decisions that align with their organizational goals and the needs of their workforce.

For further guidance and personalized advice, employers and benefits brokers are encouraged to contact us through the QR code provided below. We are here to help you navigate these decisions and optimize your health benefits strategy.

# Q&A

## Expert Q&A with Jennifer Herman, Senior Director Pharmacy Strategies for Luminare Health



### **What is the dollar impact of covering GLP-1 medicines?**

Jennifer Herman (J.H.): Covering GLP-1 medications can significantly impact a company's pharmacy spend. The price of these drugs ranges from \$800 to \$1,300 per month per patient, which could add up quickly, particularly as demand grows. However, there's a potential offset—over time, employers may see reduced healthcare costs related to obesity and diabetes complications, such as cardiovascular disease or joint problems. Improved employee health can translate into lower overall healthcare claims in the future.

### **How long would it take before we see an improvement in health outcomes or risk factors? Given high turnover rates in some businesses, does it even make sense to offer these drugs?**

J.H.: You might start seeing health improvements within 6-12 months, particularly in areas like weight loss and diabetes management. But for more significant health outcomes, such as fewer cardiovascular events or reduced long-term risk, it may take a few years. If your workforce has high turnover, that's definitely a consideration, as you may not retain employees long enough to realize the long-term benefits of these therapies.

### **If we were to add GLP-1 medicines coverage, what can we expect to happen to prescription costs?**

J.H.: You should anticipate an increase in pharmacy costs, at least in the short term. GLP-1 medications are in high demand, both for their intended use in

managing diabetes and for off-label use in weight loss, and that demand is driving up prices. That said, employers can implement utilization management strategies, like prior authorization or step therapy, to control these costs and to help to make sure the drugs are used appropriately.

### **You mentioned prior authorization and step therapy. How do those help manage costs, and what are some of the other strategies employers can use to make these medicines available but still manage costs?**

J.H.: There are several good options for providing coverage and managing costs. Employers can employ these strategies:

- Step therapy: Require members to try less expensive medications before moving to GLP-1 medicines.
- Prior authorization: Ensure the drugs are prescribed for medically appropriate reasons, such as diabetes or obesity with related health risks.
- Coverage restrictions: Limit coverage to FDA-approved uses or restrict the medications to certain medical conditions.
- Preferred formularies: Work with your pharmacy benefit manager (PBM) to include only certain GLP-1 medicines on the formulary to better negotiate prices.

These strategies help to make sure that GLP-1 medicines are used when they will have the largest impact on member populations while keeping utilization financially viable.

**What are other employers doing in this space?**

**J.H.:** Many employers are still evaluating how to approach GLP-1 medicine coverage. Some have already added coverage but with conditions. For example, they may cover prescriptions only for diabetes management or require specific clinical criteria for weight loss use. Employers are also experimenting with different approaches, like those we mentioned above, to see what works. It's a fast-evolving area, and employers are watching closely to see how coverage impacts outcomes and costs.

**With oral GLP-1 medications potentially becoming available, how could that change the landscape?**

**J.H.:** Oral GLP-1 medicines could be a game-changer. They'll likely improve patient compliance, as many people prefer pills to injections. However, the convenience of oral medications could increase demand, which might drive up costs further. Employers will need to evaluate how these new options fit into their overall pharmacy strategy.

**What about compounding GLP-1 medicines? Are they a more affordable and safe option?**

**J.H.:** Compounded GLP-1 medicines might seem like a cheaper alternative, but they come with significant risks. Because they aren't regulated by the FDA in the same way as commercially available drugs, there are concerns around safety, dosage accuracy, and purity. Employers should be cautious about covering compounded medications and, in general, should stick to FDA-approved options.

**There's been news about potential diabetes-management medicines derived from the venom of Gila monsters. What do we know about those so far? Will they impact GLP-1 medicine demand or prices?**

**J.H.:** Yes, there's been significant interest in diabetes-management drugs derived from Gila monster venom, particularly exenatide, which mimics a hormone found in the venom. Exenatide was one of the first GLP-1 receptor agonists developed, and it set the stage for many of the GLP-1 medicines we see today. While it's

not new, the research around these types of therapies continues to evolve.

In terms of impact, these drugs are part of the broader GLP-1 class, so they're unlikely to disrupt demand significantly—they may simply expand the options available within the class. However, as competition increases in this space, there could be a downward pressure on pricing over time. That said, the broader GLP-1 medicine market is expected to remain strong, especially as new formulations emerge, like the oral versions we discussed above. Employers should continue to monitor developments, but at this stage, the Gila monster-derived treatments aren't expected to radically shift the market.



# Glossary

**Absenteeism:** The habitual or intentional absence from work, often due to illness or health-related issues. Effective management of chronic conditions like type 2 diabetes and obesity, supported by medications such as GLP-1 receptor agonists, can help reduce absenteeism by improving overall employee health.

**Adherence:** The degree to which a patient correctly follows medical advice, including taking medications as prescribed.

**Administrative Costs:** Expenses related to the management and administration of health benefits plans, including processing claims, managing prior authorizations, and monitoring medication use.

**Cardiovascular Risk:** The potential for developing heart-related health issues, which GLP-1 medications can help reduce in patients with type 2 diabetes and obesity.

**Co-Pays:** Fixed amounts paid by employees for covered healthcare services, typically at the time of service.

**Cost-Sharing:** The portion of healthcare costs that employees pay out of pocket, including deductibles, co-pays, and co-insurance.

**Deductibles:** The amount employees must pay for healthcare services before their health benefits plan begins to cover the costs.

**Formulary:** A list of prescription medications covered by a health benefits plan, which can include or exclude specific drugs like GLP-1 receptor agonists.

**GLP-1 Receptor Agonists:** A class of medications used to manage type 2 diabetes and support weight loss by mimicking the action of the hormone glucagon-like peptide-1.

**Glycemic Control:** The management of blood glucose levels in individuals with diabetes to keep them within a target range.

**Pharmacy Benefit Managers (PBMs):** Third-party administrators of prescription drug programs that manage the formulary, negotiate discounts, and process prescription drug claims.

**Pre-Authorization:** Also known as "Prior Authorization," a process used by administrators to determine if a prescribed product or service will be covered under the health benefits plan before it is provided.

**Presenteeism:** The issue of employees being physically present at work but not fully productive due to health issues or other distractions.

**Type 2 Diabetes:** A chronic condition that affects the way the body processes blood sugar (glucose), which can be managed with medications like GLP-1 receptor agonists.

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