



**BlueCross BlueShield**  
of Texas

WHITE PAPER

**Diabetes treatment  
isn't **cut** and dry. You  
have to work **through**  
a lot. And with **the**  
rise of GLP-1s, there's  
even more **confusion.****

We're here to help with clear,  
concise, measured advice.

## Get the full picture around GLP-1s for diabetes.

You may be hearing a lot about GLP-1s lately. Whether it's in the news, through social media or directly from your employees, the interest in these cutting-edge drugs as a treatment for type 2 diabetes — and, separately, for weight loss — has skyrocketed. **In fact, prescriptions for GLP-1s were up 133% in February 2024 compared to two years prior.**<sup>1</sup>

Glucagon-like peptide-1 agonists (GLP-1) are a class of medications that can be extremely effective at reducing blood sugar and A1C levels for those with type 2 diabetes, and can also lower overall body weight, blood pressure and lipid levels.<sup>2</sup> But these drugs also come with a high price tag. In fact, GLP-1 agonists are the fastest growing class of diabetes medicines with a 36% five-year compound annual growth rate (CAGR) and accounting for 16% of prescriptions in 2023.<sup>1</sup>

# 36%

**GLP-1 agonists are the fastest growing class of diabetes medicines with a 36% five-year compound annual growth rate (CAGR), accounting for 16% of prescriptions in 2023.**<sup>1</sup>

Given the sheer amount of information surrounding GLP-1s, employers need clear, concise, measured advice to help ensure proper drug utilization, ultimately lowering costs and ensuring the best health outcomes for employees with type 2 diabetes. We're here to help cut through the confusion and improve the member experience for your employees.





## Supporting employees with type 2 diabetes.

Diabetes is a chronic condition affecting more than 37 million Americans, and 90–95% of those cases are type 2.<sup>4</sup> Prevalence continues to grow, with U.S. diabetes cases expected to affect more than 54.9 million Americans by 2030.<sup>5</sup> Along with the health implications, diabetes is costly: According to a report by the American Diabetes Association, the annual cost of diabetes is \$412.9 billion.<sup>6</sup>



ANNUAL COST

**\$412.9  
BILLION**

**According to a report by the American Diabetes Association, the annual cost of diabetes is \$412.9 billion.<sup>6</sup>**

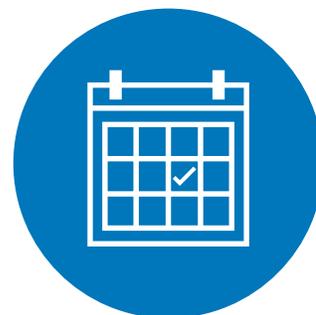
GLP-1s help treat type 2 diabetes by mimicking a hormone that's naturally made by the body. When blood sugar levels start to rise after eating, GLP-1s stimulate the body to produce more insulin, helping to lower blood sugar levels. The GLP-1 hormone also slows the passage of food through the stomach, causing people to feel fuller for longer and maintain a healthy weight.<sup>7</sup>

As with any chronic condition, management of type 2 diabetes is multifaceted. GLP-1s can be an important tool in managing this condition. But medication of any kind is only one piece of a larger treatment plan. GLP-1s should be used in coordination with other treatment strategies like healthy eating, exercise, regular blood sugar testing, stress management, preventive care and medication adherence.<sup>8</sup> Providing coordinated care helps ensure members with diabetes get the right medications — like GLP-1s, when appropriate — not only sooner, but alongside holistic, full-treatment guidance.

## Total care management for long-term success.

Employees with type 2 diabetes may need support to understand how GLP-1s might fit into their personal treatment plan, and what to expect when taking this type of treatment. This is especially true since, in a recent study, only one-third of people who started a GLP-1 medication were still taking it at the one-year mark.<sup>9</sup> This drop-off in utilization shows that these medications should be used in conjunction with the right care management and medication education to help set expectations and improve drug adherence.

For example, as mentioned above, GLP-1s can slow gastric emptying, which can also lead to side effects that people may not expect if they aren't counseled, like nausea. Connecting members with knowledgeable clinicians and health coaches as part of available care management or partner programs directly educates those that may be starting GLP-1 medications. These experts inform members on GLP-1s that they might feel nauseous when beginning this treatment, and can recommend that they eat smaller meals more frequently throughout the day. Having received thoughtful guidance about what to expect when taking this medication, members will be equipped with the tools to remain on it and enjoy improved control of their diabetes.



ONLY  
**ONE-THIRD**

**of patients in a recent study were still on a GLP-1 after one year.<sup>9</sup>**

**Simplifying** access to GLP-1s is just one piece of **the puzzle.**

## A thoughtful approach to managing GLP-1s for diabetes.

Knowing how to best support employees with type 2 diabetes can be complex. Providing access to quality care that guides members in the right direction for their unique needs is key. We have several strategies in place to empower them through their type 2 diabetes management, including making it easier for them to get access to GLP-1s, and making the coverage of the medication simpler for you.

We implemented prior authorization for GLP-1s used for diabetes a few years ago to support clinically appropriate use. And, coordinating real-time medical and pharmacy claims data at the time a prescription claim is submitted allows us to streamline prior authorization reviews. With this system in place, members with diabetes get the medication they need — like GLP-1s — sooner, without the hassle. We also are continually evolving prior authorization criteria to gather additional information (like A1C levels) that can help ensure medications are being used appropriately for members with type 2 diabetes.

We recognize there are many ways employers might want to set up coverage for GLP-1s used for diabetes. Given the potential for side effects and relatively high rate of drop-off in utilization, we removed GLP-1s from our maintenance drug lists so as to not require 90-day supplies of the medication, as well as building an optional benefit plan design limiting members to one-month supplies when members are just starting on GLP-1s. Additionally, self-insured employers with high deductible health plans that offer coverage for selected medications on preventive lists bypassing deductibles may choose to include standard categories of diabetes medications — with or without GLP-1 diabetes medications.



## We're here for you. So you can be there for them.

When people managing type 2 diabetes get clear, concise, measured advice, everyone wins. We're here to cut through the confusion and provide guidance to ensure your employees have access to quality care. Reach out to your account team to confirm what pharmacy management strategies you have available, and how they can help you understand and improve utilization among your workforce. Evaluate the health care management programs and partner solutions you have in place or are available that can provide key support for your employees and their families that have type 2 diabetes. That level of care and consideration is why we're here. For you, and for them.

- 1 IQVIA Institute for Human Data Science, The Use of Medicines in the U.S. 2024: Usage and Spending Trends and Outlook to 2028, April 2024.
- 2 Deborah Hinnen, "Glucagon-Like Peptide 1 Receptor Agonists for Type 2 Diabetes," *Diabetes Spectrum*, Aug. 2017, 30(3), 202-210.
- 3 Juliette Cubanski and Tricia Neuman, "Medicare Spending on Ozempic and Other GLP-1s Is Skyrocketing," *KFF*, March 22, 2024.
- 4 Centers for Disease Control and Prevention, "A Report Card: Diabetes in the United States," May 15, 2024.
- 5 William R. Rowley, MD, et al., "Diabetes 2030: Insights from Yesterday, Today, and Future Trends," *Population Health Management*, Feb. 1, 2017, 20(1), 6-12.
- 6 Emily D. Parker, et al., "Economic Costs of Diabetes in the U.S.," *Diabetes Care*, Jan. 2024, 47(1), 26-43.
- 7 M. Regina Castro, MD, "GLP-1 Agonists: Diabetes Drugs and Weight Loss," *Mayo Clinic*, June 29, 2022.
- 8 Centers for Disease Control and Prevention, "Living with Diabetes," May 15, 2024.
- 9 Joseph Leach, MD, et al., "Real-World Analysis of Glucagon-Like Peptide 1 Agonist (GLP-1a) Obesity Treatment One Year Cost-Effectiveness and Therapy Adherence," *Prime Therapeutics*, July 11, 2023.

**Better** care. Deeper  
insights. Healthier  
**outcomes**, for you  
and your employees.  
Where do you **start**?  
We're **here** to help.



For more information  
call your account  
representative today.