



Weekly Checkup

A Bird's Eye View of Anti-obesity Medication

JOHN WALKER, PARTH DAHIMA | AUGUST 23, 2024

In a forthcoming primer on GLP-1-based anti-obesity medications (AOMs), I will walk through the ongoing debate as to whether Medicare Part D should cover these drugs for the express purpose of helping patients manage their weight. There are good arguments both for and against this, which I review in the primer. **For this Weekly Checkup, however, I'll focus instead on the consumer side of these new and incredibly popular weight-loss drugs.**

In September, the Senate Health, Education, Labor and Pensions (HELP) Committee will hold its long-promised hearing on the cost of AOMs Ozempic and Wegovy. Ostensibly this hearing will cover the expense of these drugs – but reading between the lines, it's suggestive of a broader trend: **More Americans are demanding these drugs for purposes beyond their original intent.** With a recent [study](#) from the Annals of Internal Medicine reporting a twofold increase between 2011–2023 in GLP-1 users who did not have type 2 diabetes but did qualify as medically obese and a roughly 10-percent drop in the number of new patients receiving GLP-1 prescriptions for diabetes, **let's discuss this growing trend of nondiabetic GLP-1 use and its run-on effects for all GLP-1 users.**

As a brief refresher, GLP-1s were initially introduced and approved by the Food and Drug Administration (FDA) in 2005 as a treatment for type 2 diabetes. During clinical trials of GLP-1s, it quickly became apparent that, aside from managing diabetes, these drugs also had a moderately reductive effect on a patient's weight without many of the associated side effects of other weight-loss medications. Armed with this new knowledge, manufacturers began testing new GLP-1 formulas specifically targeted at helping nondiabetic patients lose weight. Several years later, in 2014, Saxenda (active ingredient liraglutide) received FDA approval as the first GLP-1 designed specifically to help nondiabetics manage their weight. While the FDA approval of Saxenda and similar GLP-1s for weight management did lead to an uptick in nondiabetic users, it would take roughly seven more years before [GLP-1 demand began spiking](#) following the FDA's approval of Wegovy (active ingredient semaglutide), a GLP-1 that helped its users lose three times the amount of weight as its predecessors.

In June, telehealth company Ro launched a [free online tracking tool](#) to assist patients and the FDA in reporting GLP-1 shortages and finding stocked supplies of these drugs within a 100-mile radius. Since its launch, **participants have submitted nearly 63,000 GLP-1 shortage claims.** While this data is crowd-sourced and the level of patient participation is uncertain, the alarming volume of claims filed in the past couple of months highlights a concerning trend in GLP-1 drug shortages. Furthermore, while this growing shortage may be problematic for nondiabetic GLP-1 users, it could be downright dangerous for diabetics who depend on these drugs to manage their blood sugar levels.

With demand for GLP-1s rising and supply not keeping up, patients are also taking substantially more risks to source these drugs. As a new [study](#) in the Journal of the American Medical Association (JAMA) found, patients are increasingly turning to online pharmacies to get their drugs. This is concerning, as the study notes some 42 percent of these online pharmacies selling GLP-1 active ingredients are doing so illegally, without a valid medical license or prescriptions. What's more, many of the drugs shipped from these pharmacies are improperly formulated or outright counterfeit. As a result, the JAMA study highlights, poison control centers around the United States are experiencing a roughly 1500-percent increase over the past two years in

GLP-1-related overdose calls.

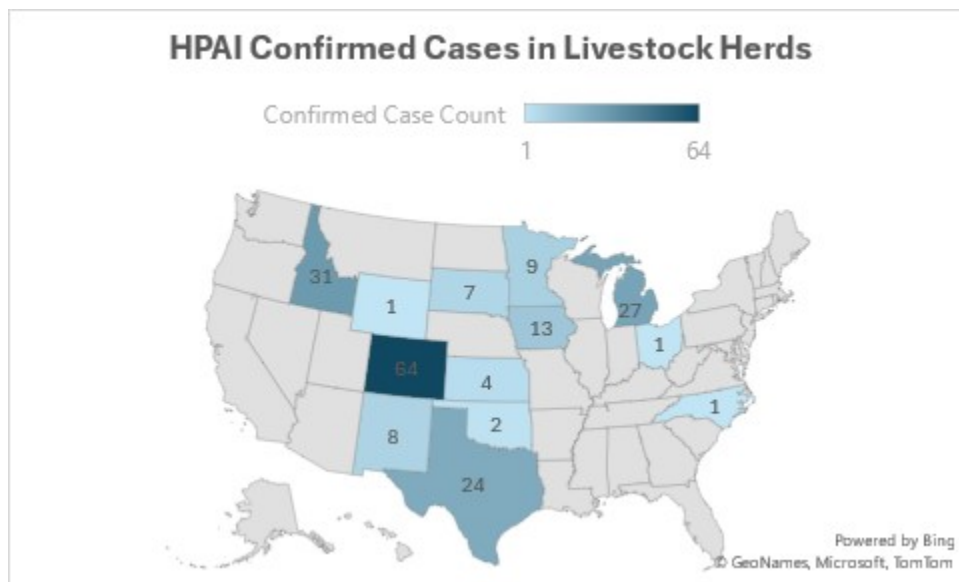
As legislators debate the appropriate way to address this class of drugs, it's important they develop a clear understanding of which patients are choosing these drugs and why. Specifically, legislators would benefit from understanding the degree to which GLP-1s are being allotted for medically necessary versus non-medically necessary (i.e., cosmetic) uses.

Bird Flu Cases Growing Among Cows in United States

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Following the Centers for Disease Control and Prevention's [declaration](#) of a multistate HPAI A(H5N1) bird flu outbreak in March 2024, the number of dairy herds affected has steadily increased. With 13 states currently facing [outbreaks](#) among dairy cows, a [recent infection](#) of three Colorado poultry workers in late June has raised concern over risk to the general public.

The chart below shows the spread of HPAI cases in livestock from March until August 2024. The chart documents only the 13 states with confirmed cases and does not account for the period after August 13 as a result of data collection lag. Of note are the concentration of cases in the central United States, hitting Colorado in particular. The leaders in cases across the United States are Colorado and Idaho, respectively, with Michigan and Texas following closely.



Sources:

https://www.cdc.gov/bird-flu/situation-summary/mammals.html?CDC_AAref_Val=https://www.cdc.gov/flu/avianflu/mammals.htm

<https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/hpai-confirmed-cases-livestock>

<https://www.cdc.gov/bird-flu/spotlights/h5n1-response-08162024.html>