From Turkey Coma to GLP-1 Pill? Weight Loss Drugs Dominate Thanksgiving Headlines

After a Thanksgiving of second helpings and extra pie, many of us joke about needing a miracle to shed the "turkey weight." In Massachusetts, that post-holiday chuckle meets a serious reality: a new generation of weight-loss drugs promises just such miracles – but at what cost? This article explores upcoming ***GLP-1*** *obesity pills could transform our approach to weight management, and whether they offer a* ***sustainable solution or just a pricey band-aid*** *for our health care system.*

The GLP-1 Revolution: Weight Loss That Actually Works (Too Well?)

GLP-1 medications have been nothing short of a *revolution* in obesity treatment. Unlike past weight-loss fads, these drugs – originally developed for diabetes – deliver dramatic results. Patients lose around **15-20% of their body weight** on average; rivaling the results of bariatric surgery. For many individuals struggling with obesity, patients and doctors have described the outcomes as *"life-changing"*.

But there's a catch: this revolution comes with a hefty price tag ($1000+ per month) – vastly more expensive than in other countries (same drug costs under $200 Canada). One study estimated semaglutide could be manufactured for **< $5 per month**, highlighting the gulf between cost and price. Many patients rely on insurance or copay assistance for now, but we know heading into 2026 that won't be the case.

Does it work long-term? Patients typically need to stay on GLP-1 therapy to sustain the weight loss – stopping often leads to regaining weight. Yet many don't stay on indefinitely: one analysis found **30% of patients quit within a month** and only **~32% were still on the drug after one year**. Reasons vary from unpleasant side effects (nausea, digestive issues are common) to cost barriers, but it underlines a key point: these drugs are not a quick, one-time fix. They represent a *chronic* treatment for a chronic condition.

A New Pill to Swallow: Oral Obesity Drugs Arrive

Amid the turbulence, there is *hope* on the horizon: **new oral GLP-1 pills** are expected to hit the market as early as 2025. These pills could extend the benefits of GLP-1 therapy to an even wider population – potentially at lower cost and with greater convenience.
According to NPR's reporting, at least **two oral obesity medications** are likely to gain FDA approval soon:

- **Novo Nordisk's semaglutide pill:** Essentially an oral form of the same active ingredient in Wegovy/Ozempic. Novo already has a diabetes pill (Rybelsus) with semaglutide; the new obesity version is a higher dose (25mg). In trials, it achieved about a **16.6% average weight loss over ~64 weeks**, roughly matching the efficacy of weekly Wegovy injections. This would be the first-ever pill form of a high-dose GLP-1 for weight management. [

- **Eli Lilly's orforglipron:** A completely new GLP-1 receptor agonist molecule tailored for oral use. It showed about **12.4% average weight loss over 72 weeks at the highest dose** – somewhat less potent than Lilly's injectable (Mounjaro), but still very significant. Importantly, orforglipron is designed to be **taken once daily with no special food restrictions**, whereas the semaglutide pill must be taken on an empty stomach with a waiting period (it uses a special additive, **SNAC**, to aid absorption in the stomach).

Both pills would be **daily tablets** (versus weekly shots), while manufacturing a pill is also cheaper than producing injectable pens. In fact, Novo Nordisk and Lilly have signaled relatively aggressive pricing: under recent direct-to-consumer deals, they indicated that if approved, their obesity pills might be sold at **around $149 per month (out-of-pocket)**. That's *half or less* the out-of-pocket cost of current injectables (Wegovy's lowest cash price recently was about $349/month in a special deal). While $149/month is not trivial, it could be low enough to entice **insurers to cover** the pills where they balked at $1,300/month injectables.

Health carriers are paying attention

Massachusetts health plans will be watching these developments closely. If oral GLP-1s come to market at a substantially reduced price point, it could change the calculus. An affordable pill could mean that instead of simply denying coverage, insurers could afford to cover obesity treatment – especially if the patient cost-share is modest. However, a big unknown is how many new patients might seek treatment if a pill lowers barriers (no injections, somewhat lower cost). ***It's conceivable that a cheaper, easier option would vastly expand uptake, which could still keep total spending high.***

Another thing to watch is the pipeline of next-generation therapies. Both Novo Nordisk and Eli Lilly are developing even more potent drugs: Novo is testing a combination of semaglutide with **Cagrilintide**, and Lilly has a triple-action injectable called **Retatrutide** in Phase 3 trials. These could push weight loss even further (some early data on Retatrutide showed >20% averages).

> ***Also notable: Wegovy recently gained FDA approval for reducing cardiovascular risk in obese individuals – a potential game-changer for coverage if insurers view it as not just a "lifestyle" drug but a preventive cardiology treatment.***

Finding the Balance After the Feast

As we emerge from the post-Thanksgiving food coma, the idea of an "easy" weight-loss solution is undeniably attractive. **GLP-1s** represent the most significant anti-obesity innovation in decades. They *can* help people achieve and maintain healthier weights. In a world where obesity is a leading driver of preventable health costs, that's a big deal.

Advising clients to a path of inclusion and sustainability

- **Executives and finance professionals**, the case of GLP-1 drugs is a lesson in proactive cost management and the importance of structural solutions. It may require working

with policymakers to negotiate drug prices, pushing for value-based pricing (paying for outcomes, not per dose), or investing in preventive health to reduce demand.

- **HR and benefits leaders**, it's a delicate dance between offering competitive benefits and keeping plans affordable. Obesity is a medical condition affecting employees' health and productivity; helping address it is in employers' interest. But how to do so fairly and cost-effectively?

Massachusetts is essentially a microcosm of a global challenge: making breakthrough **health advancements scalable and sustainable**. The state's insurers took a hard line to protect viability, while its medical community urges treating obesity as the chronic disease it is.

> *The post-Thanksgiving **punchline** ("I need Ozempic after that meal!") is becoming a serious policy question. By next Thanksgiving, with luck, those new obesity pills might be available and perhaps Massachusetts will have devised new strategies to re-introduce obesity care benefits without igniting another cost explosion.*

One thing is certain: tackling obesity is pivotal for our future health and wealth. GLP-1 drugs – whether injected or swallowed – are going to play a major role. *Whether that role is a permanent game-changer or a short-lived craze depends on how wisely we handle the coming years.* Massachusetts' experiment will be one to watch.

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*Happy Thanksgiving & safe shopping if you are braving the crowds! Join the **Apex Benefits Partners** movement to help offer a financial sustainable benefits offering to all businesses and their employees! Reach out for support - jeff@apexbenefitsonline.com*