

nourish

Controlling GLP-1 Waste with Dietitian-Led Care

How Nourish helps avoid GLP-1 waste at every stage of the medication journey

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Why GLP-1 Spend Often Goes to Waste

GLP-1 medications can be an effective clinical tool, but at an estimated net cost of $9,600 per patient per year[1], spend without lasting results can quickly become wasted. This waste concentrates at three points in the medication journey: unnecessary prescriptions, discontinuation before the medication has time to work, and restarts after weight is regained.

$9,600
estimated annual cost of GLP-1 therapy per patient[1]

23%
of U.S. adults with overweight or obesity currently on a GLP-1[2]

~40%
of patients discontinue their GLP-1 within 6 months[3]

<50%
of patients maintain results 12 months after discontinuing[4]



[1] AssuredPartners. A 2025 update on the GLP-1 landscape. 2025.
[2] KFF (Kaiser Family Foundation). KFF Health Tracking Poll: Prescription Drug Costs, Views on Trump Administration Actions, and GLP-1 Use. November 2025.
[3] Meyer KB, McVeigh M, Chiara AN, et al. Real-world 6-month persistence, adherence, and effectiveness of GLP-1 medications for overweight and obesity in a Medicaid population. J Manag Care Spec Pharm. 2026;32(3):271-280.
[4] Gasoyan H, Schulte R, Boyer CB, et al. Obesity treatments and weight changes in clinical practice after discontinuation of semaglutide or tirzepatide. Diabetes Obes Metab. 2026;28(6):4795-4805.

The Nourish Care Model

Three GLP-1 pathways

The Nourish care model is designed to effectively manage GLP-1 utilization, addressing waste by having a registered dietitian (RD) involved at every stage. Medication is layered on only when clinically appropriate, and ongoing RD support helps patients stay on treatment long enough to see results and maintain them if they discontinue.

NUTRITION-FIRST

Support patients not on GLP-1s

AVOIDS UNNECESSARY PRESCRIPTIONS

GLP-1 COMPANION

Support patients on GLP-1s

AVOIDS EARLY DISCONTINUATION

OFF-RAMP

Help maintain results after GLP-1s

AVOIDS UNNECESSARY RESTARTS

What makes the Nourish model different

Nutrition-first approach

Registered dietitians are the first touchpoint for all patients, with many losing weight without medication.

Responsible prescribing

Obesity medicine-trained MDs and NPs prescribe only when clinically appropriate, with no drug markups and ongoing RD engagement.

Full-journey coverage

An integrated care model supports patients not on medication, as well as those on GLP-1s before, during, and after treatment.

Always-on AI companion

Technology to enable daily tracking of meals, medication adherence, and side effects between visits.

Waste Avoidance by Nourish Pathway

Waste avoidance for each pathway is estimated by comparing Nourish patient outcomes with published real-world benchmarks, assuming a net cost of $9,600 per patient per year.[1]

NUTRITION-FIRST

$1,248

per patient, driven by reaching goals with nutrition care alone

Avoiding unnecessary prescriptions

Share of patients on a GLP-1



GLP-1 COMPANION

$360

per patient, driven by staying on treatment for a full course

Avoiding early discontinuation

Persistent on a GLP-1 at 6 months



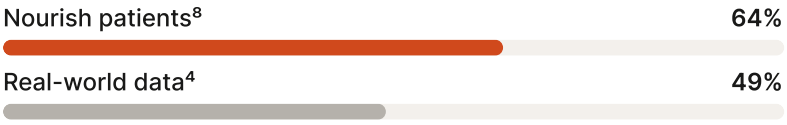
OFF-RAMP

$576

per patient, driven by maintaining results post-discontinuation

Avoiding unnecessary restarts[7]

Maintaining weight loss 12 months after discontinuing



GLP-1s can play an important role in the treatment of metabolic conditions, but their value depends on more than just a prescription. With 1-1 dietitian-led care as the cornerstone of treatment, the Nourish care model is built to support patients both on and off GLP-1s, helping avoid waste at every stage.

[1] AssuredPartners. A 2025 update on the GLP-1 landscape. 2025.
[2] KFF (Kaiser Family Foundation). KFF Health Tracking Poll: Prescription Drug Costs, Views on Trump Administration Actions, and GLP-1 Use. November 2025.
[3] Meyer KB, McVeigh M, Chiara AN, et al. Real-world 6-month persistence, adherence, and effectiveness of GLP-1 medications for overweight and obesity in a Medicaid population. J Manag Care Spec Pharm. 2026;32(3):271-280. Benchmark population includes patients with and without diabetes, to match the Nourish patient population.
[4] Gasoyan H, Schulte R, Boyer CB, et al. Obesity treatments and weight changes in clinical practice after discontinuation of semaglutide or tirzepatide. Diabetes Obes Metab. 2026;28(6):4795-4805.
[5] Nourish internal data. Patients with baseline BMI ≥25; share currently on a GLP-1. Accessed September 2026.
[6] Nourish internal data, published in Nourish, Maximizing GLP-1 Impact: Real-World Results from Nourish Patients, October 1, 2026. Patients with BMI ≥30 who started semaglutide or tirzepatide within 30 days of their first appointment, February 2025 to February 2026 (N = 7,675); persistent = still on medication at 6 months with no gap >60 days. Accessed September 2026.
[7] Rodriguez PJ, Zhang V, Gratzl S, et al. Discontinuation and reinitiation of dual-labeled GLP-1 receptor agonists among US adults with overweight or obesity. JAMA Netw Open. 2025;8(1):e2457349.
[8] Nourish internal data. Patients with BMI ≥30 whose first GLP-1 discontinuation (60+ days off, no restart) occurred while at Nourish; maintained = weight within 1% of weight at discontinuation. Accessed September 2026.

References

1. AssuredPartners. A 2025 update on the GLP-1 landscape. https://www.assuredpartners.com/news-insights/blogs/employee-benefits/2025/a-2025-update-on-the-glp-1-landscape/

2. KFF (Kaiser Family Foundation). KFF Health Tracking Poll: Prescription Drug Costs, Views on Trump Administration Actions, and GLP-1 Use. November 2025. https://www.kff.org/public-opinion/kff-health-tracking-poll-prescription-drug-costs-views-on-trump-administration-actions-and-glp-1-use/

3. Meyer KB, McVeigh M, Chiara AN, et al. Real-world 6-month persistence, adherence, and effectiveness of GLP-1 medications for overweight and obesity in a Medicaid population. *J Manag Care Spec Pharm*. 2026;32(3):271-280. doi:10.18553/jmcp.2026.32.3.271

4. Gasoyan H, Schulte R, Boyer CB, et al. Obesity treatments and weight changes in clinical practice after discontinuation of semaglutide or tirzepatide. *Diabetes Obes Metab*. 2026;28(6):4795-4805. doi:10.1111/dom.70660

5. Nourish internal data. Accessed September 2026.

6. Nourish internal data, published in Nourish, Maximizing GLP-1 Impact: Real-World Results from Nourish Patients, October 1, 2026. Accessed September 2026.

7. Rodriguez PJ, Zhang V, Gratzl S, et al. Discontinuation and reinitiation of dual-labeled GLP-1 receptor agonists among US adults with overweight or obesity. *JAMA Netw Open*. 2025;8(1):e2457349. doi:10.1001/jamanetworkopen.2024.57349

8. Nourish internal data. Accessed September 2026.

About Nourish

Nourish is the country's largest dietitian-led metabolic health clinic, building the first AI-native virtual care model to tackle America's healthcare crisis and reverse chronic disease. The company pairs 10,000+ Registered Dietitians with AI agents to deliver insurance-covered, personalized care that produces best-in-class outcomes.

For patients who need access, Nourish integrates GLP-1 medication management, lab testing, and medical care into one care model designed for sustained behavior change. Through partnerships with the nation's largest health plans, health systems, and employers, Nourish is available to over 200 million Americans across all 50 states, typically at no cost.

Book your first appointment in minutes at nourish.com

Ready to bring dietitian-led metabolic care to your members?

Reach out to our team

Interested in exploring Nourish for your workforce?

Get in touch to learn more

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