Select 74 Webinar 13 July 2026 Questions answered off-line

Q- Looking longer term as the scope of use increases (presumed but expected) could we envisage that baseline pricing will not only factor in (hopeful) long-term improvements in mortality/morbidity but also the 'bounce back' effect in counter with UW strategies built to co-exist with this?

A- This highlights a good and complex issue, only part of which I grasped live during the Q&A session. On the one hand the effect of weight loss drugs will feed into experience in the coming years. This will happen naturally and some of the downstream effects on pricing will happen 'naturally' based only on extrapolation of data. This is 'safe' if we think the impact will be steady and gradual.

On the other there is a trend element to this question which I didn't pick up on live in the session. This becomes more important to the extent that you think these drugs will cause a step-change in experience. All long-term pricing factors in trend and some element of that trend will be attributable to these drugs. Companies will vary in how explicitly they attribute trend to specific conditions or medical developments. It is a question for basis setting, trend and/or pricing actuaries whether weight loss drugs merit special treatment and each business is likely to approach answering this question differently. If the impact from these drugs is deemed large enough, some might make an adjustment to account for their future effects. Any attempt to factor these drugs in in this way should incorporate their limitations. To do otherwise would be to give them too much credit. This might be based on modelling or expert judgement. In the longer-term actuaries might want to consider possible future changes like reduction in bounceback (i.e. more effective/durable drugs). In reality this would be one of many things influencing mortality/morbidity in future and might more likely entail slightly rounding up the predicted effect of the drugs, for example.

Whatever medical advice feeds into answering this question, and any downstream impacts on e.g. business mix, should be made available to underwriters so they can adapt their philosophies/strategies accordingly.

Q - You mention affordability being a major factor of persistency. However research shows that the costs are coming down due to increased competition, expiring patents and government price- cuts agreements. So we could see persistency rates reducing going forwards.

A - Current industry analyses and real-world data indicate that treatment persistency for GLP-1 medications is fundamentally linked to affordability. Because out-of-pocket expenses are the strongest predictor of medication adherence, dropping prices and

stabilising supply should directly improve long-term treatment continuity. While adverse side effects also influence discontinuation, the financial burden is a critical, independent factor. Patients are significantly more likely to abandon treatment if they pay exorbitant amounts while experiencing intolerable side effects. Conversely, a lower, more sustainable price point can increase a patient's willingness to persevere, as the perceived physical benefits outweigh a much less prohibitive financial commitment.

Q - Have there been any studies that show an impact on the Gut microbiome given food sits and ferments prior to digestion?

Yes, studies show GLP-1 drugs significantly impact the gut microbiome. Because GLP-1 receptor agonists slow stomach emptying, food sits in the digestive tract longer. This prolonged transit time gives gut bacteria more time to interact with and ferment nutrients, driving notable shifts in microbial composition. Key findings from microbiome studies show increased beneficial bacteria: GLP-1 therapies (such as semaglutide and liraglutide) generally promote the growth of beneficial bacteria like Akkermansia Muciniphila. This specific bacteria is linked to reduced inflammation, stronger gut barrier integrity, and improved insulin sensitivity. Studies in animal models of obesity and type 2 diabetes indicate that GLP-1 drugs can reverse gut dysbiosis by restoring the balance between different bacterial groups. The relationship is also bidirectional, a healthy, diverse microbiome naturally helps regulate and stimulate the body's own GLP-1 production. Early data suggests that the baseline diversity of an individual's microbiome may even influence how well they respond to GLP-1 medications. A further point of interest is whilst slowed digestion can lead to uncomfortable gastrointestinal symptoms like bloating or constipation, if the person can persist with this over time, this slowing extends the window for fermentation in the gut. When gut bacteria break down fibre and carbohydrates during this extended period, they produce short-chain fatty acids like acetate, propionate, and butyrate. These metabolites act as important signalling molecules that can reduce inflammation and help regulate appetite and blood sugar, reinforcing the metabolic benefits of the medication.