Survey of How Plans Are Covering GLP-1s: Weight Loss or Diabetes Only

Given the high cost of glucagon-like peptide-1 receptor agonists (GLP-1s) and their rising popularity for weight loss, sponsors of group health plans are interested in how other plans are covering these medications.

This infographic presents the results of a recent client pulse survey.

Coverage of GLP-1s for weight loss is more common in the public sector than in the private sector.



* Includes multiemployer and single-employer plans

Among plans that cover GLP-1s to treat obesity, these are some of the ways coverage is being offered:

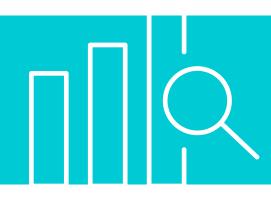
- Integrate weight-loss medication coverage with complementary weight-management/nutritional-coaching services, using third-party specialists
- Narrow the eligibility of weight-loss medications to limited pharmacies within the broad pharmacy network
- Limit coverage for participants without comorbidities to higher body mass index levels (e.g., Class II Obesity)
- Create a weight-loss coverage tier with higher plan participant cost sharing (e.g., 25 percent copayment)
- Limit the duration of GLP-1 coverage (e.g., 24 months)
- Dispense the medication only through the plan's on-site clinic pharmacy



Strategies to prevent off-label abuse

Some plans that limit coverage of GLP-1s to treat diabetes have adopted these strategies to prevent off-label use of the medication:

- Tighter prior authorization, such as checking for biometrics, glucose test strips and continuous monitoring devices
- Rules specifying that coverage will only be provided when certain types of physicians (e.g., endocrinologists, cardiologists) write the prescriptions



In April, we surveyed more than 160 large group health plan clients. The survey breakdown by market is 66 percent private sector and 34 percent public sector.

To discuss your plan's coverage strategy for GLP-1s, get in touch with the following subject matter expert:



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