PETERSON HEALTH TECHNOLOGY INSTITUTE

Employer Approaches to GLP-1 Coverage

MARKET TREND REPORT | DECEMBER 2025

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Letter From the Executive Director

When I speak to employer HR and benefit leaders, the conversation inevitably turns to GLP-1s for obesity. These drugs are delivering life-changing health benefits—people taking GLP-1s lose six times more weight than with diet and exercise alone. Today, fewer than one in five employers cover GLP-1s for weight loss, but employee demand for these drugs is, predictably, soaring. Paired with public announcements of lower prices and expanded coverage in Medicare, employers are facing even more pressure to include GLP-1s in their health benefits.

Early data on the impact of GLP-1s on (nonpharmacy) medical spending for people with obesity are mixed: Some studies show slight reductions in healthcare utilization, while others report an increase in medical spending. However, the evidence is unanimous that GLP-1s currently increase total healthcare spending for employers. Drug costs exceed any reductions in other medical costs over the 3–4-year period in which most workers are covered by their employer-sponsored insurance, and employers who have offered coverage report that demand for GLP-1 prescriptions is outstripping their annual budget projections.

Employer feedback is clear: They want to offer GLP-1s for their workforce. It is a valuable benefit that improves employee satisfaction, retention, and—most importantly—health. However, employers must also consider the tradeoffs, particularly if extending broad GLP-1 coverage would mean shifting more costs to employees through higher premiums and cost-sharing, narrowing provider networks, or slowing wage growth. Instead, employers are seeking thoughtful approaches to GLP-1 coverage that are designed to work within their annual budgets, minimize wasted spending, and maximize clinical benefits.

This report is designed to be an employer purchasing guide for GLP-1 coverage and virtual solutions. In a rapidly changing field, there are not enough data for us to conduct a full assessment of virtual solutions providing GLP-1 prescribing, management, and behavior change programs. Digital vendors are evolving their product offerings rapidly, the evidence base is just emerging, and the net prices for GLP-1s are falling dramatically. Yet, many benefits leaders will be forced to make coverage and program design decisions in 2026.

PHTI's goal is to help frame the key purchasing decisions facing employers around three phases of GLP-1 management: who should start these medications, how to keep them on treatment, and what to do when they stop. The report summarizes the existing evidence and vendor landscape, and suggests a range of approaches for how employers can structure their GLP-1 coverage. It is based on employer-reported experience, environmental scans, expert input, and emerging real-world data to help purchasers navigate a marketplace that is still forming. We are meeting decision-makers early—when timely insight matters most and independent analysis is scarce.

With potential new indications, oral formulations, and a significant Medicare coverage expansion on the horizon, GLP-1s will play an outsized role in benefit design and healthcare spending for the foreseeable future. Our hope is that this early-stage guidance helps employers make informed decisions while the market is still evolving—and while there is still time to build programs that keep effective care both accessible and affordable.

Sincerely,

Caroline Pearson, Executive Director
Peterson Health Technology Institute

Executive Summary

Glucagon-like peptide-1 receptor agonists (GLP-1s) for obesity present an unprecedented healthcare challenge for employers. They deliver clinically significant weight loss, improvements in cardiometabolic risk, and positive long-term health outcomes. However, with nearly 58 million commercially insured adults eligible for GLP-1s, the cost of broad coverage is unsustainable for many companies.

Despite recent declines in negotiated prices, employers who are providing GLP-1 coverage are seeing significant utilization and report substantial increases in pharmacy spending. While evidence about the impact of these drugs on other healthcare utilization is mixed, all studies find GLP-1s increase total, near-term healthcare spending at current commercial prices. Employers are also concerned about high rates of patients' discontinuing therapy, because most users regain a significant portion of their weight after stopping medications—negating clinical and potential economic benefits of the drugs.

As oral formulations enter development and FDA indications potentially expand to cardiovascular disease prevention and other conditions, pressure on pharmacy budgets will intensify. Employers are faced with the challenge of ensuring appropriate access to treatment while maintaining sustainable benefit structures. In response, they are increasingly turning to virtual weight management solutions to help structure benefit design, guide utilization, and improve clinical outcomes.

The report identifies three critical phases where these solutions can support employers in managing their GLP-1 coverage:

- **Initiation:** Providing targeted GLP-1 coverage using clinical criteria, behavioral or AI-based screening, narrow prescribing networks, or step-therapy pathways that include lower cost alternatives or lifestyle change programs.
- **Maintenance:** Providing lifestyle coaching, nutritional guidance, symptom management, and proactive engagement to improve medication adherence and mitigate discontinuation.
- **Supported discontinuation:** Offering structured behavior, diet, and coaching support to help individuals who choose to taper or discontinue therapy maintain weight loss and prevent the rapid rebound that typically follows medication cessation.

Within a rapidly shifting environment, current solutions vary across two primary categories: (1) comprehensive programs, which include prescriptions for weight loss medications; and (2) wraparound programs, which focus on lifestyle and adherence support while employees receive prescriptions through other channels.

Based on analysis of employer experiences, vendor data, and expert interviews, this report outlines five key recommendations for employers designing sustainable GLP-1 coverage:

1 **Establish clear, clinically driven eligibility pathways for GLP-1 coverage**

2 **Require participation in behavior, nutrition, or lifestyle change programs as a condition of coverage**

3 **Provide structured support for employees who choose to taper or discontinue GLP-1 therapy**

4 **Review existing vendor capabilities before adding additional point solutions**

5 **Contract with vendors to drive outcomes while examining overall program costs**

As GLP-1 use expands and more virtual solutions come to market, employers will continue to face the choice of balancing access and affordability of these medications. This report provides a framework to help employers evaluate emerging management models and adopt clinically supported approaches that make GLP-1 coverage both clinically effective and financially sustainable.

About This Market Trend Report Approach

This analysis draws on expert interviews, Purchaser Advisory Council member interviews, vendor data, and employer-reported utilization and cost trends to identify emerging patterns across the market.

Given the dynamic and rapidly evolving nature of this field, market trend reports are designed to provide timely insights rather than systematic literature reviews.

PHTI is solely responsible for the development of this report and its conclusions. All information and data included reflect the most current insights available as of the date of publication.

Demand for GLP-1 Coverage

Employers are facing tremendous pressure to cover glucagon-like peptide-1 receptor agonists (GLP-1s) for obesity, driven by these drugs' strong clinical benefits for weight loss and other cardiometabolic outcomes. However, given the large number of eligible patients and the relatively high cost of these products, employers are concerned about the impact on their medical costs—particularly with expected increases in health insurance premiums. In response, employers are designing programs that seek to extend limited coverage for GLP-1s and investing in offerings that improve medication adherence and clinical outcomes. Many digital health and virtual care companies have launched solutions to help employers manage GLP-1 access and provide wraparound support. This report is designed to help employers understand their options when designing their GLP-1 coverage.

Clinical Impact

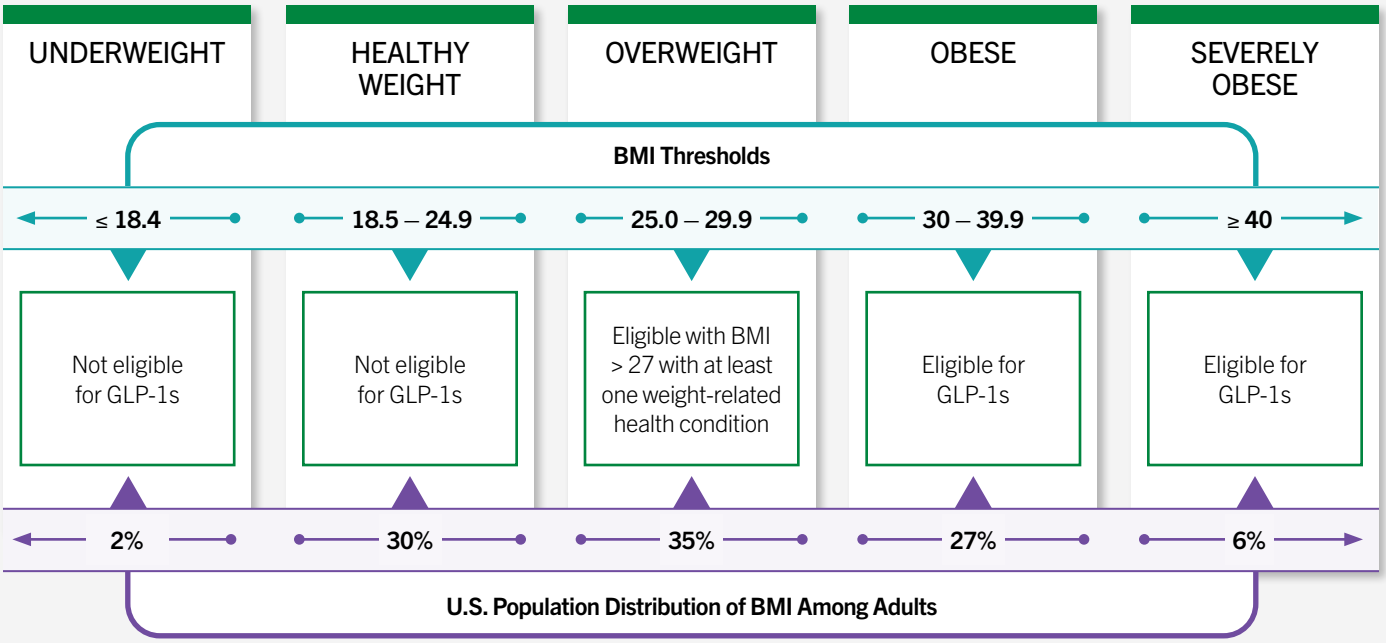
More than 40% of U.S. adults meet the clinical threshold for obesity, a rate that has steadily increased over the past two decades.[1] Obesity is a growing driver of U.S. healthcare costs and lost productivity. Annual healthcare spending for adults with obesity is about $12,600 in the commercial market—more than 2.6 times that for adults without obesity.[2] In addition to the direct healthcare costs, obesity-related conditions resulted in $243 billion in lost workplace productivity in 2023.[3]

GLP-1s have emerged as breakthrough treatments, offering meaningful weight loss and improved metabolic outcomes, glycemic control, and reductions in cardiovascular and other disease risk (Exhibit 1). FDA indication for GLP-1s in weight loss management includes the addition of diet and exercise programs.[4] In randomized controlled trials, adults with obesity or who were overweight achieved average weight loss reductions of 15% of their body weight with Wegovy (semaglutide)[5] and 21% with Zepbound (tirzepatide).[6] These weight reductions exceed those observed with a placebo, as well as traditional diet and exercise–based interventions alone.

With GLP-1s approved for both diabetes and chronic weight management, almost 58 million commercially insured adults meet labeled clinical criteria for these medications.[7] As Medicare and some Medicaid programs begin covering GLP-1s for weight loss and employee demand for GLP-1s influenced by near-constant media attention, employers face increasing pressure to include GLP-1 coverage as part of competitive benefit offerings. Additionally, several factors may influence future demand for these medications, including oral formulations currently in development and the potential expansion of FDA-approved indications for cardiovascular disease prevention, chronic kidney disease, and addiction.[8]

Exhibit 1

U.S. POPULATION DISTRIBUTION, BY BMI THRESHOLDS, 2024



Sources: KFF, "Distribution of Body Mass Index Among Adults," 2024. https://www.kff.org/state-health-policy-data/state-indicator/distribution-of-body-mass-index-among-adults/. U.S. Food & Drug Administration, "FDA Approves New Medication for Chronic Weight Management," November 8, 2023. https://www.fda.gov/news-events/press-announcements/fda-approves-new-medication-chronic-weight-management#:~:text=Today%2C%20the%20U.S.%20Food%20and,with%20type%202%20diabetes%20mellitus.

Managing Health Benefits Spending

When considering how GLP-1 coverage will impact their budgets, employers must consider both the added pharmacy costs and potential changes in overall medical spending for people who take the medications.

Although list prices for GLP-1s began at more than $1,000 per month, net prices have been falling rapidly. Recent announcements of reduced pricing for both Medicare and Medicaid ($245 per month within the next two years) and direct-to-consumer ($349–499 per month) suggest that further meaningful price reductions could flow into employer-sponsored plans (Exhibit 2). Still, at current negotiated prices, GLP-1s are expected to increase employer healthcare spending during the average 3–4-year period when employees remain on their employer plan.[9] Employers are reporting large year-over-year cost increases from GLP-1 spending, with weight management drugs accounting for almost half of drug spending *growth* in 2024.[10]

> "We need to focus on managing costs while still providing access to care for those who need the [GLP-1] therapy. With oral versions of the drugs coming soon, we needed to act now."
>
> —Large Retail Employer

Exhibit 2

OVERVIEW OF PRICING FOR OBESITY-INDICATED GLP-1 MEDICATIONS

GLP-1	Manufacturer, FDA Approval	List Price (28-day supply)	Estimated Net Price*	DTC Discounted Price (28-day supply, dose)	Proposed Medicare Costs
Wegovy (semaglutide)	Novo Nordisk, 2021	$1,349.02[11]	$569.08[12]	$349[13] (0.25mg+)	$245[14]
Zepbound (tirzepatide)	Eli Lilly, 2023	$1,086.37[15]	$664.41[16]	$299–449[17] (2.5mg–5mg+)	$245[18]

Notes: * Net prices represent estimates because pharmaceutical manufacturers and pharmacy benefit managers treat negotiated rebates, discounts, and other price concessions as proprietary information. While list prices are publicly disclosed, the actual amounts paid by employers and health plans remain confidential under contractual agreements. DTC = direct-to-consumer. The net prices reported here are drawn from an Institute for Clinical and Economic Review (ICER) assessment of semaglutide and tirzepatide for obesity, which used annual net prices from Q1 SSR Health. These figures reflect aggregated net prices that account for direct-to-patient options offered through NovoCare and LillyDirect (Annual Net Price—Injectable Semaglutide: $6,829; Annual Net Price—Tirzepatide: $7,973). Estimated monthly net prices were calculated by dividing the annual net prices by 12. These figures may have been updated since the report's release.

Studies of total cost of care in the commercial market show that GLP-1 coverage for obesity increases overall spending because the added drug costs exceed any savings from changes in healthcare utilization. Analyses are mixed about how these medications impact non-GLP-1 spending, with some studies finding that people using GLP-1s for weight loss had higher year-over-year medical costs, while some showed lower medical spending. Further research is needed to understand the drivers of medical spending for patients using GLP-1s, as well as longer-term cost trends.

One published analysis found that nondiabetic GLP-1 users have significantly higher spending across most healthcare service categories—including provider visits, imaging, and laboratory services—in year one of taking the medication, with spending increasing more in years 2–6.[19] One large employer shared internal data consistent with these findings, showing an upward trend in medical spending among GLP-1 users with obesity, resulting in approximately a 15% annual increase over a three-year period.

Other studies found that GLP-1 users had a slight reduction in medical spending, which did not offset the increased cost of the medication.[21] A 2025 study of commercially insured, nondiabetic patients with obesity found that those who maintained GLP-1 adherence for at least six months had 20–26% lower total medical costs per patient per year than nonadherent patients because of decreases in emergency room visits and hospitalizations for cardiovascular, spinal, and respiratory conditions.[22] However, medical cost reductions were offset by the cost of GLP-1s and total cost of care spending increased for all adherent patients compared to the nonadherent patients. A recent evidence report from the Institute for Clinical and Economic Review (ICER) concluded that although GLP-1 therapies may be considered cost-effective over patients' lifetimes, their current net prices make broad population-level coverage financially untenable.[23]

Direct-to-Employer GLP-1 Programs

Given that direct-to-consumer programs are often selling GLP-1s for less than the drug price negotiated through traditional insurance benefits, some employers are pursuing new options to cover these products outside of their regular pharmacy benefits. Drug makers Eli Lilly and Novo Nordisk are now supporting direct-to-employer programs that allow companies to subsidize their workers' out-of-pocket costs when they purchase GLP-1s through direct-to-consumer delivery models and pricing.[20]

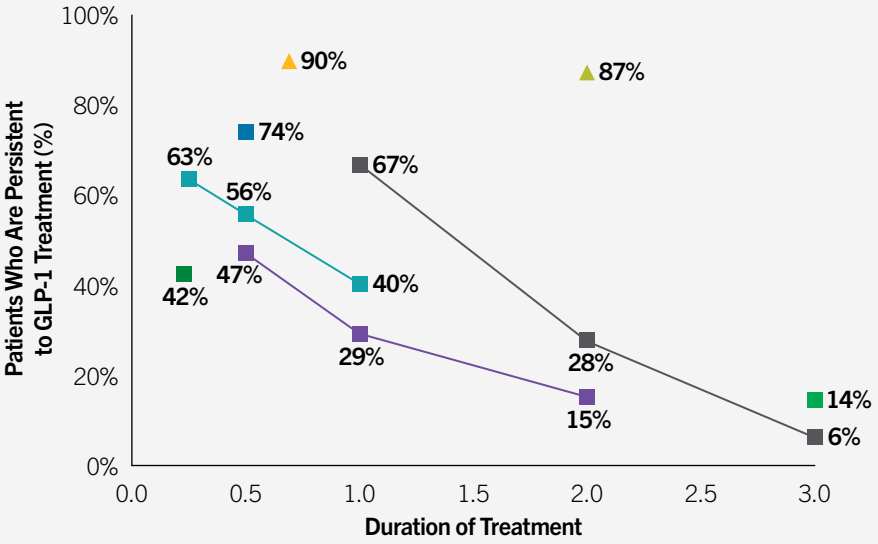
Medication Adherence

Beyond the impact on healthcare spending for people who use GLP-1s, employers are concerned about the impact of discontinuation.[24,25] GLP-1s are intended as long-term treatments, and initial studies suggest most patients need to remain on therapy to maintain health benefits. Discontinuation of GLP-1s typically results in significant weight regain. One study found that participants regained two-thirds of their prior weight loss within one year of discontinuing semaglutide.[26] A separate study observed that patients experienced substantial weight regain within eight weeks of stopping GLP-1 therapy.[27]

While patients in clinical trials of GLP-1s for obesity generally had very high treatment completion rates—87% at two years—real-world studies have shown more patients stopping treatment (Exhibit 3). Claims analyses suggest that fewer than 70% of commercially insured individuals without diabetes remain on GLP-1 therapy after one year, and 30% after two years. Two of the most common reasons why patients stop taking GLP-1s are high out-of-pocket costs and side effects,[28] including nausea, vomiting, and gastrointestinal distress.[29]

Exhibit 3

PERSISTENCE RATES: CLINICAL TRIALS VS. REAL-WORLD CLAIMS STUDIES



Clinical Trials	Medication Name
▲ Aronne 2023[a]	Tirzepatide
▲ Garvey 2022[b]	Semaglutide

Real World Claims	Medication Name
BHI 2024[c]	Liraglutide and Semaglutide
Gasoyan 2023[d]	Semaglutide
Gleason 2024[e]	Liraglutide and Semaglutide
Hankosky 2025[f]	Tirzepatide
Wennberg 2025[g]	Tirzepatide, Albiglutide, Semaglutide, Liraglutide, Lixisenatide, Dulaglutide, Exenatide
Urick 2025[h]	Semaglutide

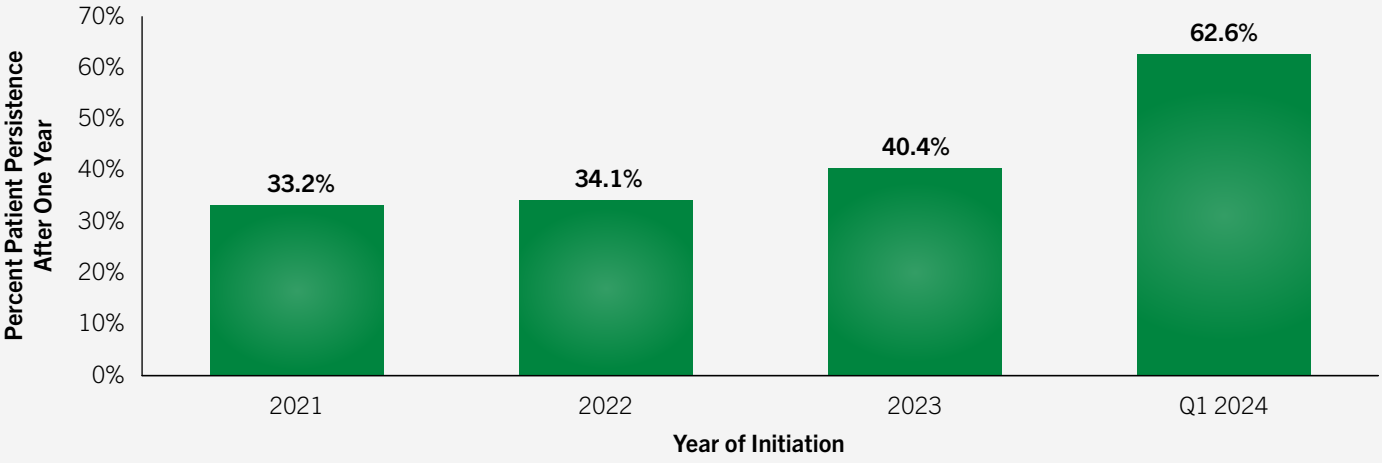
Notes: Some studies present aggregate persistence rates that include both liraglutide and semaglutide. Given their differing dosing schedules (daily vs. weekly), persistence rates may vary. Clinical trial results shown here reflect treatment completion rates.

Sources: [a] Reference 30. [b] Reference 31. [c] Reference 32. [d] Reference 33. [e] Reference 34. [f] Reference 35. [g] Reference 36. [h] Reference 37.

Notably, many studies of GLP-1 adherence span periods when drug shortages were widespread—meaning some patients likely discontinued treatment because of challenges accessing medication. As the GLP-1 supply has become more reliable, adherence has improved. For instance, medication persistence[i] at one year among patients who started GLP-1s in 2021 and 2022—the period marked by significant medication shortages—was 33% and 34%, respectively, compared with 40% among those who began treatment in 2023.[38]

Exhibit 4

GLP-1 PERSISTENCE AT ONE YEAR BY INITIATION DATE



Source: Ben Urick, Landon Marshall, and Patrick Gleason, "GLP-1 Therapy to Treat Obesity Among Members Without Diabetes: Three-Year Persistence and Year-Over-Year Persistence Rate Change," Prime Therapeutics, June 25, 2025. https://www.primetherapeutics.com/documents/d/primetherapeutics/prime-therapeutics_glp-1-therapy-to-treat-obesity-among-members-without-diabetes_three-year-persistence

[i] Medication persistence refers to the act of continuing the treatment for the prescribed duration. It may be defined as the duration of time from initiation to discontinuation of therapy. https://www.sciencedirect.com/science/article/pii/S1098301510604950

Current Coverage of GLP-1s

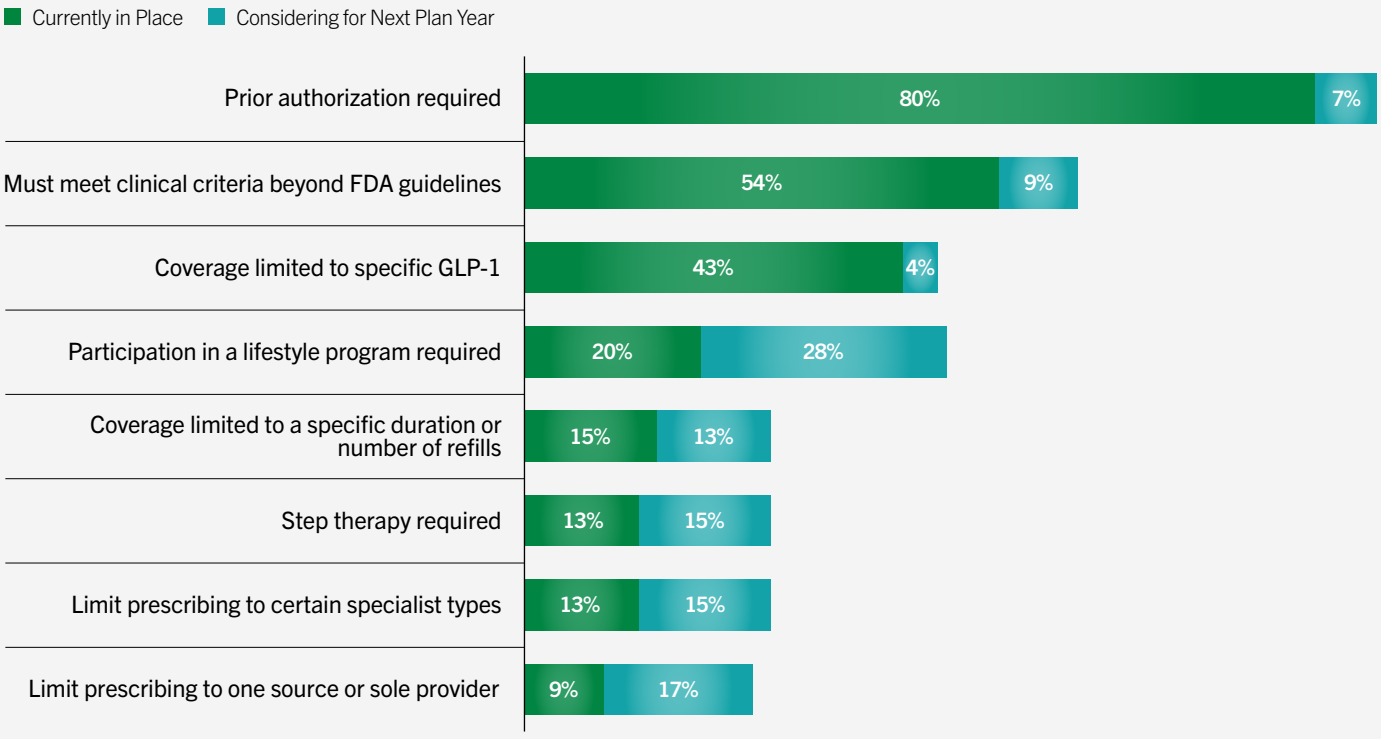
To date, employers have taken a cautious approach to expanding coverage for GLP-1s—with only 19% of employers with 200 or more employees covering GLP-1s for weight loss in 2025.[39] Employers that have started covering these products have shared that high employee demand and utilization often outstrips their budgeted projections.

> "Our pharmacy benefits manager (PBM) projected a certain amount of spend for the year and we shot through that number by mid-June. Once an employer starts providing coverage for GLP-1s for weight loss, it's a Pandora's box that's hard to close without a lot of noise."
>
> —Large Real Estate Employer

Employers recognize that these medications are highly clinically effective and can be transformative in improving the long-term health and well-being for people with obesity. As more employees seek coverage for these products, employers are looking for ways to extend access while managing the overall financial impact to their benefit program. Currently, among employers who are covering GLP-1s for weight loss, more than half (54%) are restricting coverage to only a subset of eligible patients. Notably, one in five employers are requiring participation in a concurrent lifestyle change program (Exhibit 5).[40]

Exhibit 5

GLP-1 COVERAGE REQUIREMENTS FOR 2025 AND UNDER CONSIDERATION FOR 2026



Source: Brown & Brown, "State of GLP-1 Medication Coverage for Weight Loss: Employer Survey Results," accessed November 17, 2025. https://www.bbrown.com/wp-content/uploads/2025/07/State-of-GLP-1-Medication-Coverage-for-Weight-Loss-Employer-Survey-Results-Brown-Brown_WEB.pdf

Approaches to Managing GLP-1 Coverage

As employers consider extending GLP-1 coverage for weight loss, they are increasingly turning to virtual weight loss management solutions to help manage their budget and improve outcomes for their employees. These virtual solutions promise to help employers identify workers who are eligible for coverage, provide access to clinical programs that can improve health outcomes, and as a result, achieve increased budget predictability. In partnership with virtual solutions, employers are focused on managing their weight loss benefits in three ways.

1 **Initiation: Providing Targeted GLP-1 Coverage.** Virtual solutions offer employers vehicles for providing more limited or focused access to GLP-1 solutions. These may include limited provider networks; restricted access based on defined clinical or risk criteria (e.g., BMI >40); or step-therapy protocols, such as the use of non-GLP-1 medications or the participation in nonmedication-based weight loss programs. These approaches are designed to help employers provide GLP-1s to patients for whom the potential clinical and economic impact is the greatest.

2 **Maintenance: Improving Medication Adherence and Outcomes.** Virtual solutions enable employers to provide services for employees on GLP-1 therapy, such as lifestyle change–focused weight loss programs, nutritional coaching, counseling, and proactive side-effect management. These strategies are designed to improve persistence, reduce discontinuation, and increase the likelihood of sustained weight loss and comorbidity improvement for those on GLP-1s, as well as those who choose to transition off of them.

3 **Supported Discontinuation: Supporting Sustained Weight Loss Over Time.** Virtual solutions allow employers to offer support and programs that help employees who want to reduce or discontinue GLP-1 use over time. These strategies focus on preserving any clinical, economic, or productivity gains of pharmacologic therapy even after medication discontinuation.

Together, these strategies reflect employers' shift to focusing on building sustainable, clinically integrated approaches that balance access, affordability, and long-term health outcomes.

Exhibit 6

EMPLOYER APPROACHES TO GLP-1 MANAGEMENT

	Goal	Approach
Initiation	Providing limited GLP-1 coverage for those most likely to experience substantial health improvements	• Establishing narrow prescriber networks • Restricting GLP-1 coverage to narrow clinical or risk criteria • Requiring alternative weight loss programs as step therapy • Using non-GLP-1 weight loss medications as alternatives
Maintenance	Maximizing clinical benefits by improving medication adherence and outcomes for covered employees	• Supporting lifestyle changes • Managing side effects
Supported Discontinuation	Supporting sustained weight loss after GLP-1 discontinuation	• Supporting tapered GLP-1 use over time • Intensive behavioral support to limit weight rebound

Virtual Weight Management Solutions

A growing number of virtual solutions are supporting employers in managing obesity care and GLP-1 coverage. These include digital-first solutions that are designed to augment, complement, or replace GLP-1 prescribing with additional support services. Most solutions evolved from virtual cardiometabolic programs or telemedicine platforms that expanded their capabilities to incorporate GLP-1 prescribing and management. Broadly, employers can choose either a:

- **Comprehensive** solution that includes a GLP-1 prescriber network paired with weight management and support services; or
- **Wraparound** solution that provides additional weight management or support services to patients already receiving GLP-1 medications.

Company offerings are evolving quickly in response to market trends and purchaser needs. Further, some companies are partnering with employers to design custom programs based on an employer's benefit strategy, existing coverage dynamics, and employee needs. This report describes some of the main features of virtual GLP-1 solutions and top vendors, but exact product details and capabilities are changing rapidly in this market.

Comprehensive Solutions

Comprehensive solutions integrate medications for weight management with broader cardiometabolic support. They provide employees with access to clinicians, alongside nutritional guidance, behavioral health support, and lifestyle counseling delivered by coaches or dietitians. A nonexhaustive list of leading solution vendors is shown in Exhibit 7. These solutions pair access to prescriptions and medication management with structured behavior change programs. Prescriber integration enables these solutions to offer their behavior change programs as a stand-alone, weight loss option that can be used instead of a GLP-1 or as a complementary support for those receiving medication. In many cases, providers are used to determine patient eligibility for GLP-1s, although some solutions rely on automated apps or other screening tools to confirm eligibility. Many solutions offer performance guarantees and put fees at risk based on weight loss outcomes.[41,42]

Lifestyle change–focused weight management programs are core to all solutions in this category. However, there are notable differences across these solutions, including whether they offer other non-GLP-1 anti-obesity medications, the extent to which they rely on technology versus humans to provide patient support, and whether their focus is exclusively on obesity or includes a broader range of metabolic conditions. Solutions also vary in terms of the types and level of certification of their prescribers.

Exhibit 7

SELECT COMPREHENSIVE WEIGHT MANAGEMENT SOLUTIONS

9am Health	Found Health	Virta Health
Calibrate	Noom	Weight Watchers
Flyte Health	Omada Health	
Form Health	Vida Health	

Wraparound Solutions

Wraparound solutions focus on supporting employees who are already receiving GLP-1s, but do not provide prescribing services themselves. Employers often adopt these programs when they use other GLP-1 prescribing solutions or if they allow GLP-1 access through their standard pharmacy benefit and provider network. Wraparound solutions typically offer behavioral coaching, nutritional counseling, side-effect management, and digital tracking tools to reinforce healthy lifestyle behaviors and address common barriers to medication adherence. Some offer specific adherence and side-effect management programs for those on GLP-1s. A number of solutions focus on food and nutrition, some of which include food delivery and meal preparation services. Many solutions are willing to offer performance guarantees and link payments to weight loss outcomes.[43–45]

Exhibit 8

SELECT WRAPAROUND WEIGHT MANAGEMENT SOLUTIONS

Betr Health	Foodsmart	Lark Health
Ciba Health	HabitNu	Welldoc

Exhibit 9

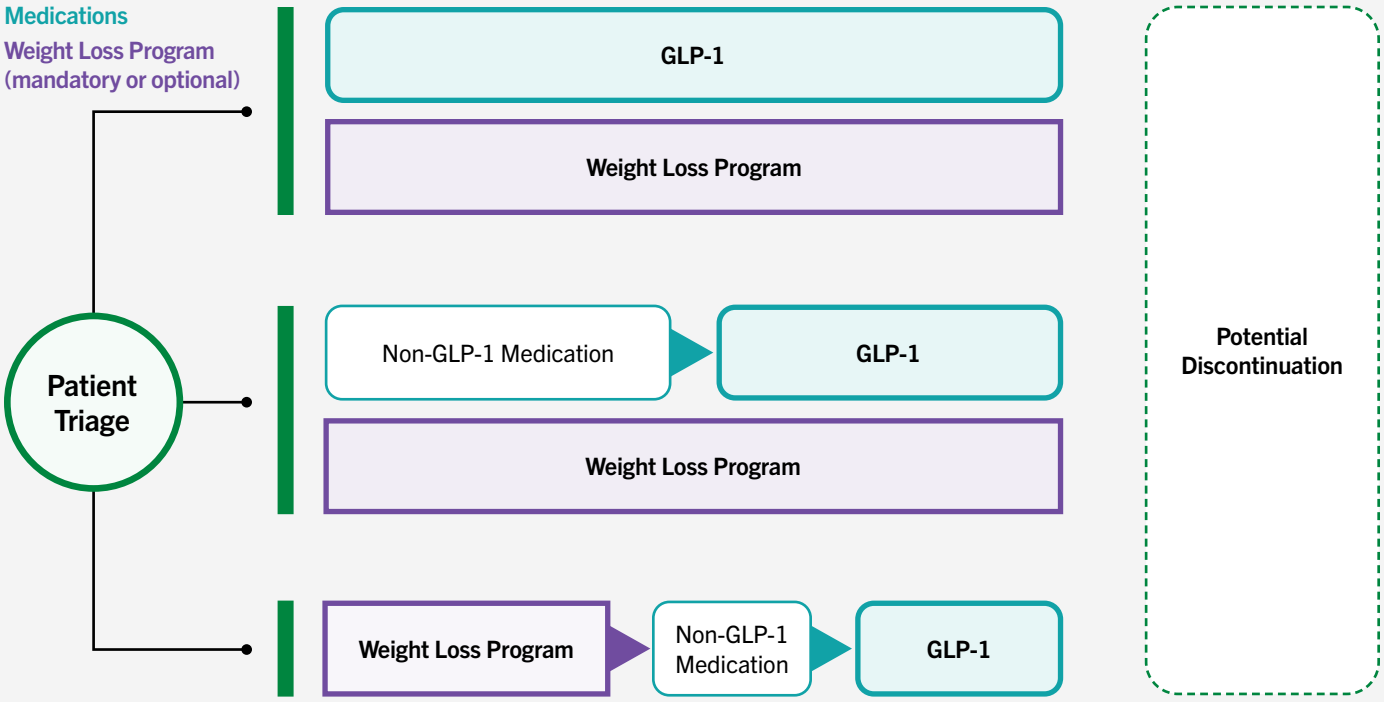
CORE COMPONENTS OF VIRTUAL WEIGHT MANAGEMENT SOLUTIONS

Solution Type	Prescribing	GLP-1 Alternatives	Services Offered			
	Integrated GLP-1 Prescribing	Offers Alternative Programs to Medication	Lifestyle Change Programs	Adherence Support	Human Coaching	Discontinuation Planning
Comprehensive	Standard	Standard	Standard	Standard	Standard	Optional*
Wraparound	Unavailable	Optional	Standard	Standard	Standard	Optional*

Note: * A limited number of programs offer discontinuation-focused programs.

Exhibit 10

EXAMPLE OF PATIENT TRIAGE OPTIONS FOR WEIGHT MANAGEMENT



Given that many of these solutions are new to the market or have recently been adapted to include a focus on GLP-1s, there is limited published evidence on the impact of either comprehensive or wraparound solutions on adherence, side-effect management, or long-term weight loss. While many companies publish outcomes data on their websites, these results often rely on internal case studies or self-reported measures, or do not clearly distinguish the effects of the solution from those of the GLP-1 medication itself. Some companies, including Flyte Health and Virta Health, have begun releasing higher quality analyses of their clinical and economic outcomes.[46,47] Large employers have also been analyzing results within their membership and have shared initial findings with PHTI.

Initiation: Providing Targeted GLP-1 Coverage

Employers are using four primary approaches to help target or control GLP-1 initiation. These include:

- Establishing narrow prescriber networks
- Enforcing screening and/or restrictive coverage criteria
- Requiring step therapy: Nonmedication weight loss programs
- Requiring step therapy: Non-GLP-1 weight loss medication

Narrow Prescriber Networks

Nearly all virtual GLP-1 programs employ narrow networks that restrict coverage for GLP-1s to specific prescribers. These programs rely on designated prescribers who identify patients who are eligible for coverage for GLP-1 medications, including enforcing the clinical criteria set forth by the employer. Often, these providers can deliver more extensive up-front counseling with patients to confirm users are prepared for a long-term commitment to GLP-1s and for possible side effects and lifestyle changes.

Benefit consultants and employers say that the impact of programs that limit prescriber networks can be significant. Employers shared with PHTI that anywhere from 20–60% of members who were previously on a GLP-1 before a narrow network program was implemented do not shift over to continue or reactivate their prescriptions within the new preferred provider network. This pattern may reflect several factors, including reluctance to participate in step-therapy requirements or a preference to continue working with existing providers. It is unclear whether these patients discontinue treatment altogether or shift to emerging direct-to-consumer channels offering GLP-1 access.

There are several notable variations within this "narrow provider" approach. One of the most important is the type of physician included in the network. Some solutions offer access to providers with expertise in obesity care, such as those board-certified in obesity medicine, while others rely on a more general set of prescribers. Additionally, frequency of required provider interaction varies across solutions, with some requiring that individuals meet regularly with weight loss–focused physicians to continue GLP-1 treatment.

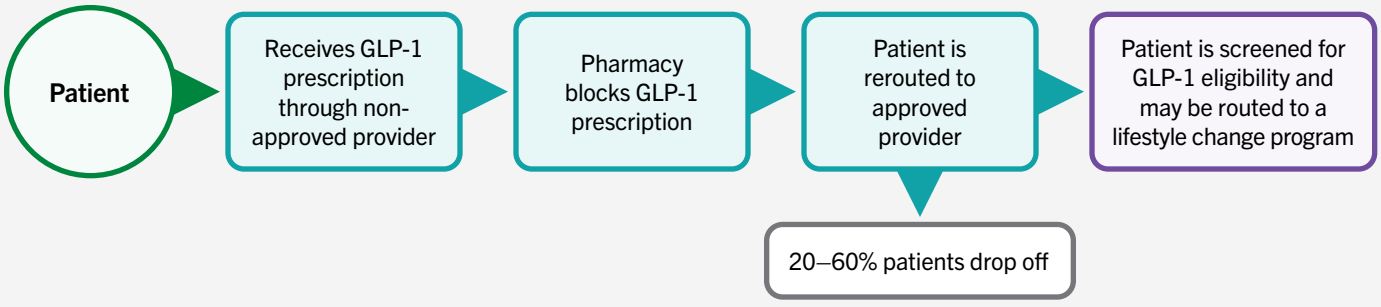
The benefit of a narrow prescriber network is that it enables employers to work with their prescribers to target coverage to specific patients. As described above, this approach may also reduce program participation and limit budget impact as some who are initially interested in taking GLP-1s find they do not qualify under the provider-specific criteria. However, narrow prescriber networks, by definition, separate GLP-1 prescribing from patients' other physicians, including primary care doctors and specialists. This may increase fragmentation, particularly given that people with comorbid conditions may need changes in their other medications (e.g., hypertension or diabetes) as a result of GLP-1-associated weight loss.

NPI-block

Each prescriber is identified by a unique National Provider Identifier (NPI), which federal regulation requires for standard electronic transactions.[48] Narrow prescriber networks rely on an "NPI-block" to reject pharmacy benefit coverage unless the prescription is written by an approved provider. This mechanism ensures that only prescribers within a designated network can authorize covered prescriptions. Some employers are using NPI-blocks to closely manage prescribing and control use of GLP-1s.

Exhibit 11

PATIENT JOURNEY WHEN EMPLOYERS USE A NARROW PROVIDER NETWORK FOR GLP-1 PRESCRIBING



CASE STUDY

Enabling Targeted Physician Prescribing

A large national company with longer-than-average employee retention rates was looking for a comprehensive approach to obesity management, including coordination with primary care physicians and relevant specialists. The company's primary objective was to prioritize who should receive GLP-1 prescriptions on the basis of clinical appropriateness rather than employee demand. The employer partnered with Form Health, who employed clinicians who were empowered to apply professional judgment in determining eligibility for GLP-1 therapy. The program emphasized individualized evaluation—accounting for BMI thresholds, comorbidity severity, and prior attempts at lifestyle change—to decide which patients would benefit most. The virtual platform offered alternative, nonpharmacologic, weight management programs as the first line of treatment. Patients with lower clinical severity began with behavioral and lifestyle interventions, while those with higher risk profiles were eligible for GLP-1s.

Coverage Screening and/or Restrictive Coverage Criteria

Many virtual solutions help employers target GLP-1 coverage to a subset of eligible employees. This may be done via blanket policies or via clinician- or AI-based screening programs. Screening processes vary but may incorporate both clinical (e.g., BMI thresholds or comorbid condition reviews) and behavioral (e.g., measures of likeliness to adhere to medications and behavioral and lifestyle modifications) criteria to identify patients most likely to succeed on the medications.

> "It's like adjusting the aperture on a camera. Employers can narrow or widen their coverage policies based on their available budgets."
>
> —Large Technology Services Employer

Virtual solutions use a range of approaches to identify patients eligible for coverage. Some programs work closely with their provider networks on eligibility and coverage determinations. Others employ algorithmic or AI-based prediction tools that use input from multiple connected devices like connected glucose monitors, weight scales, and blood pressure cuffs to identify patients most likely to succeed with GLP-1s. Some approaches require patients to first participate in lifestyle change–focused weight management programs, using engagement in these programs as a proxy for motivation and a predictor of future adherence to GLP-1 therapy.

Some employers are leveraging ICD-10 Z-codes to understand the BMI classification of employees and gain more visibility into their risk profiles. These codes allow employers to conduct more timely claims analysis, assess risk stratification, and identify employees who may be appropriate candidates for lifestyle change programs versus pharmacologic treatment.

Data suggest that weight reduction with GLP-1s may be greatest among patients with a higher baseline BMI.[49] Greater weight loss has been linked to measurable reductions in healthcare spending. A 2024 study of adults with employer-sponsored insurance found that individuals with a baseline BMI of 30 who lost 5% of their starting body weight had a mean reduction of $670 in healthcare spending, compared with $2,849 for patients who lost 25% of their starting weight.[50] Similar benefits are seen for patients with comorbid cardiometabolic conditions.[51]

A key consideration for self-insured employers is the risk of rebate loss when implementing targeted GLP-1 coverage strategies. PBMs negotiate rebates with manufacturers and may withhold these rebates if employers restrict access—such as by applying narrower clinical criteria, limiting coverage to a subset of the FDA-labeled population, or blocking prescriptions from nonnetwork providers. Because rebate value can materially offset gross drug costs, losing these payments may erode or eliminate the financial advantages of narrower coverage models.

> "We struggled a lot when it came to setting the BMI threshold for GLP-1 coverage. We were told that changing BMI or clinical requirements would cause us to lose our rebates, making restriction strategies financially disadvantageous."
>
> —Large Retail Warehouse Employer

Step Therapy: Nonmedication-Based Weight Loss Programs

Many virtual solutions offer weight loss programs that can be used as an alternative to GLP-1s or as step therapy prior to GLP-1s. Nonmedication-based weight loss component offering design varies, with most combining behavioral coaching, nutritional guidance, and digital tracking to support weight loss.

By offering alternative programs, virtual solutions reduce the number of patients who qualify for or elect GLP-1-based obesity treatment. They also may serve as a screening mechanism to identify patients who are committed to long-term weight management and lifestyle change. Evidence on the effectiveness of lifestyle change programs combined with GLP-1 therapy is limited.

Separately, some employers require employees to participate in lifestyle change programs for 3–6 months before initiating GLP-1 therapy, while carving out exceptions for individuals with higher BMI levels. These employees may receive immediate access to GLP-1s but are still required to engage in concurrent behavioral programs to maintain coverage.[52–54]

Step Therapy: Non-GLP-1 Weight Loss Medications

Some virtual weight management solutions offer non-GLP-1 weight loss medications as a lower cost alternative for specific patient groups, typically those with lower BMIs or fewer obesity-related comorbidities. These programs often begin with earlier-generation, established weight loss medications that can help identify patients who are committed to long-term weight management and behavior change. Program designs vary but most combine these alternative medications with lifestyle support and nutrition counseling. Patients on these medications often have the option to receive GLP-1s if the medications do not achieve the desired weight loss. Company studies on the financial impact of non-GLP-1 medication substitution are limited. A recent Milliman analysis of Flyte Health's virtual weight management program for the State of Connecticut—which allowed for the substitution of non-GLP-1 weight loss medications for individuals seeking GLP-1s—found this approach produced minimal savings in the total pharmacy budget for weight loss medications.[55]

Maintenance: Improving Medication Adherence and Outcomes

Employers want to ensure that eligible employees who initiate GLP-1s continue taking the medication to maximize the clinical and economic benefits. Given that sustained use is critical for achieving and maintaining weight loss, employers are investing in programs designed to improve adherence, help with side-effect management, and support long-term lifestyle modification.

> "Paying for a GLP-1 and having someone stop taking it is like flushing money down the toilet. I want to ensure that every employee who initiates therapy stays on their medication and achieves the health benefits these drugs can deliver."
>
> —Large Technology Employer

Many virtual weight management solutions offer a suite of tools designed to support both medication use and broader lifestyle change. Common features include digital nutrition tracking, such as photo-enabled food logs and smart scales, as well as programs that provide access to health coaches or registered dietitians to guide users through behavioral and nutritional modifications.[56–58] Given that more than half of GLP-1 users report experiencing side effects, most solutions also include medication- and symptom-management support, such as reminders, refill coordination, titration guidance, and structured monitoring of gastrointestinal symptoms. Some approaches also incorporate compliance-based models, requiring members to complete education modules or demonstrate healthy habits to maintain access.[59–63]

> "Behavior change used to be overseen by clinicians and providers, but for GLP-1s, it's being pushed to the employers."
>
> —Large Consumer Goods Employer

Evidence on the effectiveness of lifestyle change programs combined with GLP-1 therapy is limited but generally positive. Observational studies suggest that participants engaged in structured nutrition, activity, and coaching programs alongside anti-obesity medications may achieve greater weight loss than typically observed with lifestyle interventions alone in clinical trials.[64,65] Other analyses have found that individuals who are more engaged with digital behavior change tools while using GLP-1s tend to experience greater weight loss at 12 months.[66] Collectively, these findings suggest that integrating lifestyle management alongside GLP-1 therapy may enhance real-world effectiveness for certain patients, though results vary and evidence remains preliminary.

CASE STUDY

Requiring Lifestyle Management Programs in Conjunction With Prescription

One large national employer offers employees a preselected weight management program to use in conjunction with their prescription. With active participation, the employer provides a GLP-1 copay incentive to employees. Early data suggest employees who engage with the program are experiencing proportionally greater weight loss.

Supported Discontinuation: Sustaining Weight Loss Over Time

To date, the preponderance of clinical evidence suggests that people must continue GLP-1 use to maintain weight loss.[67,68] Individuals who discontinue these medications experience rapid weight rebound, typically two-thirds or more of their original weight loss, effectively negating the clinical and economic benefits associated with GLP-1 use.[69] While the goal for most patients should be to continue GLP-1 treatment, some patients will choose to discontinue use. For these individuals, some solution vendors have programs designed to help them sustain weight loss and other clinical benefits while reducing their dosage or stopping GLP-1s altogether.

There are very limited data on whether virtual solutions that provide supported discontinuation are able to limit how much weight patients regain. Virta—which supports patients in adhering to a ketogenic diet—has demonstrated success at maintaining weight loss after GLP-1 discontinuation for patients with diabetes,[70] but they do not have evidence on people taking GLP-1s for weight loss. Omada Health published a retrospective analysis of internal data that suggests that participants in a lifestyle change program who stopped GLP-1s gained minimal weight; however, the lack of details on the study design, methodology, and patient population make it difficult to interpret the results.[71]

Recommendations for Employers

As GLP-1s reshape the landscape of obesity and cardiometabolic care, employers find themselves at the center of a rapidly shifting environment. As demand grows and virtual weight management solutions continue to enter the market, employers must balance access, affordability, and long-term impact as they make their coverage decisions.

Many employers are turning to virtual weight management solutions to help structure and manage access to GLP-1s. To date, there is limited rigorous, peer-reviewed evidence on how these programs influence adherence, side-effect management, or long-term outcomes. Nonetheless, insights from employers, virtual solution providers, health plans, and clinicians highlight several emerging recommendations for designing sustainable and clinically aligned GLP-1 coverage models.

1 **Establish clear, clinically driven eligibility pathways for GLP-1 coverage**

2 **Require participation in behavior, nutrition, or lifestyle change programs as a condition of coverage**

3 **Provide structured support for employees who choose to taper or discontinue GLP-1 therapy**

4 **Review existing vendor capabilities before adding additional point solutions**

5 **Contract with vendors to drive outcomes while examining overall program costs**

1 **Establish clear, clinically driven eligibility pathways for GLP-1 coverage.** Employers should define clinical criteria for GLP-1 eligibility and use virtual programs to operationalize them. Employers should consider approaches that:

- Adjust coverage criteria on the basis of available budget and provide GLP-1s to patients for whom the potential clinical and economic impact is the greatest (e.g., higher BMI, presence of obesity-related comorbidities)
- Implement step-therapy pathways that direct members to lifestyle change programs or older anti-obesity medications when clinically appropriate
- Consider the use of restricted or preferred prescriber networks of physicians with expertise in obesity management
- Consider impact to rebates and assess whether savings from coverage restrictions will outweigh savings from rebates
- Assess emerging options for direct-to-employer GLP-1 programs that may offer lower net drug prices

2 **Require participation in behavior, nutrition, or lifestyle change programs as a condition of coverage.** Given the importance of long-term adherence and the discontinuation rates observed outside of clinical trials, employers should consider requiring members to complete lifestyle change programs to 1) improve outcomes and 2) identify patients who are committed to long-term weight loss. Employers should consider approaches that:

- Mandate enrollment in a virtual weight management program for everyone who uses GLP-1s, and consider the role of nonmedication-based programs as an alternative to GLP-1s
- Create clear behavior change program engagement expectations for employees
- Ensure that programs include side-effect management to support patients struggling with symptoms to prevent early discontinuation

3 **Provide structured support for employees who choose to taper or discontinue GLP-1 therapy.** While GLP-1s are generally intended for long-term use, some employees will choose to taper or discontinue use for a variety of reasons (e.g., inability to manage side effects, costs, achieved weight loss goals). Evidence shows that those who go off the medications are likely to regain weight. Despite this, employers should consider approaches that:

- Have validated protocols available for employees who choose to stop medication
- Ensure ongoing access to nonmedication components of the virtual solution, even if an employee stops taking a GLP-1
- Leverage data on long-term weight maintenance from those who stop medications to better understand how to successfully discontinue GLP-1s

In addition, if employers select a virtual weight management program that includes discontinuation protocols, they should carefully consider performance incentives in this space to ensure patient choice and reward sustained long-term outcomes.

4 **Review existing vendor capabilities before adding additional point solutions.** Many employers already contract with digital health or specialty vendors whose programs offer GLP-1 management as part of their offering. Assessing whether the existing capabilities can reduce duplication and ease the integration of GLP-1 management into the broader benefits offering should be considered. Evaluating existing resources can also enable simpler navigation for employees. Employers should:

- Review existing virtual gastrointestinal, cardiometabolic, or care management programs to identify potential overlap in offerings and capabilities
- Integrate GLP-1 support into broader chronic care management programs

5 **Contract with vendors to drive outcomes while examining overall program costs.** Given the lack of published evidence and the evolving solution offerings, employers should partner with virtual weight management solution providers to create employee offerings with outcome-based contracts that are aligned. Employers should consider:

- Implementing performance-based agreements that reward the long-term outcomes (e.g., 12-month adherence)
- Designing outcome-based contracts that reinforce coverage criteria (e.g., rewarding total weight loss)

GLP-1 medications offer meaningful potential to improve employee health, but they also raise important questions about affordability, sustainability, appropriate use, and long-term outcomes. The strategies outlined in this report provide a framework for employers to take practical steps to manage access, ensure clinical appropriateness, and integrate GLP-1 support into existing benefit structures. As the evidence base continues to evolve and as new medications and pricing options come to market, employers will need to revisit their strategies to ensure that their benefit design remains aligned with both workforce health needs and financial sustainability.

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