

# Impact of Anti-Obesity GLP-1 RA Medication Policy Restrictiveness on Net Per Member Per Month Spending

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## Background

- Rapid growth in glucagon-like-peptide-1 receptor agonist (GLP-1 RA) use has significantly increased pharmacy spending, prompting health plans to reassess coverage and benefit design.
- Rising utilization occurs alongside a high U.S. obesity burden (40.3% prevalence, 2021–2023).
- Plans must manage costs through varying strategies, including manufacturer discounts and restrictive utilization management (UM) policies.
- This study evaluates UM eligibility criteria and net per-member-per-month (PMPM) spending for anti-obesity GLP-1 RA agents to inform payer decision-making.

## Objective

- To compare net plan-paid PMPM spending on anti-obesity GLP-1 receptor agonists between plans with low-threshold criteria and those with high-threshold criteria.

## Methods

- A retrospective analysis of paid pharmacy claims for Zepbound® and Wegovy® was conducted across multiple plans that cover anti-obesity medications (AOM) from October 2024 through September 2025.
- Plans were categorized by UM designs:
  - High-threshold criteria: Coverage for BMI >40 kg/m<sup>2</sup> or BMI ≥30 kg/m<sup>2</sup> with qualifying comorbidities.
  - Low-threshold criteria: Coverage for BMI ≥30 kg/m<sup>2</sup> or BMI ≥27 kg/m<sup>2</sup> with qualifying comorbidities.
  - Outcomes included net plan paid PMPM spending, calculated as total net plan-paid amounts divided by enrolled member per month and compared descriptively across coverage groups.

## References

- Emmerich SD, Fryar CD, Stierman B, Ogden CL. Obesity and Severe Obesity Prevalence in Adults: United States, August 2021–August 2023. NCHS Data Brief No. 508. Hyattsville, MD: National Center for Health Statistics; 2024. doi:10.15620/cdc/159281.

## Results

Figure 1: AOM GLP-1 Utilization and Prescriptions per 1,000 Members-Months

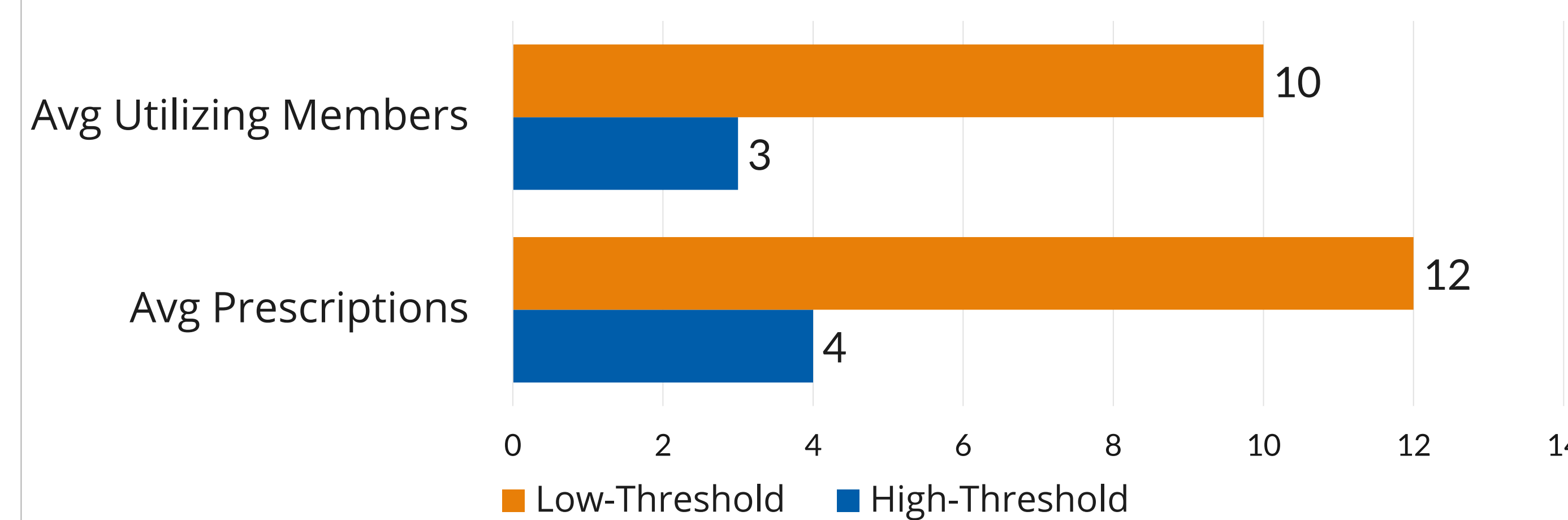


Figure 2: AOM GLP-1 Net Plan Paid Per Month

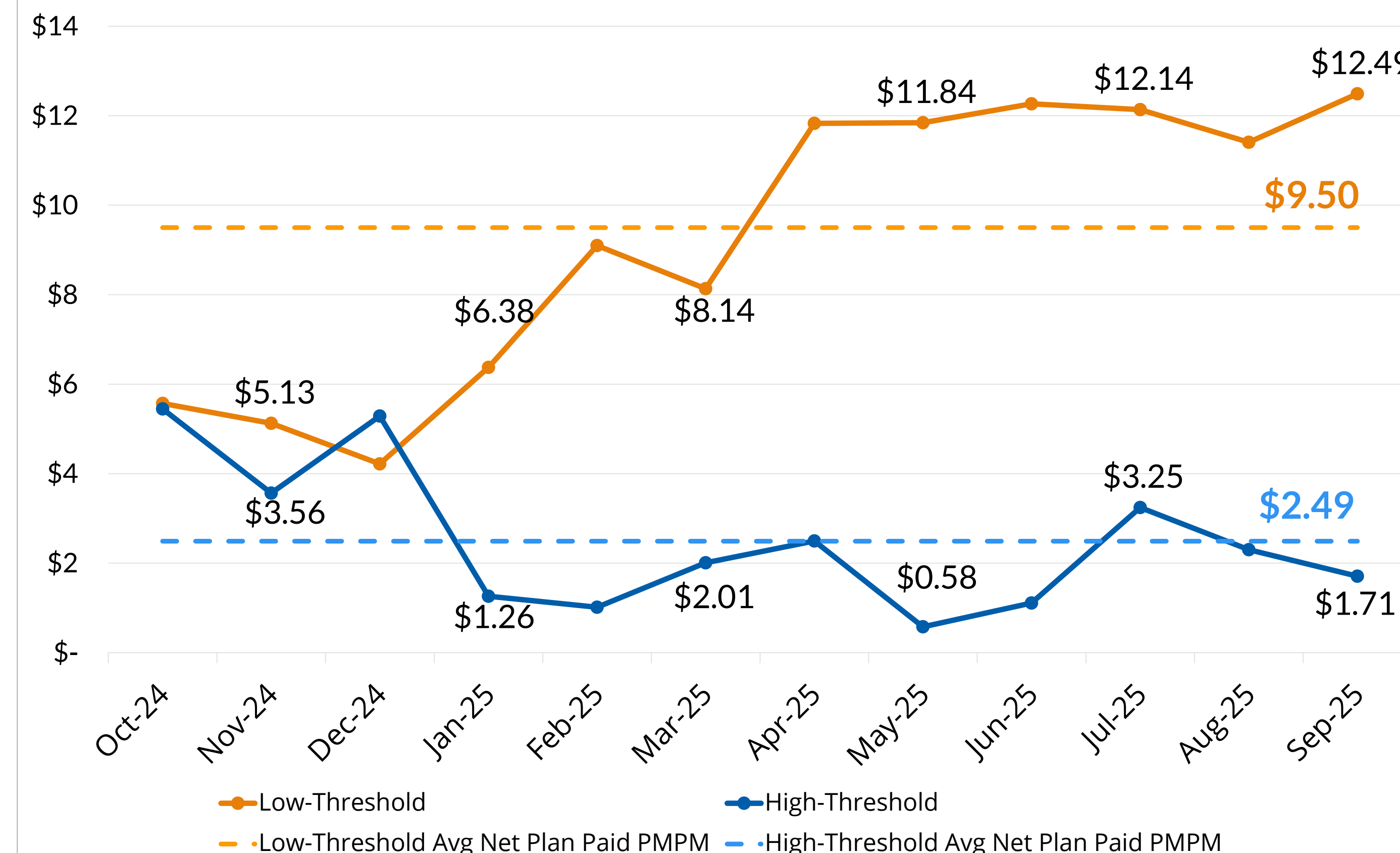


Table 1: Average Net Plan Paid PMPM for AOM and Overall Pharmacy Spending

Category	Metric	Low-Threshold	High-Threshold
<b>AOM GLP-1 Spending</b>	Average Net Plan Paid PMPM	\$9.50	\$2.49
<b>Overall Pharmacy Spending</b>	Average Net Plan Paid PMPM	\$372.29	\$393.35
<b>Relative AOM Spending</b>	AOM GLP-1 Plan Paid PMPM / Total Plan Paid PMPM	3%	1%

## Conclusion

- Real-world claims data indicate that anti-obesity GLP-1 RA utilization and PMPM spending vary substantially by UM eligibility criteria, with low-threshold criteria associated with higher utilization and pharmacy spend.
- These findings suggest that high-threshold UM criteria limit uptake and reduce AOM-specific PMPM costs, whereas low-threshold criteria are associated with approximately 3.8-fold higher AOM GLP-1 PMPM spending, reflecting broader treatment eligibility.
- Assessment of these utilization and spending patterns may support payer decision-making by informing coverage strategies that balance cost containment, access to therapy, and overall pharmacy budget impact.

## Limitations

- This retrospective, descriptive analysis included only Zepbound® and Wegovy® and did not involve formal statistical testing; observed differences may reflect underlying variation in plan or population characteristics between comparison groups
- The study focused on utilization and pharmacy (medication) costs and did not evaluate medical cost offsets or patient-level clinical outcomes (e.g., weight loss, comorbidity improvement, or long-term healthcare utilization).
- A limited sample size and potential differences in underlying population distributions may reduce statistical power and limit the generalizability of results to other plans.