

Trends in the Use of Glucagon-like Peptide-1 Receptor Agonists (GLP-1 RAs), Diagnosis Requirements, and Beneficiary Use Among US Self-Insured Employers

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Background

- The prevalence of obesity is increasing in the United States (US) and nearly 30% of US civilian employees are obese.^{1,2}
- The number of persons in the US using glucagon-like peptide-1 receptor agonists (GLP-1 RAs) continues to grow with 18% of adults reporting use of a GLP-1 RA.¹⁻³
- Insurance coverage of GLP-1 RAs often requires prior authorization (86% of US Affordable Care Act plans) and a prior obesity diagnosis prior to use.⁴
- Self-insured employers use a variety of insurers and have policies that allow use of GLP-1 RAs, usually requiring a diagnosis (Dx).
- Different GLP-1 RAs are available for patients with diabetes and obesity.

Objectives

- We examined utilization trends across US self-insured employers, for GLP-1 RA use (overall, for obesity-GLP-1 RAs, and for diabetes-GLP-1 RAs).
- We calculated the % of members using each type of GLP-1RA among different employers.

Study Population

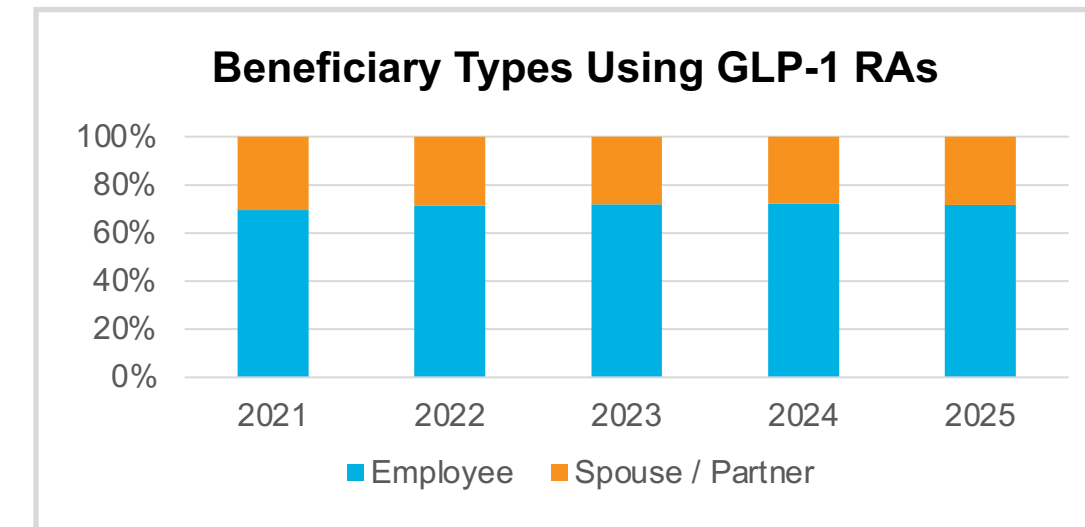
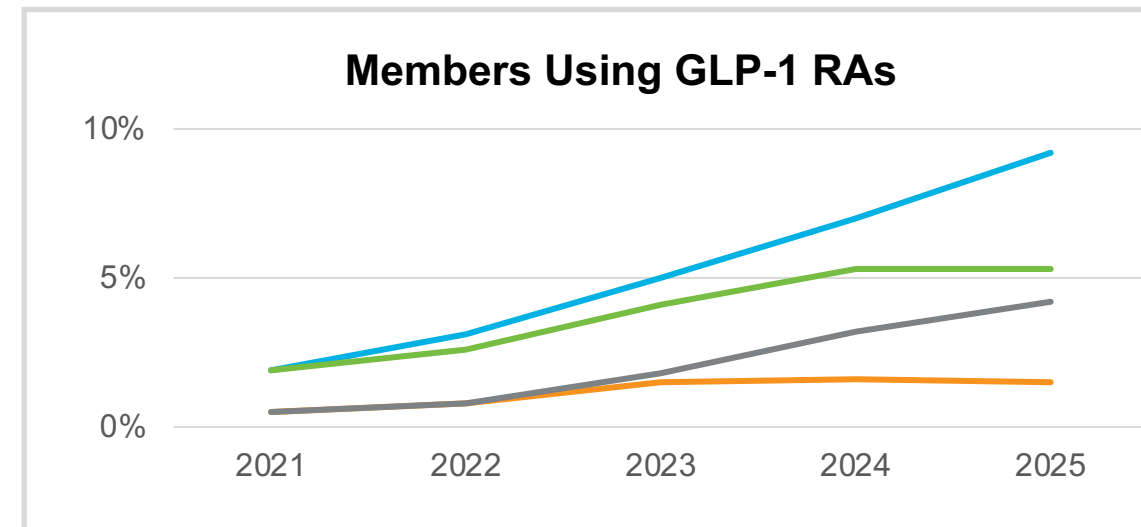
- The Workpartners Research Reference Database (RRDb) contains:
 - Health plan medical and Rx claims
 - Enhanced demographics (including race and marital status) and job-related information (salary, job type, full/part-time status, exempt/non-exempt status)
 - Absence and disability (short- and long-term), workers' compensation with durations and payments, and family medical leaves (FMLs with durations)
- The RRDb includes over 6.8 million employees and dependents in all 50 states, from 2001 to present. Employees are linked to their dependents.
- The RRDb has been used in prior employee^{1,5} and caregiver⁶⁻⁷ research.

Methods

- Retrospective analysis of four large employers (with over 50,000 employees each) in the Workpartners RRDb (Jan-2021—Sep-2025), in the **F**inance and **R**etail, **P**ower Distribution, and **H**ealthcare Industries.
- GLP-1 RAs were captured based on each year's 1st claim for all patients.
- Patients were assigned to cohorts based on use of GLP-1 RAs indicated for:
 - Obesity (weight loss): *liraglutide* (Saxenda), *semaglutide* (Wegovy), and *tirzepatide* (Zepbound)
 - Diabetes: *dulaglutide* (Trulicity), *exenatide* (Bydureon, Bydureon Bcise, Bydureon Pen, Byetta), *liraglutide* (Victoza), *semaglutide* (Ozempic, Rybelsus), and *tirzepatide* (Mounjaro)
- Beneficiaries (Employees, spouses/partners, and dependents) with medical and Rx coverage and GLP-1 RA use each year were examined for indication, and % of beneficiary type receiving therapy.

Results

- The GLP-1 RA population continues to increase. (see data bottom left)

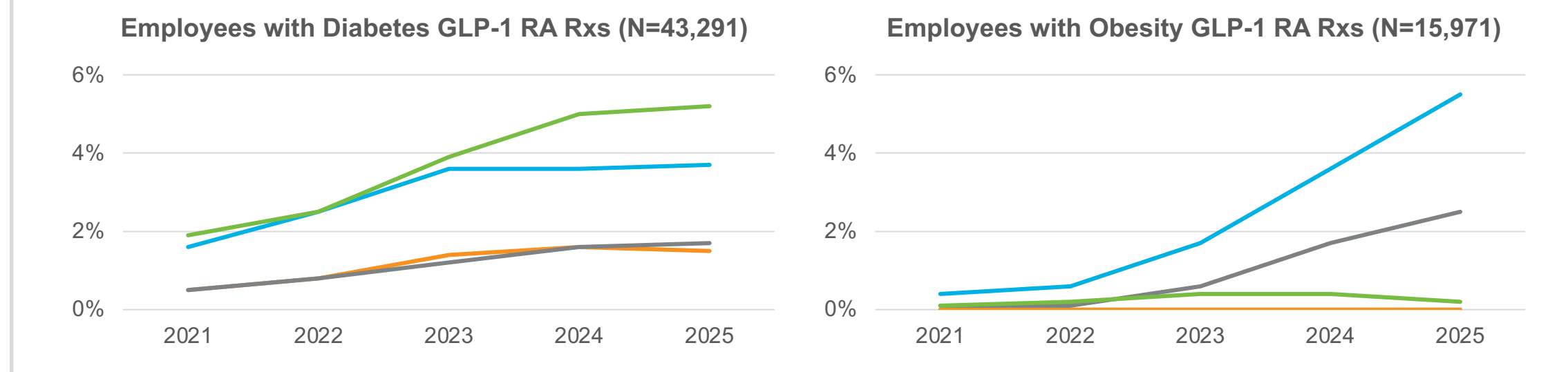


Industry Legend:

- Finance (Blue line)
- Retail (Orange line)
- Power (Grey line)
- Healthcare (Green line)

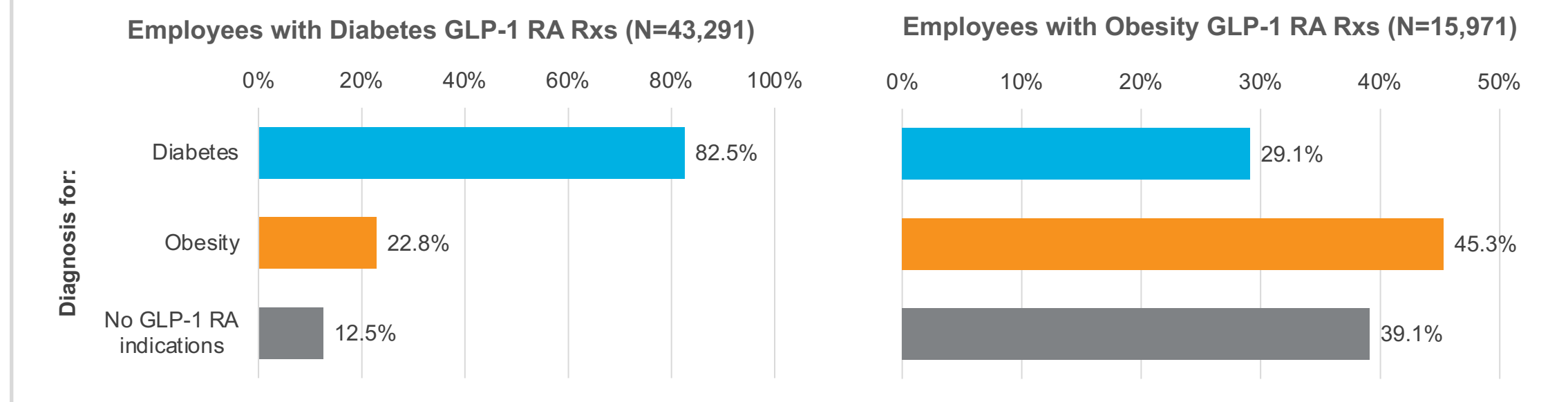
- Over the 5-year time (1.8 million beneficiary-years) 3.2% (58,834) used GLP-1 RAs (Diabetes=2.4%, Obesity/Weight Loss=0.9%).
- 19.5% of overall GLP-1 RA users lacked a diagnosis for indicated conditions.
- 3 of the 4 employers analyzed have increased their GLP-1RA use since 2021.
- Dependent GLP-1RA use increased annually for all employers, averaging <0.2%.

Patients and Diagnosis Based on GLP-1 RA Type



- Rates of utilization for employees:spouses differed across employers, from 1.2x to 0.5x for the lowest median wage employer.
- Diagnoses in medical claims for the employees prescribed Diabetic and Obesity/Weight-loss GLP-1 RAs are shown below.

Patients and Diagnosis Based on GLP-1 RA Type



Conclusions

- GLP-1 RA utilization continues to rise among self-insured employers, despite diagnosis restrictions.
- Employer and insurer coverage policies vary widely, resulting in differences in utilization patterns.
- Clear employer-level insights link coverage decisions to utilization and cost impact, supporting better benefit design.

Limitations

- GLP-1 RA prescriptions in this analysis were paid through employer-sponsored health plans. Prescriptions purchased out-of-pocket and not billed through the plan were not captured.
- The population was covered by self-insured US employers and do not include claims from:
 - Medicaid (lower-income population)
 - Medicare (primarily the elderly)

References

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