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Cryptic insurance rules hinder GLP-1 access for weight loss

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Even the health insurance companies that cover Ozempic, Wegovy and other GLP-1 drugs for weight loss don't make it easy.

These glucagon-like peptide 1 agonists, which carry list prices up to $1,200 a month and must be taken indefinitely to maintain results, have exploded in popularity even though most insurers only cover them to treat diabetes.

Related: Insurers, PBMs restrict access to weight loss drugs as demand soars

A few companies, such as Highmark, do include GLP-1s for weight loss in the formularies for some plans. But there's a catch.

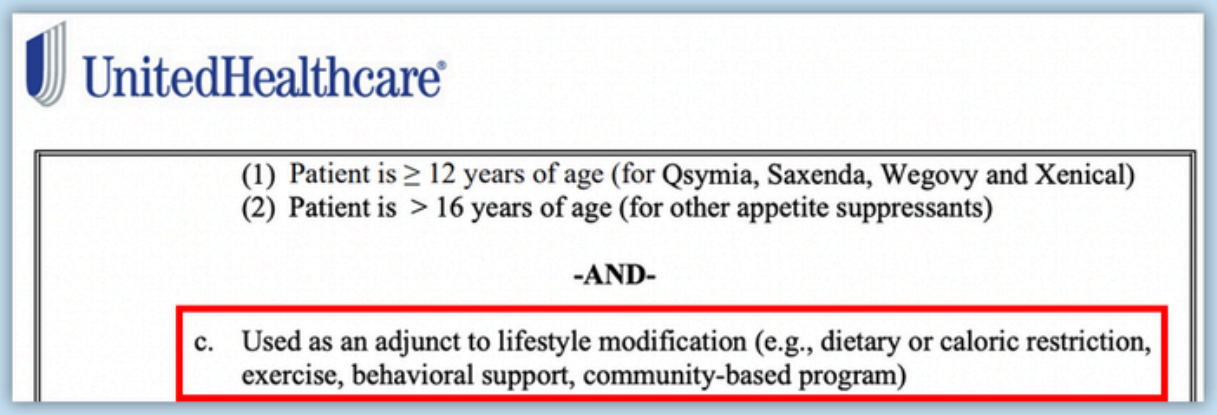
In order to qualify, patients must abide by step therapy requirements that are vague and put the onus on them and their doctors to figure out how to secure insurance coverage, policy documents show. For instance, members are told they must engage in diet and exercise programs, but insurers don't spell out what interventions are acceptable, how progress will be measured or whether those initial stages will be covered.

Among the 18 largest commercial insurers by membership, only Centene and Blue Cross Blue Shield of Michigan specify the types of exercise and diet programs they require, according to the Tufts Specialty Drug Evidence and Coverage Database.

“What does it mean to require patients to be in a comprehensive weight-management program? Is a gym membership enough? Is a subscription to Noom and being a member of a gym sufficient?" said James Chambers, a Tufts Medical Center professor who tracks coverage of high-cost therapies. "Or do you need to keep some sort of log that shows you attended the gym and adhered to counseling?”

Highmark Health’s requirements for Medicare Part D prescription drug plans, Kaiser Foundation Health Plan of the Northwest’s rules for exchange plans and UnitedHealthcare’s conditions for most self-insured employer plans require beneficiaries to enroll in unspecified diet, exercise, behavioral health or community-based programs, according to documents the consulting company Leverage provided to Modern Healthcare.

UnitedHealthcare’s March Wegovy coverage policy


UnitedHealthcare®

(1) Patient is ≥ 12 years of age (for Qsymia, Saxenda, Wegovy and Xenical)
(2) Patient is > 16 years of age (for other appetite suppressants)

-AND-

c. Used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)

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Employers and insurers have spent the last year decrying the impact GLP-1s have had on their finances. Some have tightened utilization management to contain costs while others, such as Blue Cross Blue Shield of Michigan, will stop covering them altogether.

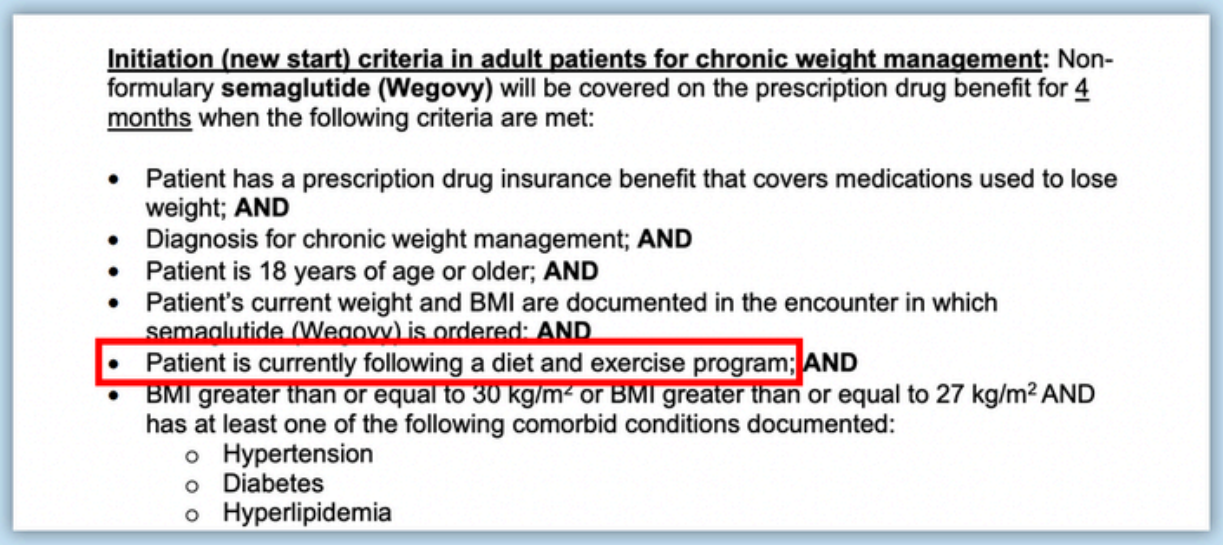
Health insurance companies may simply be exercising caution because this class of drugs is novel, but their coverage limitations will provoke anxiety among patients and burden providers, said Robert Hartwig, director of the risk and uncertainty management program at the University of South Carolina Darla Moore School of Business.

"It's clearly going to cause confusion and frustration on the part of the provider given that many patients have come to believe that these drugs are a magic pill," Hartwig said.

Yet insurers are departing from the approaches they've taken when other high-cost therapies reached the market in recent years, Chambers said.

For instance, health insurance companies were explicit about what patients needed to do to get coverage for Amgen's Repatha, also known as evolocumab, a biologic medicine the Food and Drug Administration approved to treat high blood pressure conditions in 2015, Chambers said. Like GLP-1s, this medication debuted with a large potential market and a hefty $14,000 annual price tag, he said.

Kaiser Permanente Northwest Region's June Wegovy coverage policy



Initiation (new start) criteria in adult patients for chronic weight management: Non-formulary **semaglutide (Wegovy)** will be covered on the prescription drug benefit for 4 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- Diagnosis for chronic weight management; **AND**
- Patient is 18 years of age or older; **AND**
- Patient's current weight and BMI are documented in the encounter in which semaglutide (Wegovy) is ordered; **AND**
- Patient is currently following a diet and exercise program; **AND**
- BMI greater than or equal to 30 kg/m² or BMI greater than or equal to 27 kg/m² AND has at least one of the following comorbid conditions documented:
  - Hypertension
  - Diabetes
  - Hyperlipidemia

View full policy

Insurers generally required patients seeking Repatha coverage to have an established cardiovascular disease and take a high-intensity statin for at least three months without a reduction in blood cholesterol, Chambers said.

Insurers may be trying to balance their financial exposure against the risk of backlash if they refuse to pay for GLP-1s, said Rick Kes, a healthcare senior industry analyst at the consulting company RSM.

"Every organization that's managing this is probably like, 'Well, we have got to be really careful of our public image here because we don't want to be seen as the bad guy,'" Kes said.

Tracy Zvenyach, director of policy strategy and alliance at the Obesity Action Coalition, sees another factor at work: bias against people with obesity. "Across payor types, it's oftentimes more coverage in name only and not true access to care," she said. The Obesity Action Coalition is a patient advocacy group that receives financial support from drugmakers, device companies and providers.

UnitedHealthcare's policy aligns with FDA guidelines and requires that physicians simply acknowledge that members are participating in a lifestyle modification program, a spokesperson for the UnitedHealth Group subsidiary wrote in an email. "Physicians are accustomed to this level of detail in a clinical policy," the spokesperson wrote.

Kaiser's weight management approach allows patients and physicians to collaborate to develop a personalized and comprehensive treatment plan, a spokesperson for the Oakland, California-based

Kaiser Permanente subsidiary said in a statement.

Highmark Health's June Wegovy coverage policy

A. The drug is being used for major adverse cardiovascular event risk reduction.
B. The member has a pre-existing diagnosis of established cardiovascular disease (e.g. prior myocardial infarction, stroke, or peripheral arterial disease).
C. The prescriber attests that the member has a baseline BMI greater than or equal to 27 kg/m^2.
D. The member meets one (1) of the following criteria **(1. or 2.)**:
   1. The member is over 75 years of age and has experienced therapeutic failure, contraindication, or intolerance to moderate or high intensity statin therapy.
   2. The member is 75 years of age or younger and meets one (1) of the following criteria **(a. or b.)**:
      a. The member will be using Wegovy as an adjunct to moderate or high intensity statin therapy.
      b. The member is statin intolerant defined as one (1) of the following **(i. or ii.)**:
         i. While receiving at least two (2) separate trials of different statins, the member experienced one (1) of the following **(A) or B)**):
            A) Statin related rhabdomyolysis, which resolved upon discontinuation of the statins.
            B) Skeletal-related muscle symptoms, which resolved upon discontinuation of the statins.
         ii. The member experienced one (1) of the following during any course of statin therapy **(A), B), or C))**:
            A) Creatinine kinase (CK) increase to 10 times upper limit of normal (ULN).
            B) Liver function tests (LFTs) increase to 3 times ULN.
            C) Hospitalization due to severe statin-related adverse event (e.g., rhabdomyolysis)
E. The prescriber attests that the member will use the requested therapy in combination with a lifestyle modification program that encourages reduced calorie diet and increased physical activity (e.g., increased physical activity, nutritional counseling, participation in a comprehensive weight management program).
F. The member will not be using Wegovy in combination with any of the following products **(1. and 2.)**:
   1. GLP-1 RA
   2. GLP-1 RA combinations (e.g., with insulin, GIP RA)

View full policy

Highmark did not respond to an interview request, but the company's top doctor recently offered some insight into the company's thinking about GLP-1s.

At the AHIP 2024 conference this month, Highmark Chief Medical Officer Dr. Timothy Law bemoaned the proliferation of GLP-1 prescriptions and said clinicians should be choosier about what patients get them so that insurers don't have to impose limitations. “I fear it's going to get pushed back to the insurance companies to be the bad guys,” he said June 12.

Centene did not respond to an interview request.

Blue Cross Blue Shield of Michigan spelled out what patients had to do to qualify for GLP-1 coverage for weight loss: Complete at least 150 minutes of exercise per week and reduce calorie consumption by 30%.

Nevertheless, Chief Medical Officer Dr. James Grant said the company decided to remove GLP-1s for weight loss from its fully insured group plan formularies next year after determining policyholders weren't staying on them long enough to see meaningful clinical benefits. The insurer is phasing out GLP-

1 coverage and, starting in August, requiring current patients to obtain new prior authorizations from in-person clinician visits and to participate in a Teladoc weight-management program.

“I can't help but think that other payers are taking a hard look at these things,” Grant said.

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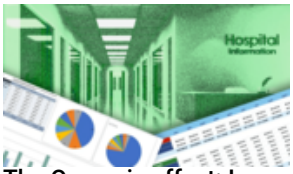

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