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## Medicare to Offer More Affordable Access to GLP-1s

BY PETER LOFTUS

Millions of older Americans were on the cusp of more affordable access to weight-loss drugs when a Medicare coverage expansion kicked in July 1.

Medicare will pilot a program, dubbed Bridge, to offer three weight-loss drugs for eligible members, who would pay \$50 monthly copays. Anywhere from 12.5 million to 20 million people in Medicare will likely be eligible, based on estimates.

Experts say only a fraction of that population will actually get the drugs though, because there are some notable caveats in the program.

Prescribers will have to request coverage from Medicare before a new prescription is filled, a process known as prior authorization. -Note

Medicare will make decisions based on a patient's body-mass index and other factors, which could take a few days or longer.

"It's not necessarily going to be smooth sailing," said Juliette Cubanski, vice president and director of the Program on Medicare Policy at KFF, a health-information nonprofit. The prior authorization "could be a bit of a cumbersome process for providers and pharmacies to navigate." Note

The drugs Medicare will start covering are Novo Nordisk's Wegovy injection and pill, and Eli Lilly's Zepbound KwikPen injection and Foundayo pill. They have been shown to help people lose anywhere from 12% to 22% of their body weight on average over more than a year of treatment. Note

Anti-obesity GLP-1 drugs have soared in popularity in recent years, but millions of Medicare members have faced high cost barriers to getting them. Until now, Medicare hasn't paid for the drugs when used for weight loss alone, and manufacturers aren't allowed to provide direct financial assistance to these patients as they do for those on commercial insurance plans.

That meant seniors whose doctors prescribed the drugs for weight loss alone have had to go outside of their drug plan and pay prices of as much as \$450 a month.

Nancy Ryan, 65, has been paying that much per refill for Zepbound but that will fall to \$50 a month if she qualifies for the program.

She initially had insurance coverage for a GLP-1 that helped her lose 70 pounds and lower her blood pressure, but she lost coverage last year when she turned 65 and qualified for Medicare.

"I can think of a lot of things I can do with an extra \$400 a month," the semiretired consultant from Oakland said, such as traveling and buying clothes.

Ryan isn't completely sure she is going to get coverage though, given she has lost so much weight already. Medicare has said people who met the criteria at the time they initiated therapy will be eligible, even if it was before July 1.

The Centers for Medicare and Medicaid Services hasn't released estimates of how many Medicare members are expected to use the coverage and how much that will cost. Based on outside estimates, it is likely to be in the billions of dollars annually. Morgan Stanley analysts estimated if just 10% of the eligible overweight Medicare population took GLP-1 drugs for weight loss, it would cost nearly \$5.5 billion a year, rising to \$11 billion if 20% took the drugs.

The \$50 patient copay for the drugs comes after Eli Lilly and Novo Nordisk struck agreements with the Trump administration in November to sell them at a discounted price of \$245 a month to Medicare— well below list prices of as much as \$1,350. For the first year and a half, the cost of this program will be funded with taxpayer dollars and individual patients' copays.

There is no guarantee the new coverage will last. The government says the coverage will run through the end of 2027. Longer-term coverage beyond that point will depend upon whether Medicare persuades insurers to participate— a prospect these companies have already balked at once.

Mehmet Oz, CMS administrator, said the agency would collect data from the program about enrollment, cost and patient outcomes, which could inform a plan for longer-term coverage of the medicines. "We can't decide what's going to happen long-term until we see some of the data," he said.

Medicare drug plans have been paying for GLP-1s for uses like diabetes, sleep apnea and liver disease.

Patients who are prescribed the drugs for these uses will be routed to traditional Medicare coverage channels and won't be eligible for the new \$50 copays; their copays would vary depending on their existing prescription drug plan.

Novo Nordisk and Lilly are preparing for the new coverage by publicizing it to patients and doctors and educating them on how to get patients into the program.

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