

GLP-1 access is shifting – Are stakeholders ready?



As of November 6, 2025, Novo Nordisk and Eli Lilly have finalized deals with the US government to offer select GLP-1 obesity treatments at prices as low as \$149 per month (significantly below current list prices exceeding \$1,000) in exchange for broader Federal payer coverage, where Medicare patients will now be able to access injected obesity offerings for \$50 per month. These new discounts are expected to achieve prices similar to those in Europe.

Both companies plan to introduce oral GLP-1 products in 2026; Lilly's oral orforglipron is included in this arrangement; inclusion of Novo's oral semaglutide in this offering is not yet known.

Payer implications

- Today, most employers must purchase separate obesity coverage riders (limiting Commercial access), while Medicare and Medicaid exclude obesity drugs entirely, except in cases of co-morbidity.
- The rise of Direct-to-Patient (DTP) models may accelerate employer migration away from traditional health plans, reshaping benefit design and narrowing covered services.
- Without significant reductions in net pricing, Commercial coverage for obesity drugs may contract further, as employers bypass traditional coverage and steer employees to DTP channels, potentially via HSA funding.
- DTP offerings targeted to obesity could also create pricing pressure and put traditional payer coverage at risk for non-obesity GLP-1 indications, which are expected to expand significantly in the future.

Manufacturer implications

- The net impact on manufacturers will depend on whether increased patient volume from the DTP and Medicare and Medicaid channels offsets the discounts and potential erosion of Commercial coverage.
- DTP distribution may level the competitive field in obesity, enabling smaller or niche manufacturers with lightly differentiated products to avoid traditional PBM barriers and gain direct market access. However, this is likely to put significant downward pressure on the pricing potential of all new weight-loss entrants.
- Given the unique dynamics of obesity (coverage riders, perceptions as a lifestyle disease), the downward pressure is less likely to be mimicked in other markets.

Reach out to CRA Life Sciences experts to learn more about the developments in the GLP-1 marketplace and the implications to payers and manufacturers.