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HEALTH SERVICES

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Pharmacy in Focus: Navigating the GLP-1 conundrum

Demand, cost and sustainability

INTRODUCTION

An in-depth look at the state of the GLP-1 market

We are pleased to present the latest Pharmacy in Focus report, *Navigating the GLP-1 conundrum: Demand, cost and sustainability*, a report analyzing the growing use of GLP-1 therapies. These drugs offer significant benefits for chronic conditions like diabetes and obesity, but their increasing popularity raises critical issues.

Our goal is to help you navigate this evolving space. From understanding how these therapies work to exploring their financial and logistical implications, this report aims to spark thoughtful conversation and drive meaningful action.

As you review this report, we invite you to consider how your work can contribute to the future of GLP-1 therapies for the patients who need them most. Together, we can foster partnerships, streamline solutions and deliver care that is accessible, effective and sustainable.

With a strong focus on making the system better and a shared commitment to improving health outcomes, we thank you for your continued support and engagement. Together, we can drive health and vitality forward and shape a better future.

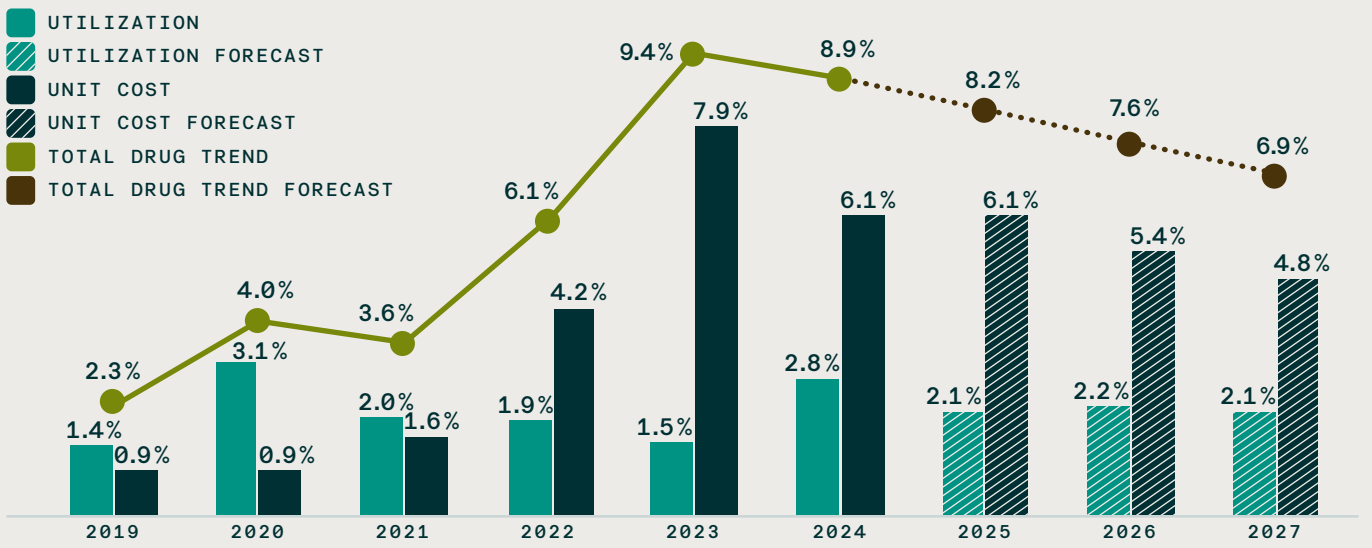
In good health,
Urvashi Patel, PhD, MPH
Vice President, Evernorth Research Institute

Together, we can foster partnerships, streamline solutions and deliver care that is accessible, sustainable, and effective.

The evolving pharmacy landscape

The pharmacy industry is at the epicenter of a worldwide transformative shift in health care. In the U.S., **prescription drug spending has grown steadily** to $723 billion in 2023.[1] For commercial plans, Evernorth Research Institute found that prescription drug spend has seen increases ranging from 2.3% in 2019 to 8.9% in 2024. Key drivers of this trend include rising rates of chronic conditions, persistent drug price inflation and the rapid pace of pharmaceutical innovation, including expanding drug indications. In 2025 and beyond, while we anticipate a gradual tapering of the rate of spending increases, spending levels will remain high, increasing above projected inflation rates and creating a volatile environment that will continue to impact individuals, providers, plan sponsors and communities.

Figure 1: Annual growth rate changes in total drug spend



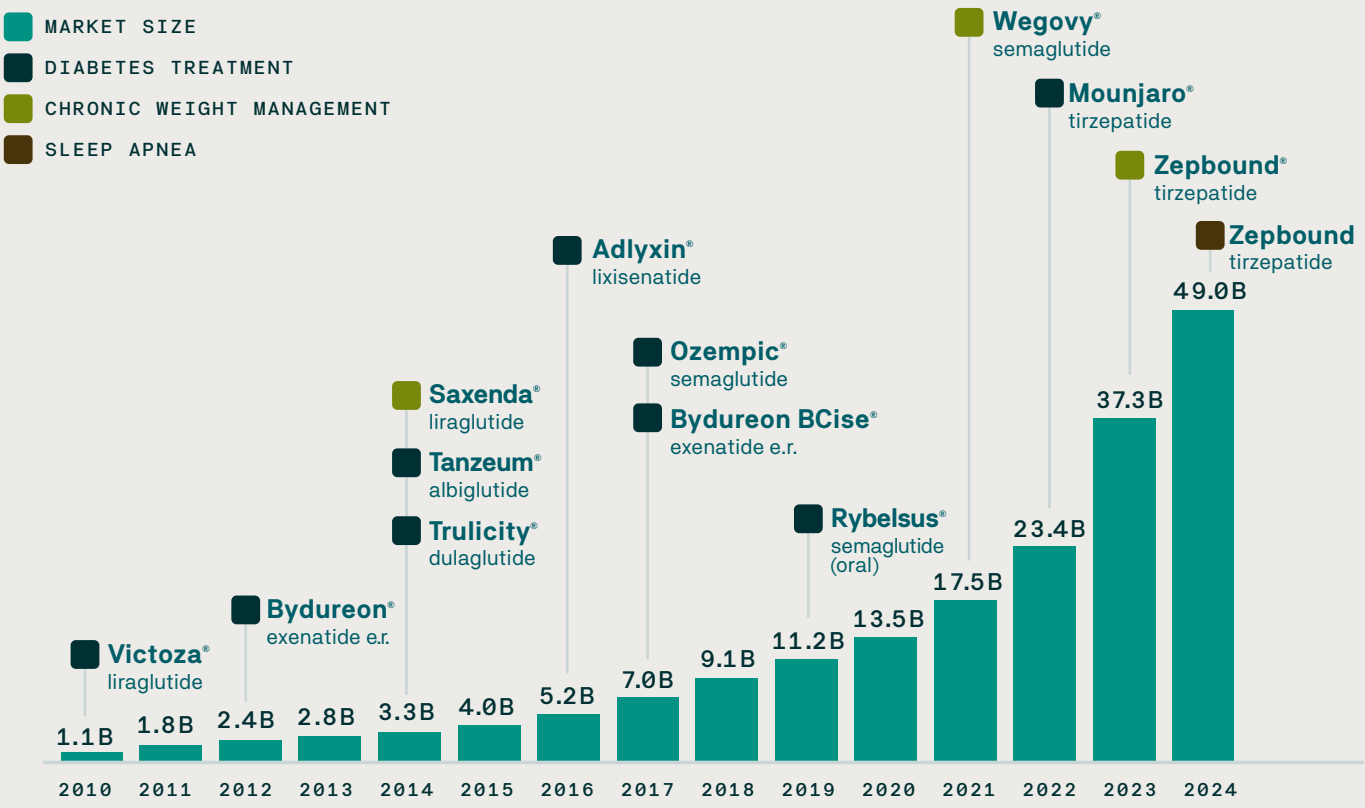
Rising drug prices have been a major driver of spending increase in recent years. While unit costs remained relatively stable for some time, 2022 marked a turning point, with a 4.2% increase—surpassing utilization rates for the first time. The trend accelerated sharply in 2023, with unit costs nearly doubling to 7.9%, reaching its highest recorded increase.

Several factors contribute to rising unit costs, including demand, inflation in raw material and manufacturing costs, supply chain disruptions, health care policies, reimbursement structures, and rising research and development (R&D) expenses. For consumers, this translates into significant affordability and accessibility challenges, with the median list price of a new drug reaching $300,000 in 2023.[2]

Another key factor of this spending volatility is the accelerating pace of pharmaceutical innovation, which indirectly influences costs. In 2023, the total global spending on pharmaceutical R&D was $301 billion—a 76% increase from five years earlier—with the average cost of bringing a single drug to market reaching $879 million.[3] This increase in R&D spending is fueled by various factors, including the growing burden of chronic diseases, inflation, and health care policies that encourage innovation through R&D credits and extended patent protections. While these policies help to offset development costs, they also enable pharmaceutical companies to sustain high list prices, limit competition, delay the availability of lower-cost alternatives and prioritize high-cost drug therapies over other forms of health innovation, including lifestyle and behavioral innovation. However, given the growing health, access and affordability crisis, it is important to carefully evaluate whether the rapid pace of pharmacological innovation truly delivers meaningful and sustainable value.[4]

A prime example of how market forces, innovation and policy intersect is the rise of glucagon-like peptide-1 receptor agonists (GLP-1s). Originally developed to treat diabetes, GLP-1s function by enhancing insulin secretion, slowing digestion and regulating appetite, leading to reduced calorie intake and improved metabolic health. Clinical research later demonstrated that GLP-1s also contribute to weight loss, prompting regulatory approval for obesity management.

Figure 2: GLP-1 pipeline and market spend size over the years (2010–2024)



*Source: EvaluatePharma, GLP-1 Analog WW Market Size Report.

Although GLP-1 therapy liraglutide was first approved for obesity in 2014, its adoption was limited, likely due to its daily injection requirement and perceived modest weight loss outcomes compared to other therapies. The landscape shifted dramatically in 2021 with the introduction of a once-weekly version—semaglutide—which triggered a surge in demand.

Looking ahead, GLP-1 therapies will continue expanding beyond obesity and diabetes treatment to other chronic conditions, accelerating their widespread adoption. While these advancements offer transformative potential in addressing the chronic disease epidemic, they also bring significant challenges raising critical questions about affordability, accessibility and long-term sustainability.

As we embrace their promise, we must also confront one of the greatest healthcare conundrums of our time: how to ensure these treatments remain accessible to those who need them most while preventing financial strain on healthcare systems, employers and individuals.

To better understand these dynamics, we conducted a comprehensive nationwide study of consumers with employer-sponsored health benefits, employers, providers, pharmacists and health plan leaders. Additionally, the study incorporated an extensive analysis of **28 million commercially insured individuals** and an evaluation of industry and scientific literature.

Our key findings highlight key trends and challenges surrounding GLP-1 therapies and offer strategic actions to address these emerging issues.

	INSIGHT	ACTION
01	GLP-1s drive a historic shift in traditional drug spending increases, outpacing specialty drug trends for the first time.	Design and implement comprehensive patient-support and cost-management strategies.
02	GLP-1s face dual challenges of rapid uptake and high discontinuation rates, raising questions about long-term value.	Leverage real-world data to refine prescribing guidelines, reduce unnecessary discontinuation and integrate behavioral interventions for sustainable patient outcomes.
03	Surging GLP-1 use among youths amplifies sustainability and supply concerns.	Prioritize prevention and lifestyle strategies to drive long-term health and value.

INSIGHT

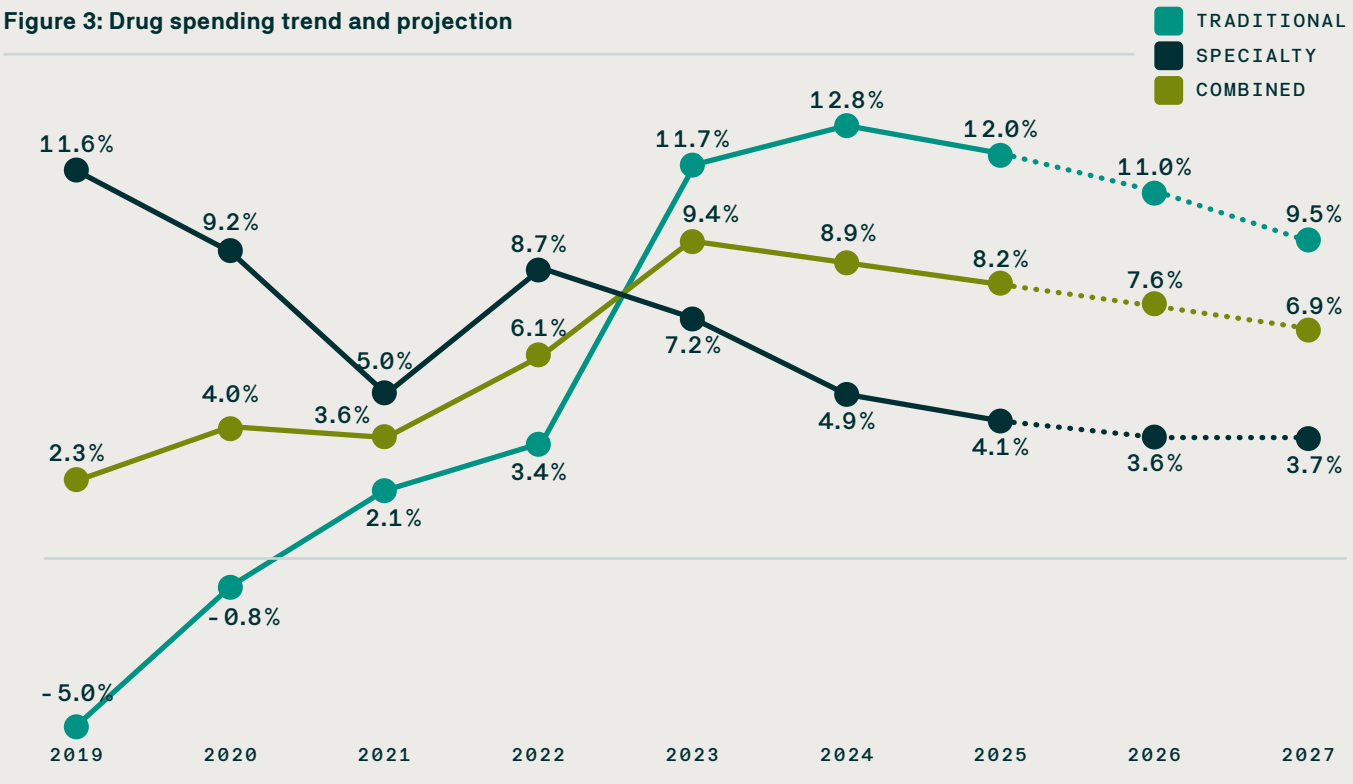
01

GLP-1s drive a historic shift in traditional drug spending increases, outpacing specialty drug trends for the first time.

Traditional drugs are medications used to treat common health problems like infections, high blood pressure, high cholesterol and diabetes. They are widely accessible, available in both generic and brand-name versions, and are simpler to manufacture and administer than complex specialty medications. Their costs have also remained stable for years.

However, since the approval of semaglutide for chronic weight management in 2021,[5] traditional drug spending has increased dramatically. The annual growth rate of spending changed from 2.1% in 2021 to 12.8% in 2024, making a historic shift in pharmaceutical spending. For the first time, traditional drug-spending increases outpaced both specialty and overall drug-spending growth. Other potential factors that could have contributed to this shift include higher demand for therapies to treat chronic conditions and higher-cost drugs.

Figure 3: Drug spending trend and projection



GLP-1s for weight loss: A key influencer of this historic shift.

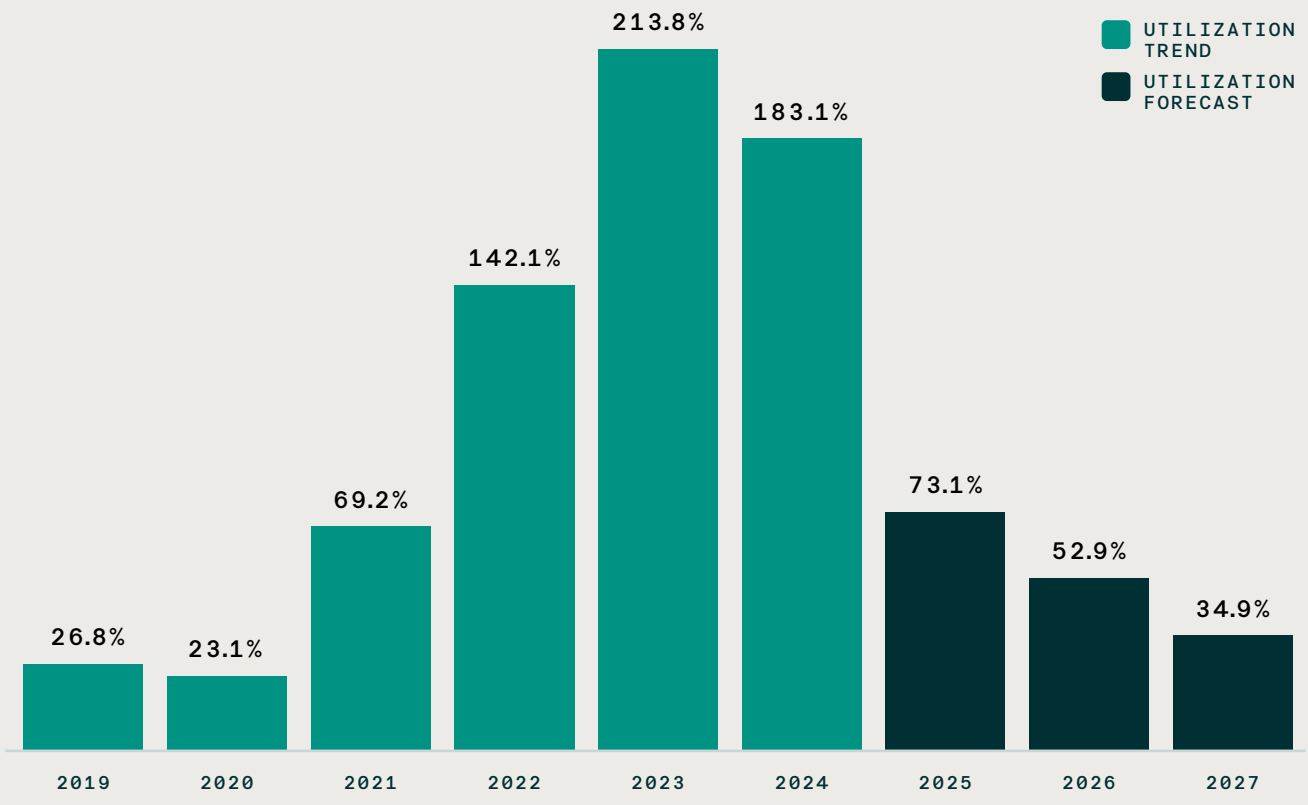
46.8%
Weight loss therapy contribution to drug-spend increase

Since the 1960s, obesity rates in the U.S. have more than tripled, contributing to a high prevalence of comorbidities that include diabetes, heart disease, and other deadly and costly conditions. The demand for new therapies is in response to this growing crisis, with about 70% of American adults overweight and/or with obesity.[6]

In 2024, drugs targeting weight management accounted for almost half (46.8%) of the total increase in drug spend and equated to 6.7% of total drug costs. Among these therapies, GLP-1s for weight loss emerged as the predominant driver, with a 210.2% one-year net trend increase in 2023 and 148.7% in 2024.

Consumer adoption has surged with nearly a third of commercially insured households reporting that they or a household member has used GLP-1s. The primary reason for use was weight loss, with 58% of respondents using GLP-1s personally and 51% reporting use by a household member. Diabetes management followed, with 42% using the treatment personally and 47% reporting use by a household member. Claims data also shows rapid adoption of GLP-1 for weight loss, with a steady increase in utilization since 2021 and peaking at 213.8% in 2023.

Figure 4: GLP-1 drug trend and forecast for weight loss

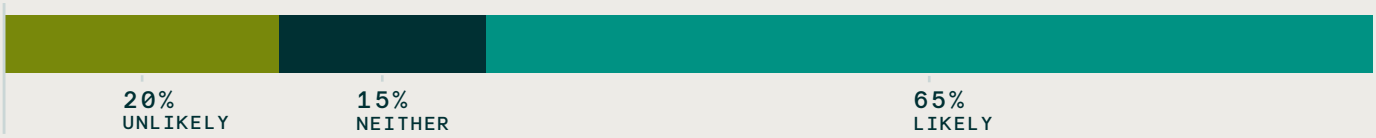


GLP-1 demand will continue to grow.

Claims data reveals a growing preference for GLP-1s over bariatric surgery in obesity management.

GLP-1 therapies are poised for continued growth, with 24% of consumers currently considering GLP-1s and 65% of providers willing to prescribe them. This will likely fuel the upward trend, with a projected 73.1% increase in utilization for weight loss in 2025 as shown above. This interest may also signal a shift in obesity treatment preference from more-invasive options like bariatric surgery to more-convenient medications. An in-depth claims analysis conducted by the Evernorth Research Institute looking at treatment options among commercially insured patients diagnosed with obesity from 2019 to 2024 found an increasing use of GLP-1 therapies and declining claims for bariatric surgery.

Figure 5: Providers' likelihood to prescribe GLP-1 for weight loss

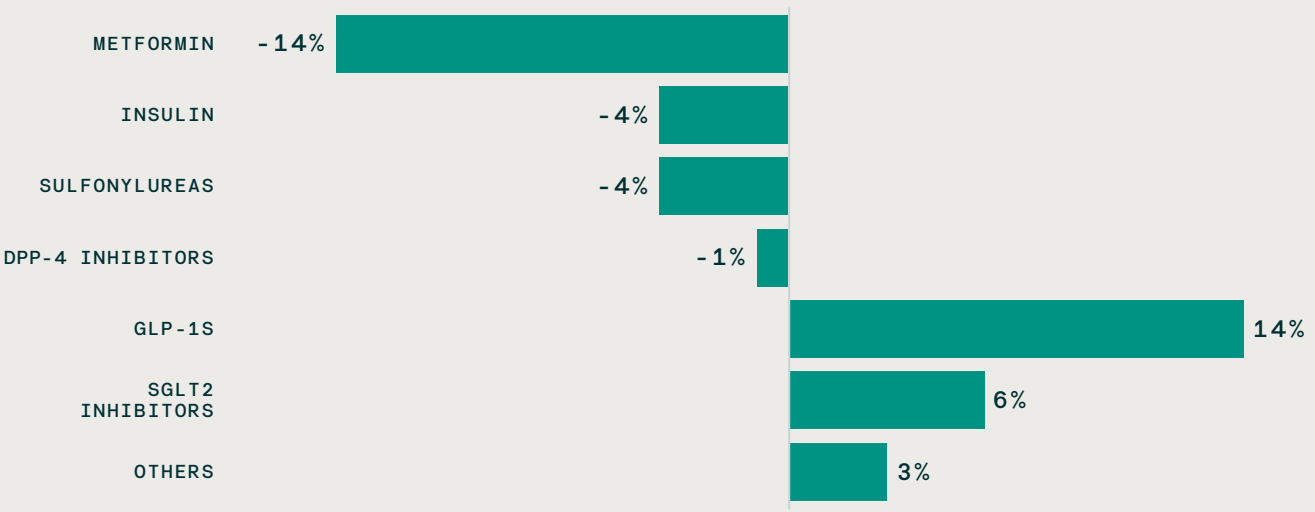


Beyond weight loss: GLP-1 therapies redefine diabetes treatment, accelerating drug trend.

While GLP-1 weight loss therapies are driving significant growth in drug trend, their increasing use in diabetes management further solidifies their prominence in the health care landscape. GLP-1 therapies for diabetes have been widely available and covered by health plans for years, but our research indicates a recent shift in diabetes treatment. There is a notable decline in the use of traditional diabetes therapies, such as metformin, insulin and DDP-4 (dipeptidyl peptidase-4) inhibitors, and a significant rise in the adoption of newer, high-cost therapies, such as GLP-1s and SGLT2 (sodium-glucose cotransporter 2) inhibitors.

This can be due to various factors, including clinical guidelines changing to prefer use of GLP-1s earlier in diabetes management, increased consumer awareness for both diabetes and weight loss, and prescribers' growing preference, particularly as evidence grows on the benefits for related conditions, including cardiovascular disease, kidney disease, and sleep apnea.

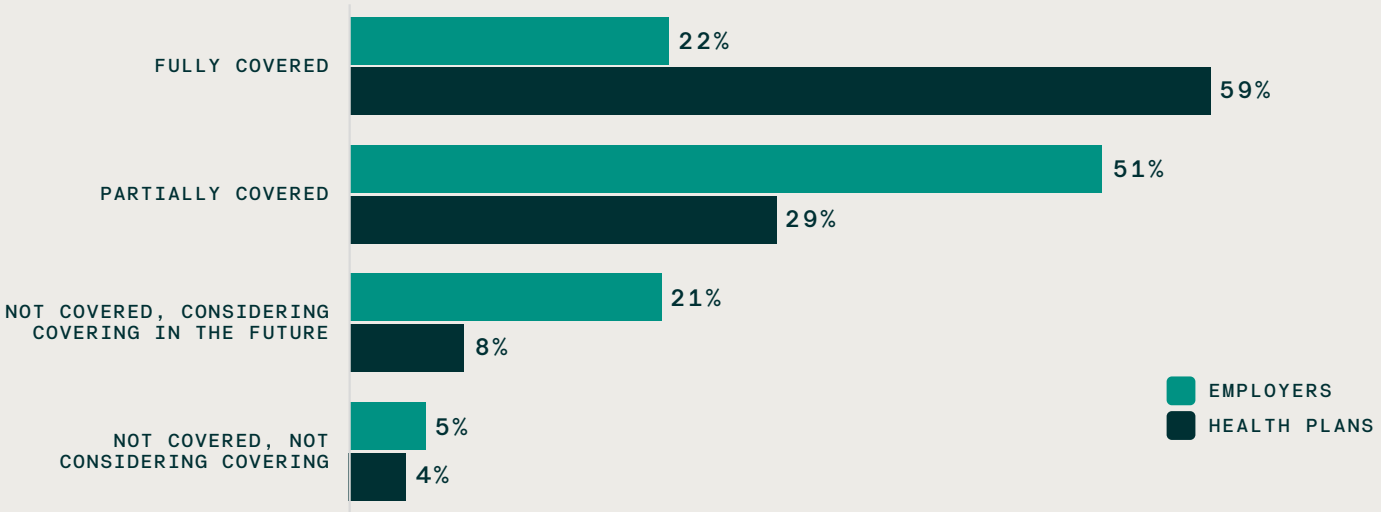
Figure 6: Growth in GLP-1s and decline in legacy therapies from 2019 to 2023



Employers and health plans worry about the financial implications of GLP-1s.

As consumer demand for weight loss GLP-1s grows and utilization increases, employers and health plans worry about the financial implications and struggle to prioritize coverage. Both groups agree that their top coverage challenges are financial barriers, uncertainty about long-term effectiveness and a lack of a clear return on investment (ROI). For weight loss medications, 59% of health plans fully cover GLP-1s, while 22% of employers say they do the same.

Figure 7: Coverage of GLP-1s for weight loss



Geographical disparities in GLP-1s: Another layer of the GLP-1 conundrum that necessitates targeted interventions.

While employers and health plans navigate the financial and logistical challenges of GLP-1 coverage, geographical differences in GLP-1 utilization highlight the need to ensure access for those with the highest needs.

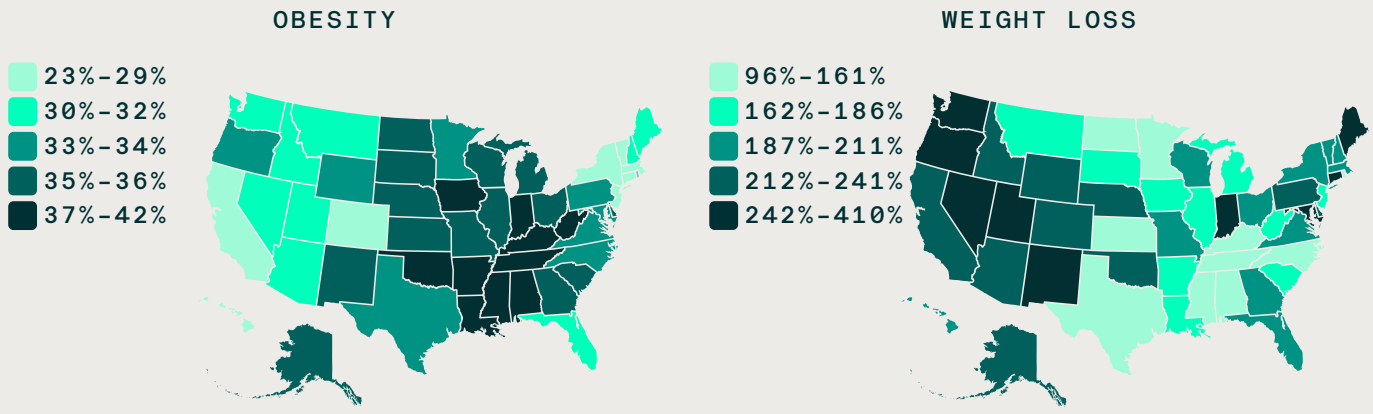
For example, obesity rates vary significantly across the U.S., with the Midwest (36%) and South (35%) experiencing the highest obesity rates.[7] These differences can be due to various reasons, including the influence of sociodemographic factors, such as lower income, lower educational levels, larger rural populations and disparities in health care access.

Similarly, GLP-1 utilization growth rates differ widely by region. For example, Maine and Washington have seen GLP-1 use for weight loss increase by more than 400%, while Mississippi—despite its high obesity rates—has experienced growth below 100%. This misalignment between obesity burden and GLP-1 adoption suggests that factors such as insurance coverage, prescribing practices and patient access play a significant role in utilization. Aligning coverage policies with the areas most affected by high obesity or diabetes rates could help address these inequities and improve outcomes for those in greatest need.

These geographical disparities introduce yet another layer to the GLP-1 conundrum—underscoring the complexity of ensuring equitable access to treatment. The growing demand for GLP-1 therapies as both a medical necessity and lifestyle intervention complicates coverage decisions, particularly in regions with low GLP-1 adoption but high diabetes or obesity rates.

To address these challenges, stakeholders must consider regional differences in population needs, health care access, insurance coverage and prescribing trends when shaping GLP-1 policies. Ensuring that those with the greatest medical need—particularly individuals with diabetes and severe obesity—have access to therapies.

Figure 8: Geographical differences between obesity rates and weight loss GLP-1 utilization growth

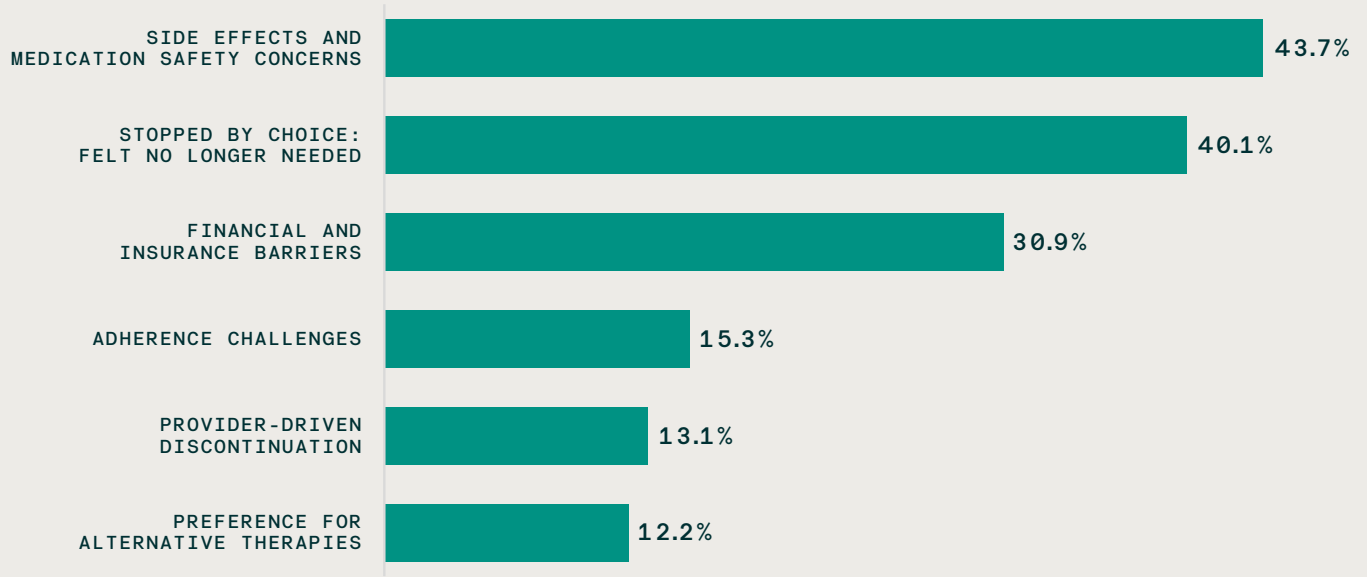


INSIGHT

02 GLP-1s face dual challenges of rapid uptake and high discontinuation rates, raising questions about long-term value.

While GLP-1 usage has surged, many individuals discontinue treatment prematurely. Our previous analysis indicated that over 50% of patients using GLP-1s for weight loss stopped treatment within 12 months.[8] This high discontinuation rate significantly impacts clinical outcomes and long-term drug-utilization trends. Among consumers who reported using and stopping GLP-1s, the top five reasons for discontinuation were side effects and safety concerns (43.7%), felt GLP-1s were no longer needed, financial and insurance barriers (30.9%), adherence challenges (15.3%), and provider-driven discontinuation (13.1%).

Figure 9: Patient reasons for discontinuing GLP-1s

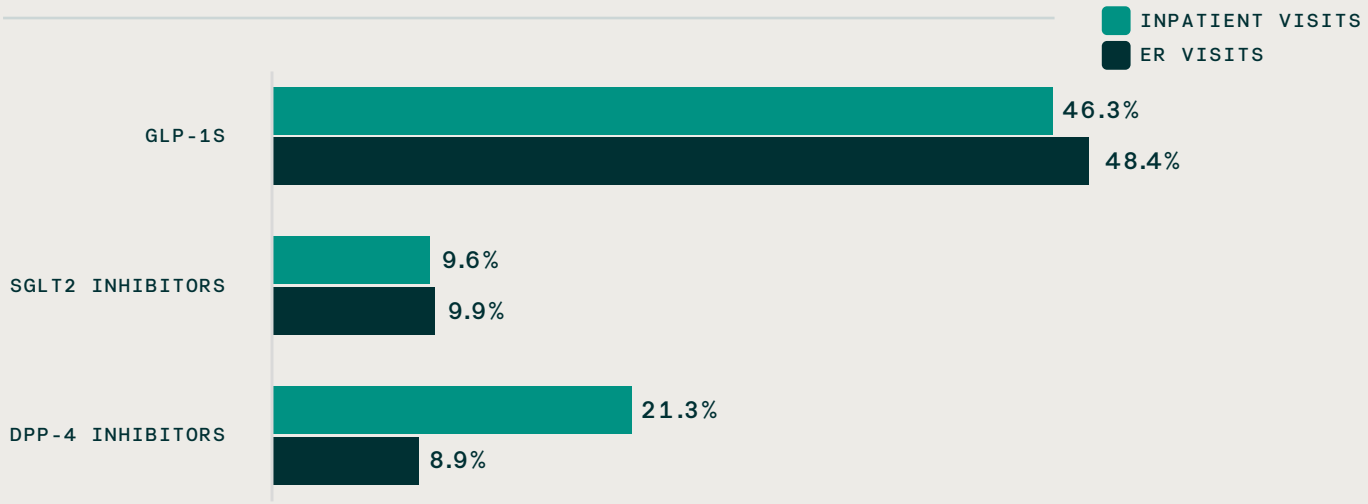


Side effects and medication safety concerns include issues related to severity, long-term effects, allergic reactions and negative interaction with other medications. When side effects lead to treatment discontinuation, the initial investment(s) in therapy may be undermined, making patient adherence a key consideration for plan sponsors. Additionally, studies have shown that GLP-1 discontinuation in patients with diabetes is associated with significant cost and utilization implications, further reinforcing the importance of effective patient management.[9] Ensuring that patients can tolerate and maintain their treatment is essential to maximizing both clinical outcomes and economic value.

Among patients with diabetes who use GLP-1s, we saw **lower** ER utilization for cardiovascular concerns and **higher** ER utilization for gastrointestinal concerns.

To explore the potential economic impact of GLP-1s, Evernorth Research Institute compared health care utilization of patients with diabetes on different types of medications, GLP-1, SGLT2 and DPP-4 inhibitors. The study found that patients using GLP-1s had a higher one-year increase in inpatient and emergency room (ER) visits for gastrointestinal concerns than those using SGLT2 and DPP-4 inhibitors. The analysis also showed a decrease in health care resource utilization for some cardiovascular conditions among those using GLP-1s. This shift in utilization suggests that while GLP-1 therapy may reduce cardiovascular risk, the severity of the side effects may cause individuals to seek emergency care and use inpatient services, increasing overall health care costs. Similar outcomes can be expected when patients who used GLP-1s for weight loss regain weight and their obesity-related complications worsen.

Figure 10: One-year percentage increase in gastrointestinal-related visits among patients with diabetes by medication type

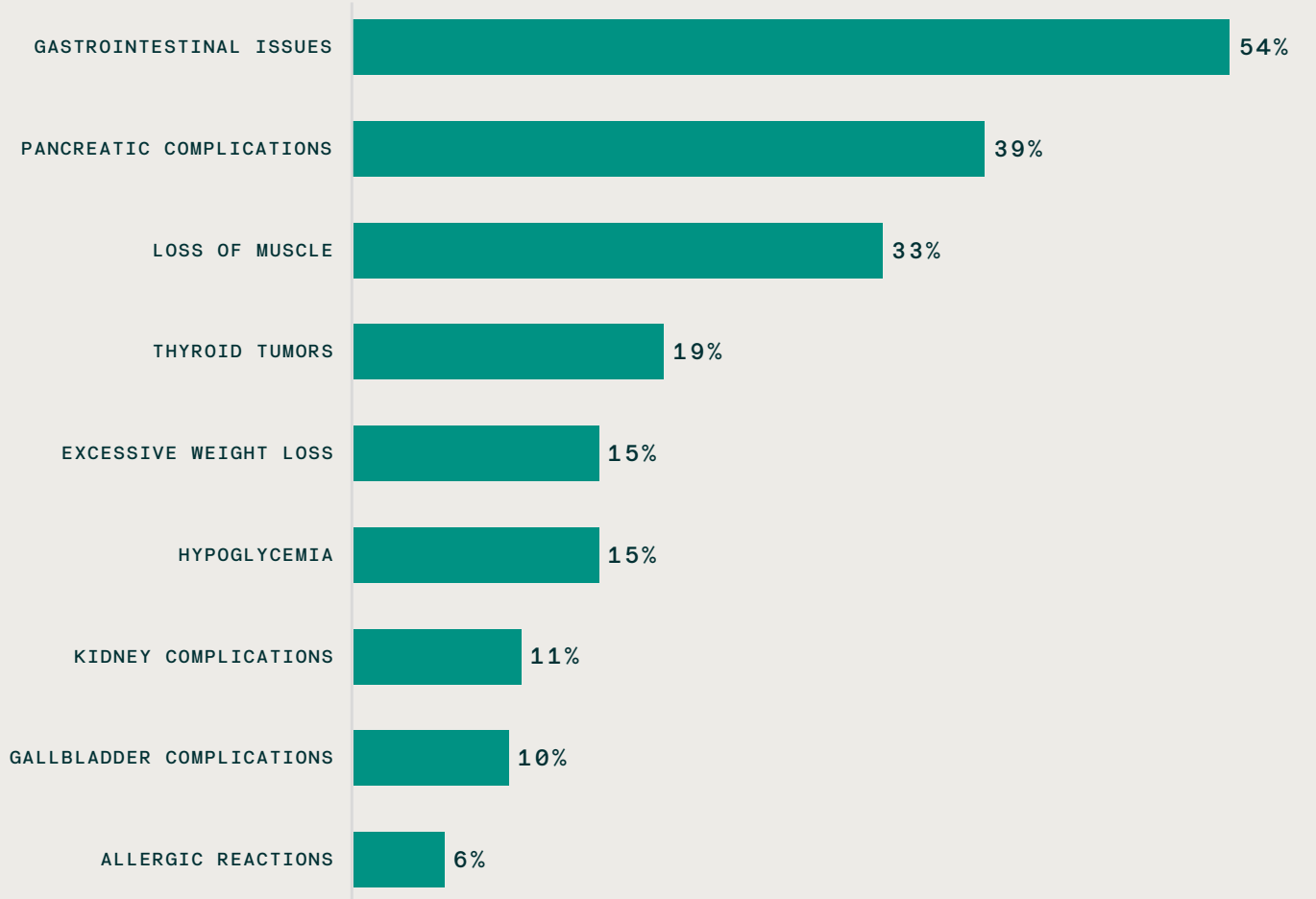


To better understand the individual financial barriers, we conducted a claims analysis evaluating the average out-of-pocket costs per standard 30-day prescription of the top five GLP-1 drugs over two time periods. We found that the average out-of-pocket costs per standard 30-day prescription in 2024 ranged from $41 to $70, a decline from the previous year, when it ranged from $41 to $94. Several factors could have contributed to this reduction, including expanded insurance coverage, increased formulary inclusion and broader coverage policies. Market competition and pricing adjustments may have also played a role, as new entrants and negotiated pricing strategies drove costs down.

Additionally, changes in patient behavior and utilization as well as increased employer and health plan cost-sharing can influence out-of-pocket costs. These combined efforts reflect broader efforts to enhance affordability and access to GLP-1 therapies while ensuring long-term treatment sustainability.

While cost reductions and coverage expansions can help improve accessibility, the challenge of side effects remains a key concern among providers. One in two providers is concerned about GLP-1 gastrointestinal side effects (54%), pancreatic complications (39%) and muscle loss (33%).

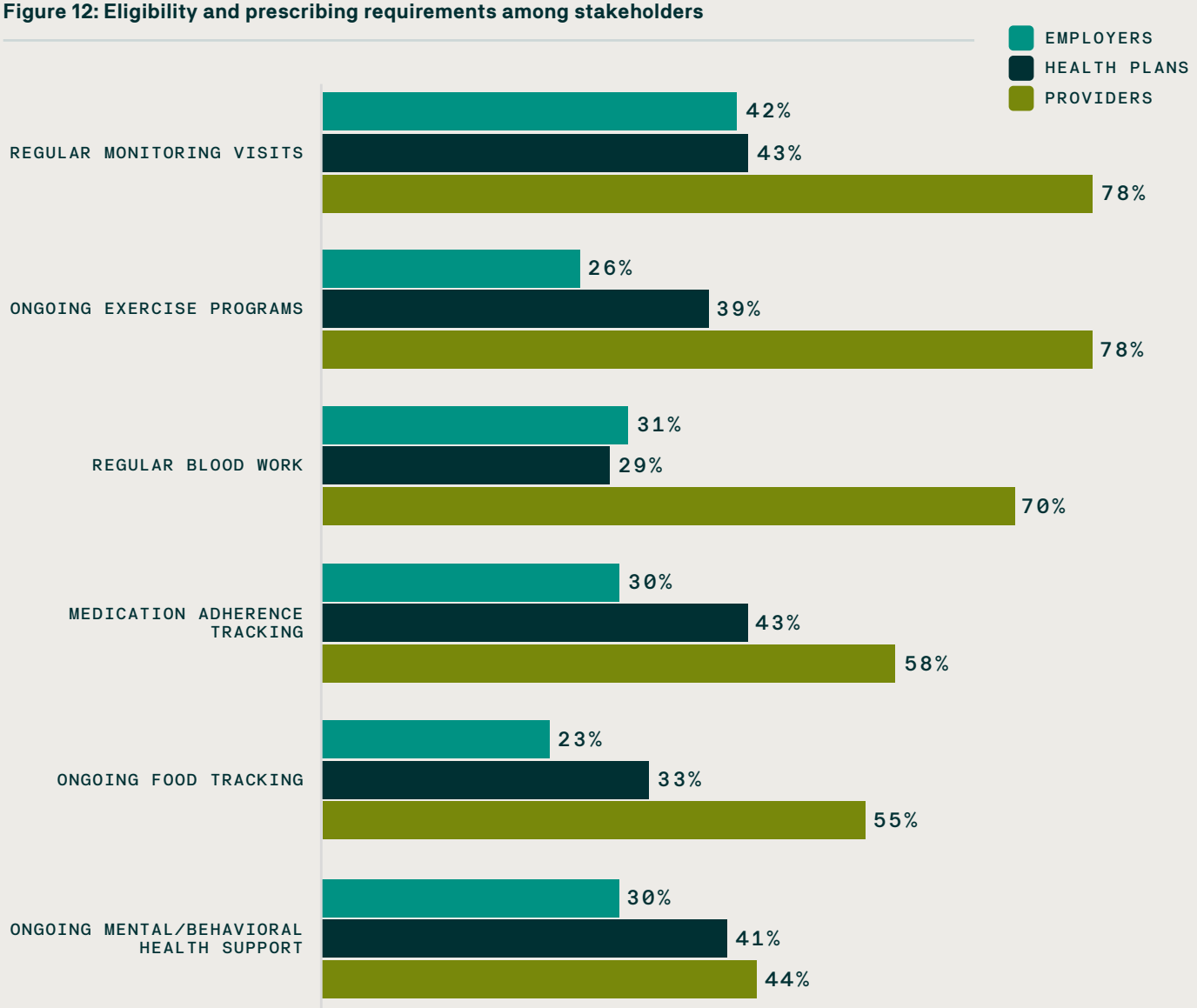
Figure 11: Health care providers' concerns with long-term use of GLP-1s



Providers and plan sponsors agree on the need for clear GLP-1 eligibility guidelines.

To this end, providers and plan sponsors emphasize the need for specific requirements when prescribing GLP-1s for weight loss. In our survey, each emphasizes the importance of regular monitoring, with 78% of providers and 43% of health plans including it as a key requirement. Providers also prioritize ongoing exercise programs (78%) and regular blood work (70%) to ensure effective patient management. Meanwhile, plan sponsors often require prior authorization (49%) and ongoing mental/behavioral health support (41%) to manage usage and ensure compliance. This alignment underscores the importance of patient oversight and support in optimizing outcomes and reinforces the need for evidence-based standard guidelines to ensure long-term value.

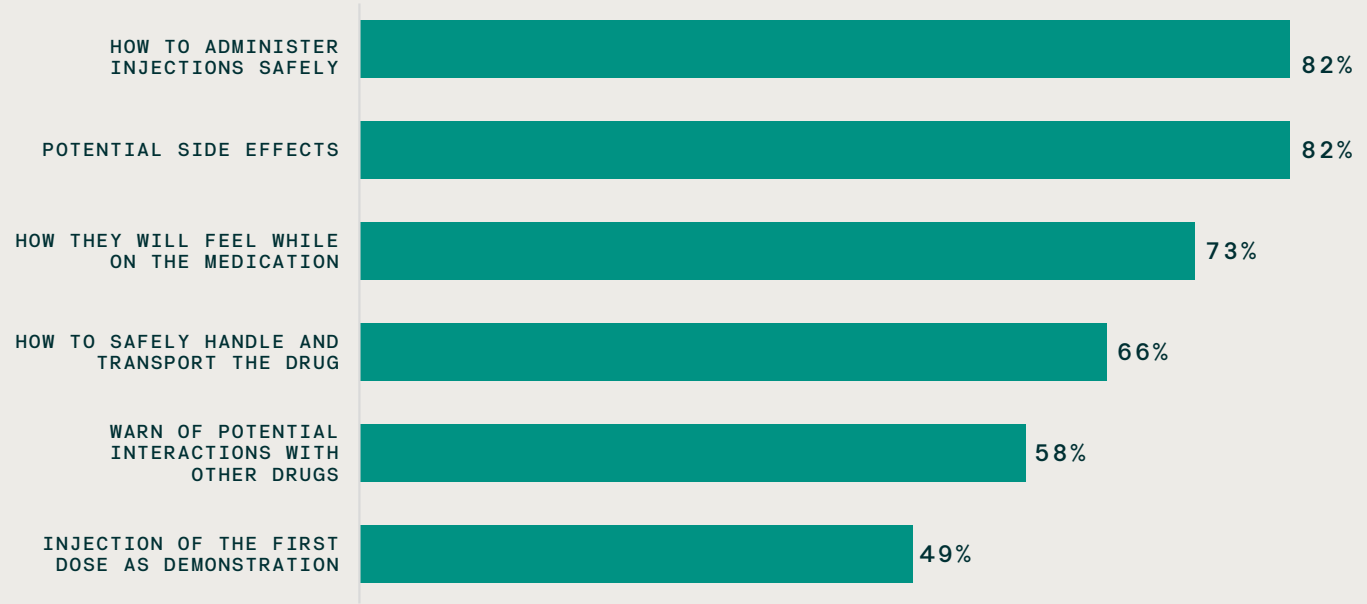
Figure 12: Eligibility and prescribing requirements among stakeholders



Pharmacists can play a critical role in GLP-1 education and monitoring.

While providers and plan sponsors emphasize the need for structured requirements to ensure effective use of GLP-1 therapies, pharmacists play a critical role in implementing these measures by supporting patients with education, safe use and adherence strategies. Pharmacists participating in our research see their primary responsibilities as explaining how to administer injections safely (82%) and discussing potential side effects (82%). Additionally, they say they play a key role in helping patients understand how they might feel while on the medication (73%), providing guidance on safe drug handling and transportation (66%), and warning about potential drug interactions (58%). Nearly half (49%) also say that demonstrating the first dose is part of their role.

Figure 13: Pharmacists' perceived role in educating patients about GLP-1s

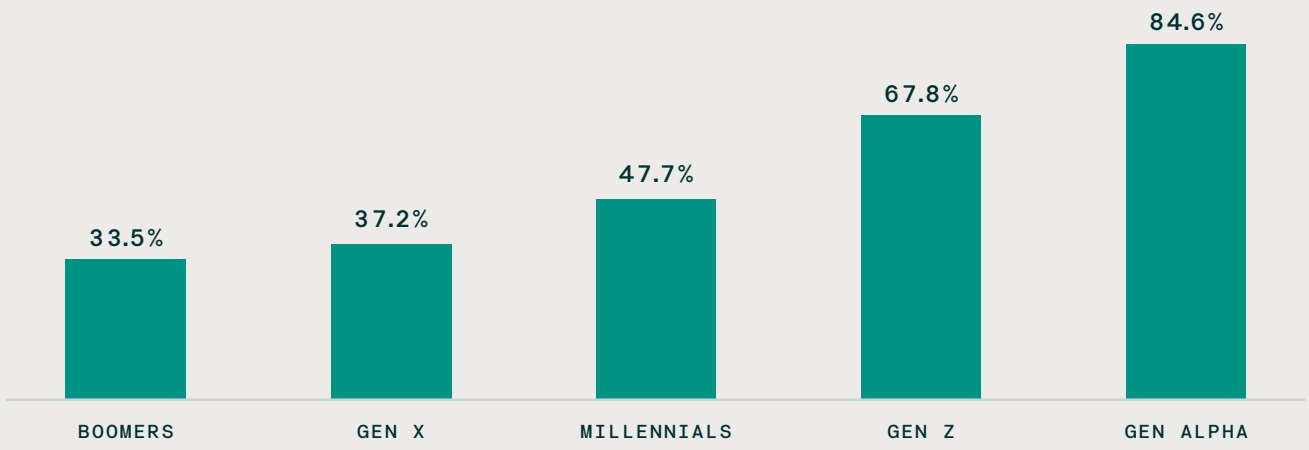


INSIGHT

03 Surging GLP-1 use among youths amplifies sustainability and supply concerns.

2024 data reveal a concerning increase in the use of GLP-1 drugs among younger generations. Early adoption of costly treatment can create an unsustainable burden on health plans, employers and communities because of potential lifelong reliance and the related comorbidities of these costly treatments.

Figure 14: Percentage increase in GLP-1 utilization by generation

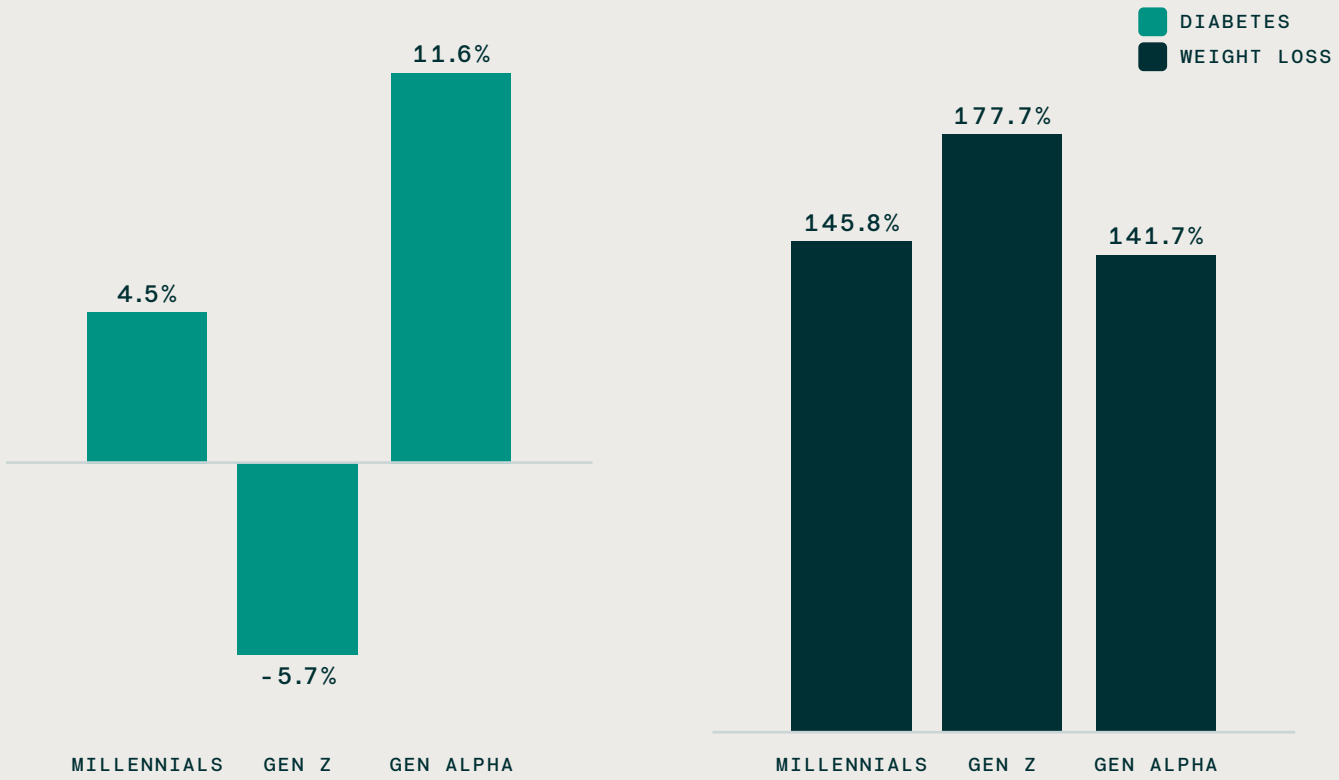


60%
of weight-loss GLP-1 users under age 41 stop using it within six months

Members of Gen Alpha (14 years and under) lead the overall increase in GLP-1 utilization, with an 84.6% increase from 2023 to 2024. They are followed by Gen Z (15 to 28 years), 67.8%, and millennials (29 to 43 years), 47.7%.

A subgroup analysis reveals that weight loss is the main reason younger generations are turning to GLP-1 therapies. Gen Alpha and Gen Z saw dramatic increases in weight loss–specific GLP-1 prescriptions, growing by 141.7% and 177.7%, respectively. This growth is likely fueled by expanded approval of GLP-1s for adolescents, reduced stigma about using medications, increasing societal emphasis on body image and targeted marketing efforts. Survey research shows a higher discontinuation among younger generations using GLP-1 for weight loss, with the majority (60%) of those less than 41 years stopping it within six months.

Figure 15: GLP-1 utilization trend by indication among younger generations



This rise in the use of GLP-1s among youths is concerning for several reasons. First, obesity rates may indicate that youths are not getting enough exercise and lacking proper nutrition. This serves as a wake-up call for parents, caregivers and school administrators, who provide breakfast and lunch options for millions of children during the school year. Second, the earlier average onset of obesity and diabetes could cause payers expecting spikes in utilization of these drugs among people in midlife to face those costs 10 or 20 years earlier and potentially for longer periods than they anticipated.

Although GLP-1s can be an effective component of a comprehensive weight management strategy for adolescents, the American Academy of Pediatrics emphasizes that pharmacological treatments should be considered within a broader context that includes lifestyle modifications and behavioral interventions. Identifying this trend at an early stage provides an opportunity to address this issue proactively. Employers and health plans should consider a balanced approach that prioritizes lifestyle interventions, such as increasing physical activity, improving diet and reducing screen time, alongside community- and system-level initiatives. These could help reverse this trend and possibly eliminate the need for medications.

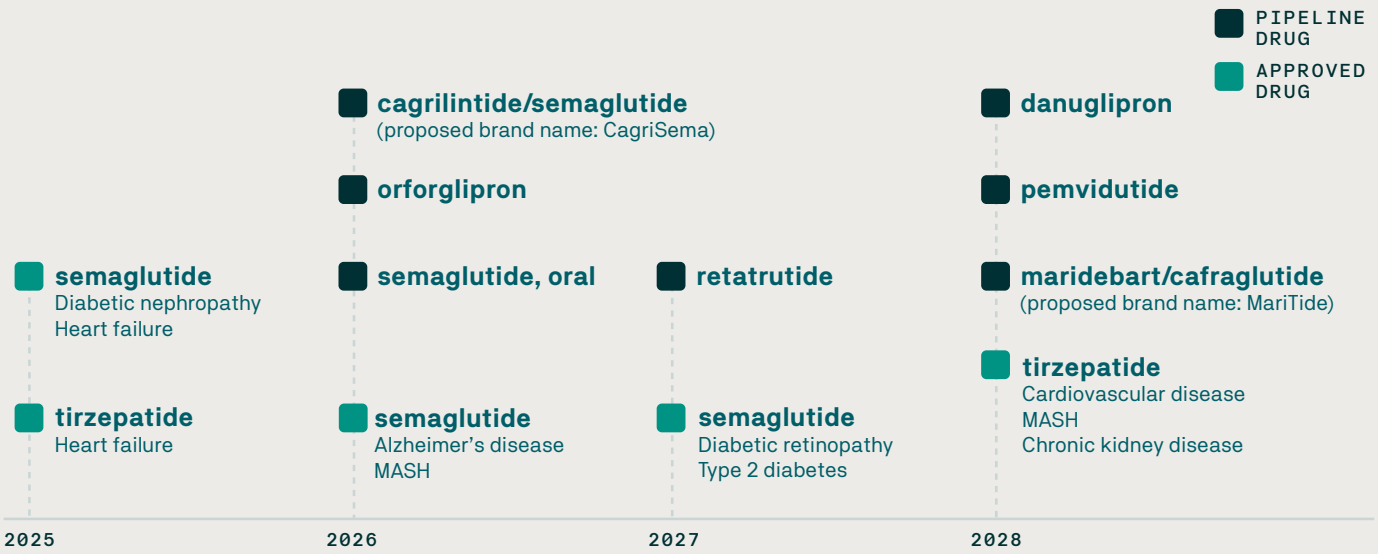
LOOKING AHEAD

Rapid GLP-1 expansion and its implications

As the U.S. obesity epidemic continues to grow, consumer desire to use GLP-1s for weight loss, coupled with the rapid GLP-1 indication expansion to treat other common conditions, is expected to place additional financial strain on health plans and employers. For example, Zepbound was approved in December 2024 to treat sleep apnea,[10] and more conditions are expected in the coming years.

Other notable expansions include Alzheimer's disease, chronic kidney disease and MASH (metabolic dysfunction-associated steatohepatitis). These expansions can significantly increase demand, further strain health care budgets and add to the complexity of determining coverage for GLP-1s.

Figure 16: GLP-1 expansion to other conditions



CALL TO ACTION

Reshaping the pharmaceutical landscape for a sustainable future

The positive impacts and challenges outlined in our research on GLP-1 utilization require an empathetic and comprehensive approach to address the GLP-1 conundrum. The current landscape demands partnering in new and unconventional ways to ensure a well-functioning, patient-centered, equitable health care system. A sustainable approach to the rising costs of GLP-1 therapies must focus on three key strategic pillars:

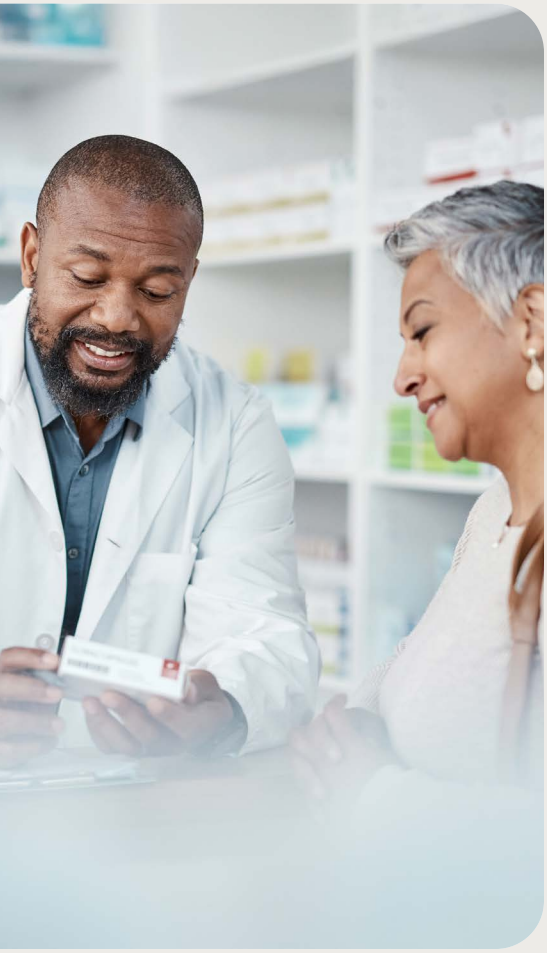
1. Design and implement comprehensive patient support and cost-management strategies.
2. Leverage real-world data to refine prescribing guidelines, reduce unnecessary discontinuation and integrate behavioral interventions for sustainable patient outcomes.
3. Prioritize prevention and lifestyle strategies to drive long-term health and value.

01

Design and implement comprehensive patient support and cost-management strategies.

As GLP-1 demand and utilization expands, the need for clinical support and dependable access cannot be overlooked. This is crucial for keeping pharmaceutical innovation accessible to patients while safeguarding health care budgets. Key strategies include implementing lifestyle interventions, optimizing formularies, and choosing capable, clinically focused partners to ensure sustainable and patient-centered outcomes. Each stakeholder plays a vital role.

As GLP-1 demand and utilization expand, the need for clinical support and dependable access cannot be overlooked.



Consumers: Engage in lifestyle and health care decisions and prioritize healthy habits.

Employers: Use strategies that empower employees, address unique population needs and work with the right partners to ensure appropriate patient support.

Providers: Leverage technology to identify personalized, cost-effective therapies and to monitor patients.

Pharmacies: Educate patients, facilitate access to discounts, and support medication adherence and patient monitoring.

Communities: Design communities that keep people healthy and promote well-being.

Health plans: Promote efficiency with real-world data analysis, thoughtful plan design, and drug coverage.

Pharmacy benefit services: Reduce waste and ensure timely access to medications.

Pharmaceutical manufacturers: Balance innovation in GLP-1 development with affordability to increase accessibility to those who need them most.

Research institutions: Close knowledge gaps on the long-term value of GLP-1 therapies and inform the development of best practices and clinical guidelines.

Policymakers: Protect the flexibility needed to create personalized and targeted solutions based on specific population needs and facilitate outcome-based arrangements.

02

Leverage real-world data to refine prescribing guidelines, reduce unnecessary discontinuation and integrate behavioral interventions for sustainable patient outcomes.

Given the opportunities and challenges with GLP-1 therapies, optimizing patient management is essential to ensure both positive clinical outcomes and economic sustainability. It's important to use strategies that support appropriate use, incorporate the most-recent clinical information and combine nondrug interventions. Strategies include the following:

- **Personalized patient selection:** Identifying patients most likely to benefit from GLP-1s based on clinical profiles, metabolic markers and adherence potential to help reduce discontinuation, maximize benefits and avoid inappropriate prescribing.
- **Personalized patient titration and administration:** Prescribing the right GLP-1 doses at the right frequency and right location. Not all patients require the highest dose indefinitely. Research can help inform dosing strategies as well as how to effectively taper GLP-1 use over time.
- **Real-time patient monitoring:** Using digital tools or mobile health apps can help track side effect severity and prompt early intervention to prevent discontinuation.
- **Integrated patient care and support:** Combining GLP-1 therapies with behavioral or social interventions can help ensure patients get the care they need beyond the medical setting and contribute to better health outcomes.
- **Continuous improvement:** Health systems can analyze real-world utilization data and track short-and long-term overall outcomes. This can include improvements in cardiovascular disease, sleep, quality of life, social interactions, education and more.

Optimizing GLP-1 therapies through data-driven insights and strategic interventions can enhance treatment adherence, improve patient outcomes, promote health equity and ensure long-term financial sustainability.

Optimizing GLP-1 therapy ensures patients receive the right medication at the right time, at the right dose and with the right support to maximize clinical and economic benefits. It involves leveraging real-world data to identify eligible patients, prevent unnecessary discontinuation and implement personalized treatment plans based on individual needs. This approach should include strategic interventions, such as patient education, provider engagement and formulary management to achieve optimal health outcomes, promote health equity and ensure long-term sustainability.

03 Prioritize prevention and lifestyle interventions to drive value-based care.

A value-based health care system prioritizes keeping people healthy before chronic conditions develop. As GLP-1 utilization rises, particularly among younger populations, concerns about long-term cost and sustainability continue to grow. Early treatment initiation can lead to prolonged use, financial strain, and increased risk of dependency and complications.

However, the rise in chronic disease is driven by a complex web of interrelated factors, including sedentary lifestyles, limited access to nutritious foods and the widespread consumption of processed foods. Other factors, such as long working hours and barriers to health care access, further exacerbate poor health outcomes. These challenges have escalated into a nationwide health crisis that demands a comprehensive, cross-sector approach to prevention and care.

Prevention is a key strategy in reducing chronic disease and healthcare costs. Research indicates that investing in community-based prevention programs yields significant savings and improves quality of life. However, the U.S. health care system remains primarily treatment-focused rather than prevention oriented. To move forward, we must build a wellness-focused system that keeps people healthy by addressing individual-, community-, and system-level factors that influence health. Strategies include the following:

- **Investing in research and innovation** to develop and expand evidence-based lifestyle and behavioral interventions that promote long-term health.
- **Prioritizing early prevention efforts** by strengthening school nutrition and physical activity programs, expanding family-centered and community-based health initiatives, and refining employer-sponsored wellness programs.
- **Driving collaborative, innovative solutions** to address social determinants of health, including housing instability, food insecurity and lack of access to safe spaces for physical activity. Tackling these persistent challenges requires multi-stakeholder partnerships that integrate policy reform, technology and community-based initiatives.

Together, we have the power to a create a healthier future, where everyone has the opportunity to thrive. By addressing the root causes of chronic disease with a multi-level, collaborative approach, we can build healthier communities, ensure productive workplaces, and advance health and vitality for all.

Key terminology

+ **Chronic condition:** A health condition or disease that is persistent or otherwise long lasting in its effects or a disease that comes with time.
+ **Consumer:** Individual who has health insurance coverage, including prescription drug coverage, through an employer, a union or the military/VA; may be referred to as “employee” or “member” by plan sponsors.
+ **Employer:** Individual responsible for selecting and managing the employee benefits for a company or other organization, such as a human resources decision-maker, or the corporation or other entity providing employee benefits.
+ **Glucagon-like peptide-1 (GLP-1) medications:** FDA-approved medications for type 2 diabetes that help lower blood sugar levels and promote weight loss. Additionally, certain GLP-1 medications have been approved specifically for weight loss.
+ **Health plan leader:** Individual who works for a health plan organization in the health insurance industry and determines the benefits partners and/or suppliers offered to groups and/or clients.
+ **Payers:** Organizations such as health plan providers, Medicare and Medicaid that set service rates, collect payments, process claims and pay provider claims.
+ **Pharmacist:** A person who is professionally qualified to prepare and dispense medicinal drugs.
+ **Plan sponsor:** An employer or organization that offers a group health plan to its employees or members.

Methodology

The methodology for the 2025 Pharmacy in Focus report is based on data collected from scientific literature, pharmacy claims, industry reports and stakeholder surveys. The survey was developed to enhance understanding of pharmacy behaviors and trends. The survey sample consisted of pharmacists who have been working in a relevant role for at least three years, providers (physicians, nurse practitioners and physician assistants) who have been working in a relevant health care facility for at least two years, pharmacy benefit decision-makers at health plans with at least 25,000 members, human resources and pharmacy benefit decision-makers at companies with 1,000 or more employees that offer medical and pharmacy benefits, and individuals with private health insurance, including prescription drug coverage, who had filled a prescription within the past six months. Claims analysis included 27.3 million members with commercial insurance coverage. Unit costs were calculated based on medications used by a consistent group of clients. The state maps were created using quintiles to represent obesity rates and the growth of weight loss GLP-1 utilization.

“Utilization trend” refers to the rate of change in the total days’ supply of medication per member across prescriptions. Unit cost trend reflects the rate of change in costs influenced by inflation, discounts, drug mix and member contributions. Utilization and cost were determined on a per-member-per-year basis. Metrics were calculated by dividing total costs or utilizations by the number of member months multiplied by the number of months per period.

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