

# Meeting GLP-1 Demand in 2026

What employers need to know for their benefits strategy.

Third Edition, 2026

**9am  
Health**

## Summary

# In 2026, GLP-1s are the ultimate benefit lever

As a benefits leader, you have likely observed recent shifts in healthcare, particularly in the use of GLP-1 medications for weight loss. **This third edition of the 9amHealth Trend Report** provides updated data reflecting current trends in GLP-1 medication usage, awareness, and employer coverage among working-age Americans.

## Key findings:



Since 2023, employee usage of GLP-1s has more than doubled.



Employees are demanding employer coverage for weight loss medications more than ever before.



GLP-1 use is increasingly associated with higher levels of physical activity, showcasing the interest in approaches beyond medication.

### Who is this report for?

Anyone concerned about the impact of rising healthcare costs, employee retention, and long-term employee health in general.

Employee demand for GLP-1s is reshaping the traditional benefits strategy—find out what to do next to bend your healthcare cost curve and remain competitive with talent.

### Read on to find answers to:

- Why GLP-1s matter for employers in 2026 (and why this trend cannot be ignored!).
- 2025 market changes and their implications.
- How organizations can cut costs without cutting care.

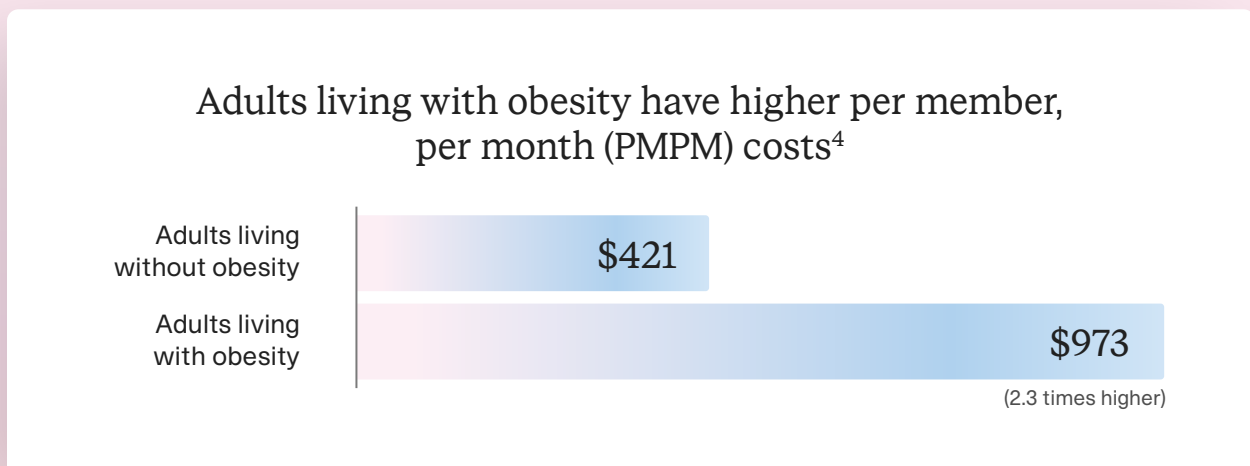
## Key challenges

# Obesity is an employer issue

Historically, BMI was the only indicator of obesity. Today, obesity is defined by BMI, waist circumference, waist-to-height ratio, or waist-to-hip ratio. That means that more people than ever are affected by obesity—including your employees.

## Costs that can't be ignored

A 2024 congressional report found that obesity will **cost up to \$9.1T in excess medical expenditures** over the next 10 years.



On top of that, when parents live with obesity, their children's healthcare utilization increases, and associated costs rise exponentially<sup>3</sup>.

**The average cost of employer-sponsored health insurance reached \$17,496 per employee in 2025<sup>4</sup>, a 6.0% increase.**

### What caused such a steep increase?

Prescription drug spending rose to an average of 9.4% among employers with 500 or more employees<sup>5</sup>. GLP-1 costs now account for 15% of the entire pharmacy benefit spend<sup>6</sup>, and they're growing at a faster rate than any drug category.

Health doesn't stay at home. We all bring our health to work.

**Adults with obesity reported<sup>4</sup>:**



↑ 33%

Higher rates of anxiety



↑ 61%

Higher rates of depression



↑ 50%

Higher rates of substance abuse



↑ 87%

Higher rates of eating disorders

They also have increased incidents of asthma, sleep apnea, back pain, high cholesterol, diabetes, and hypertension, **which can all become costly claims.** Caring about employee obesity is caring about your organization's bottom line.

Our case study, Six-Month Outcomes of a Virtual Weight Management Program, found that 9amHealth members who achieved an average **8.9% reduction in BMI were associated with a 10% reduction in medication spend—representing potential annual savings of \$6.6 million.**

## Market observations

# Understanding the GLP-1 market today

## Lower cash-pay prices may increase accessibility

From 2024 to 2026, cash-pay prices for GLP-1 drugs have significantly dropped from up to \$650 to as low as \$349 for a maintenance dose.

These numbers are important because they highlight how cash-pay patients are seeing meaningful price reductions, making ongoing treatment more accessible.

## The GLP-1 industry continues to evolve

Novo Nordisk's new weight-loss pill (Wegovy) is shaking up the space, offering people an alternative to injection therapy. At \$149 for a starter dose and \$299 for a continuation dose, it could present a more cost-effective alternative to costly injections for some people and their employers.

While the lower cost of the new once-daily pill is appealing, some employees may still prefer other options. In our survey, people were asked which they would choose if a once-daily pill offered about half the weight loss of an injectable option. **Results showed that 41% preferred the injection, while 38% chose the once-daily pill.**

It's important to note that this question was asked before the pill received FDA approval in January 2026. We will continue to track interest in the pill over time.

## What's available—and what's FDA-approved

Although a variety of online distributors sell GLP-1s directly to consumers, many of these products are not FDA-approved. During the FDA-declared medication shortage, compounded GLP-1 medications were allowed; however, the shortage has ended, yet these medications are still available. From “personalized” formulations to minimal medical oversight, these compounded GLP-1s can slip through the cracks. Unfortunately, they may pose significant health risks.

## A shift toward price transparency

PBMs manage the pharmacy benefit on an employer's behalf, negotiating prices and rebates with drug manufacturers and managing pharmacy networks and distribution channels. In other words, PBMs control costs for employers. Transparent PBMs are leading the conversation around bringing transparency into drug prices. Even large PBMs have announced a shift away from rebates to increase transparency in the space.



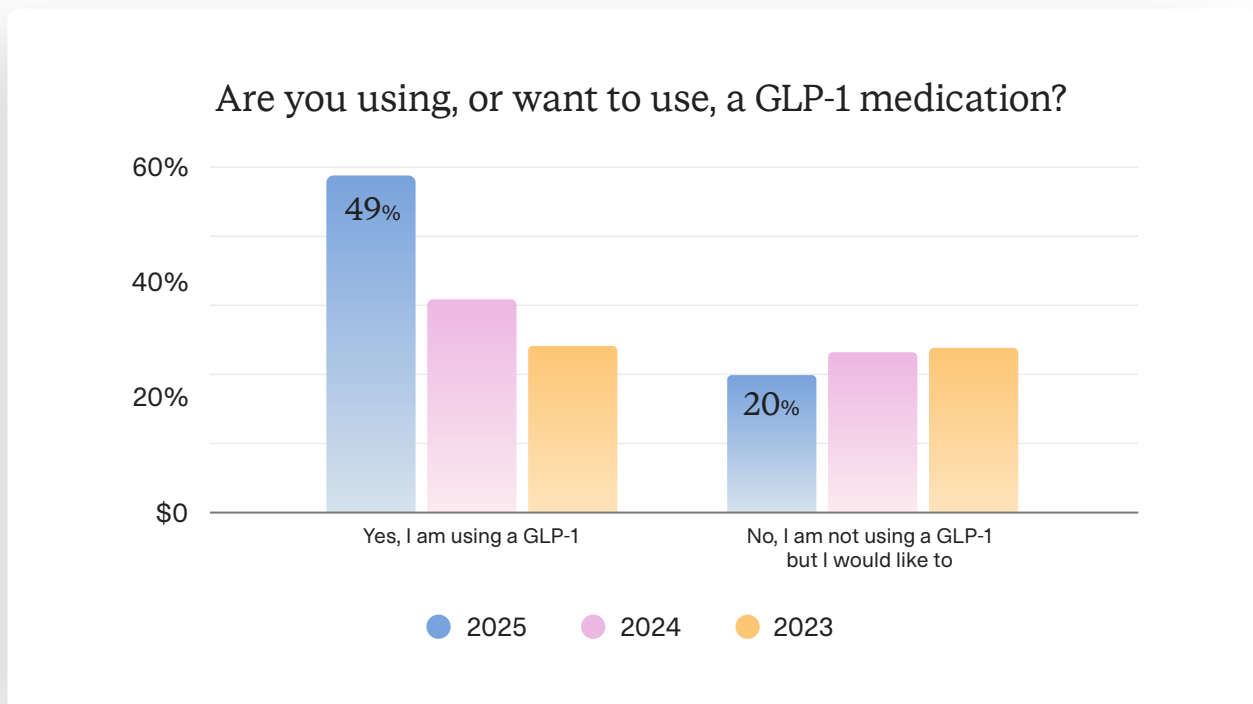
## Survey

# What employers need to know

In December 2025, for the third time, we conducted a survey examining what employees are doing for their health—and what they want from their benefits. While you may be familiar with some of these findings, the purpose of this report is to dive into *why* and *how* this research affects **your** organization today—and into the future.

# Employee usage and demand for GLP-1s are accelerating

68% (up from 54% last year) are using or want to use a GLP-1. 35% are using it for medical reasons (up 24%) and 14% for weight loss (down 6%).



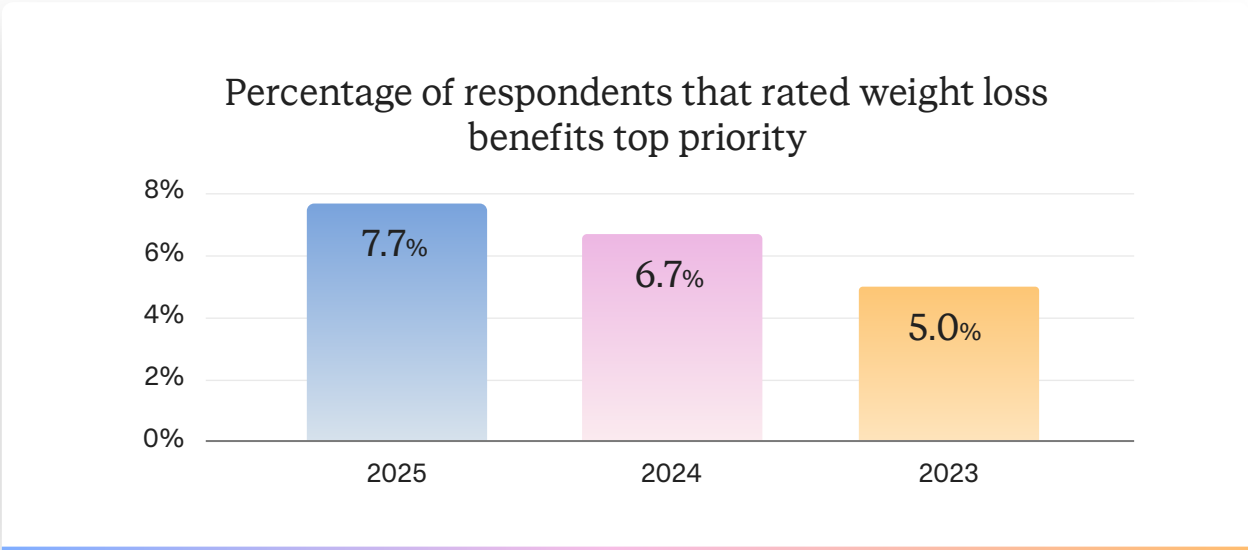
## What does this mean for your organization?

GLP-1 demand is becoming a baseline expectation from employees, rather than a fringe request. Similar to now commonplace benefits like mental healthcare and fertility support, GLP-1 medications are on track to become a sign of a competitive benefits package. Even employers that do not currently offer coverage should plan for increased employee questions, appeals, and pressure in 2026 and beyond.

# Employer coverage for weight loss medications has become a top-tier employee benefit priority

Coverage for weight loss medications now **ranks among the top three benefit priorities for over 40% of employees**—on par with some of the most foundational workplace benefits.

**7.7% ranked it as #1 in importance in 2025, up from 6.7% in 2024 and 4.98% in 2023.**



This places GLP-1 coverage alongside, or ahead of, many traditional benefits like child care assistance, work-from-home options, and company equity.

GLP-1 coverage is influencing employment decisions for a meaningful subset of workers. Among respondents without coverage, a stable **30% would be very likely or likely to change jobs to obtain coverage.**



## What does this mean for your organization?

According to Gallup<sup>7</sup>, “The cost of replacing an individual employee can range from one-half to two times the employee’s annual salary.” It’s clear that a great benefits package is not only necessary to recruit top talent, but also to retain talent—and help your organization avoid costly turnover fees.

# Employer coverage is expanding, though it remains fragmented between obesity and diabetes coverage

## 68% say their employer covers GLP-1s.

While 68% (5% increase since 2025) of employees report that their employer covers GLP-1s, coverage is split. About half limit access to manage type 2 diabetes, while the other half includes obesity and weight management. GLP-1s are already well-established as a standard of care in diabetes, so coverage is expected. The real opportunity lies in recognizing obesity as a chronic condition and expanding coverage accordingly, given the strong clinical evidence showing meaningful improvements in weight and related cardiometabolic conditions.

External employer data supports this trend. The Mercer National Study of Employer-Sponsored Health Plans found that GLP-1 medication coverage increased to up to 66% among employers with 20,000+ employees.<sup>5</sup>



## What does this mean for your organization?

GLP-1 coverage is becoming more common, but approaches to coverage—such as which conditions to cover—are still up for debate. The data is loud: helping employees manage obesity safely, through GLP-1 medications and lifestyle support, has a positive impact on them—and your business.

## Demand remains high among employees without coverage

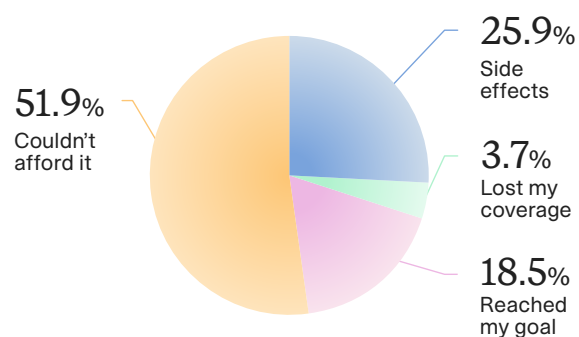
Current use likely understates true demand. Among employees without current GLP-1 coverage, **93% said they would use a GLP-1 if their employer covered it.**

Employers that add coverage should expect strong interest and higher enrollment, and gain a competitive edge in attracting talent. As more people sign up, clear clinical guardrails help make sure that treatments are used the right way, stay affordable, and deliver lasting results.

### Cost is the primary barrier to sustained use of GLP-1s.

Among employees who previously used GLP-1s but are no longer using them, affordability was the primary reason for **discontinuation (over 50%)**. **25% stopped because of side effects**. Only **18.5%** stopped because they reached their goal.

### Why are you no longer using a GLP-1?



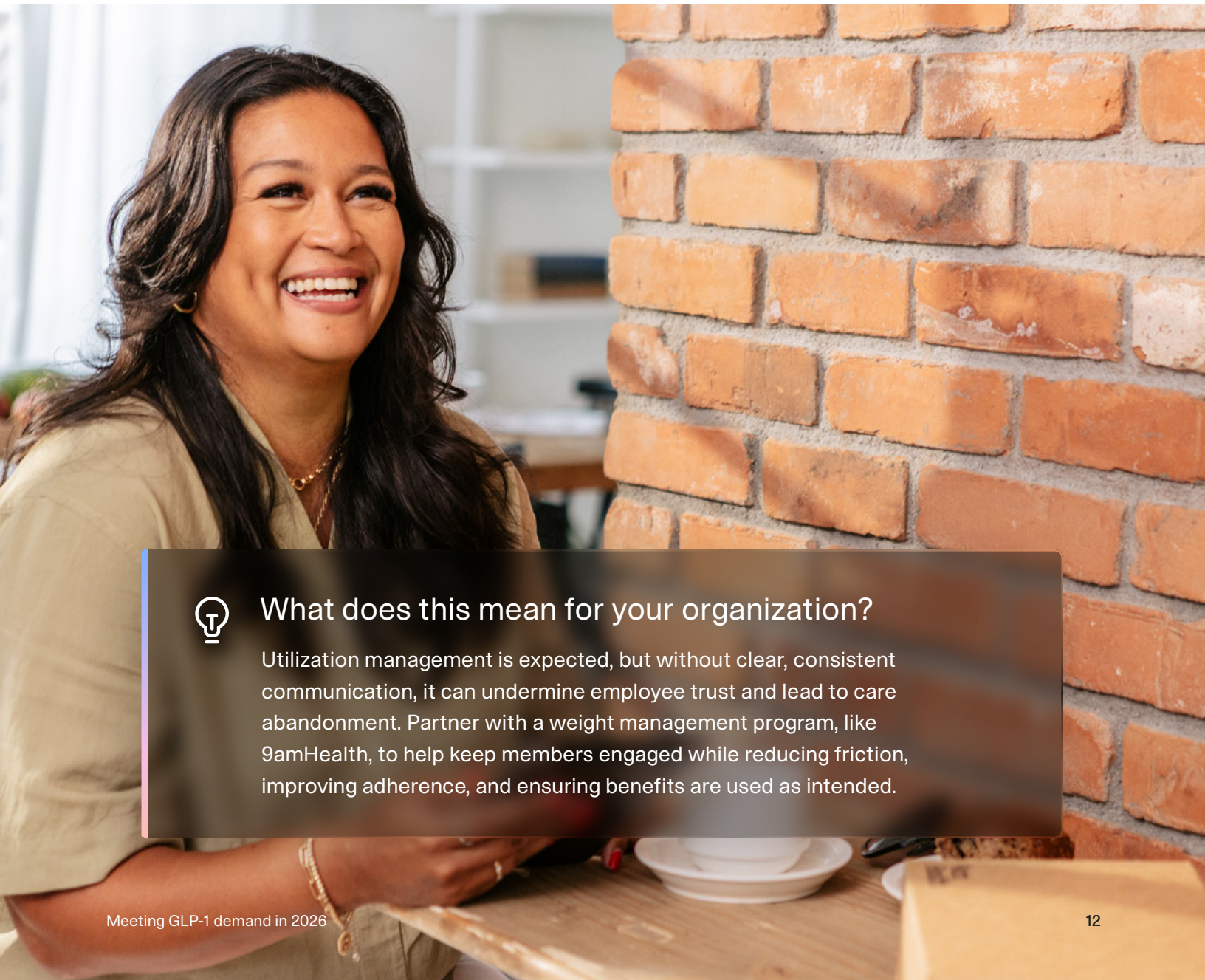
### What does this mean for your organization?

Lower list prices and direct-to-consumer options have not eliminated affordability challenges. Without employer coverage or structured clinical support, long-term adherence and outcomes remain difficult.

## Access to GLP-1s is often shaped by utilization requirements

Even when employer coverage is in place, employees may need to meet certain clinical criteria before starting treatment, and often this criteria will overlap, as you'll see in the results below.

Our survey revealed that **71%** needed prior authorization, **55%** had to try other medications first (step therapy), and **36%** had to complete a lifestyle modification program before receiving a prescription. Many employees had to meet more than one of these requirements.



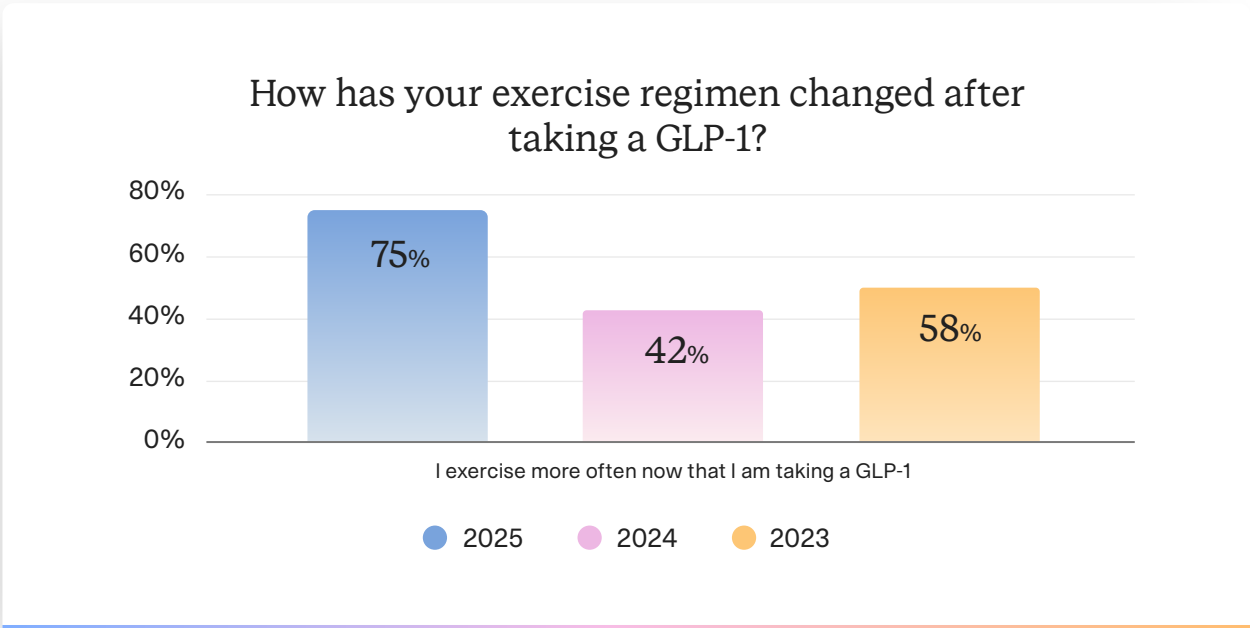
### What does this mean for your organization?

Utilization management is expected, but without clear, consistent communication, it can undermine employee trust and lead to care abandonment. Partner with a weight management program, like 9amHealth, to help keep members engaged while reducing friction, improving adherence, and ensuring benefits are used as intended.

# GLP-1 usage is increasingly associated with higher levels of physical activity

Our survey data showed that a growing share of respondents reported exercising more often after starting a GLP-1, reinforcing that GLP-1s can act as a catalyst for healthier behavior rather than a replacement for it.

In 2025, 74.7% of respondents reported exercising more often after starting a GLP-1. This is a big increase from 42.4% in 2024 and 58% in 2023. Only 13.4% reported exercising less, and just 11.9% said their activity level stayed about the same.



“A strong weight management program looks beyond the scale. It helps employees build sustainable habits while tracking meaningful clinical outcomes. Built into your benefits strategy, it improves workforce health in measurable ways.”

– Avantika Waring, MD, Chief Medical Officer 9amHealth

## Case study

# Undecided on how to cover GLP-1s for your employees?

At 9amHealth, we partner with organizations like yours to help employers and benefit managers figure out the best path forward. The following case study is a great resource to help you understand the value of an obesity management program.

**The following case study, which covered more than 13,000 employees at two Fortune 100 companies,** showed that combining GLP-1 coverage with a virtual lifestyle and care program leads to better results and notable cost savings.<sup>8</sup> More than half of the members stayed engaged, and those who completed all virtual visits lost more weight than those who didn't. On average, participants lost 9% of their body weight—nearly double the amount considered clinically meaningful—and saw improvements in blood sugar, blood pressure, and cholesterol.

Not only were employees happier, but so were their employers. Engaged employees with an average BMI of 35 are expected to lower annual medical costs by more than 10%.<sup>9</sup> At the same time, fewer members needed GLP-1 prescriptions—just 30% compared to the typical 70%—which significantly reduced pharmacy spending.

## The case study showed improved outcomes and lower costs

- Clinical eligibility criteria can significantly help save costs.
- Engaged members have better outcomes
- Improved clinical outcomes represent **potential annual savings of \$6.6M**
- Lower prescription rates translated into **annual cost savings of \$45.9M**

[DOWNLOAD THE FULL CASE STUDY](#)

## Cost-saving strategies

# A successful GLP-1 approach is not one-size-fits-all

Across 9amHealth's client base, 25% offer dedicated weight management benefits. Within that group:

- 16.7% cover GLP-1s
- 8.3% do not cover GLP-1s. Instead, they offer a combination of lifestyle management and generic medications.

These variations reflect an evolving benefits landscape. If you are considering weight-management benefits for your employees, GLP-1 coverage alone is not the strategy—thoughtful implementation is.

When employers partner with an expert clinical team like 9amHealth to manage prescribing, they can ensure that patients who truly need GLP-1s for medical reasons gain appropriate access. Rigorous clinical vetting and ongoing monitoring help reduce misuse, support adherence, and optimize pharmacy spend.

Adding coverage also promotes health equity. Without employer-sponsored coverage, employees with financial means may self-fund treatment, while those with greater medical needs but fewer resources may go without. Coverage, paired with evidence-based oversight, ensures access is guided by medical necessity—not income.

“Responsible GLP-1 prescribing within a structured, covered benefit leads to better outcomes, more equitable access, and more sustainable long-term costs.”

Here are four options, ranked by the most cost savings, 9amHealth clients have when it comes to GLP-1 coverage:

## The Ultimate Cost-Control Strategy

**By accessing pricing directly from the pharmacy manufacturer**, 9amHealth can remove traditional pricing hurdles. The 9amHealth No-Barriers Bundle uses direct manufacturer pricing with no intermediary markups, eliminating rebates, high list prices, and opaque spread pricing. Employers get a single, trusted solution at a predictable monthly cost, often up to 70% less than traditional coverage.

With this option, 9amHealth is also the sole prescriber of GLP-1s and has the same benefits.

## Prescription To Program: All In One Place

**9amHealth serves as the sole prescriber** of weight-loss GLP-1 medications, ensuring that all members receiving these therapies are actively engaged in our clinical and lifestyle program. This represents the most assertive lever available to maintain coverage while driving meaningful program engagement.



Our providers' approval rate for GLP-1 prescriptions is approximately 30%, compared to a national average of 70–75%. This approach generates savings by reducing overall prescription volume and ensuring that only clinically appropriate members initiate and continue therapy.

## Curated Prescriber Network

**A curated prescriber network brings control and flexibility to GLP-1 coverage.** 9amHealth's obesity medicine physicians and endocrinologists, along with other approved external specialists, ensure that medications are prescribed appropriately and closely monitored. Members who are already seeing a specialist can continue receiving their medications without disruption, while accessing lifestyle management support from 9amHealth. Members without a prescriber can connect to 9amHealth's expert team, expanding access to high-quality, evidence-based care. The result: better oversight, stronger adherence, and a smarter approach to managing high-cost therapies.

# Open Prescriber Network

**An open prescriber network offers maximum flexibility, but less cost control.** GLP-1 prescriptions may come from 9amHealth or any external provider, which typically results in higher overall prescription rates compared to a curated prescriber model. In this approach, employers partner with 9amHealth to deliver lifestyle management, connected devices, and required engagement through the 9amHealth app. Members can pursue treatment through the provider of their choice, while still having access to a comprehensive, one-stop solution for cardiometabolic care.

**These models are available directly through 9amHealth or through channel partners such as Evernorth, Transcarent, and leading PBMs, with flexible billing options including direct contract, medical claims, or partner contracts.**



## The benefits of gold-carding with 9amHealth

Gold-carding with 9amHealth **reduces administrative friction and unpredictable delays** while preserving strong utilization controls in an open network. It enables **faster, more reliable access** for members through a trusted clinical partner—improving experience while keeping costs predictable and governance intact.



“This has never just been about numbers on a scale. For me, it’s about changing my life so I can be the dad my baby girl deserves.

At over 300 pounds, trying to keep up with a 21-month-old wasn’t just exhausting — it broke me down inside. Week by week, I’ve gained more than health. I’ve gained freedom — to move without pain, to chase my little girl and laugh with her, to be present in her world ... But I’m also clear: this journey isn’t over ... I know there are still battles ahead, challenges to push through, and goals I haven’t yet reached. **The difference now is that I believe in myself in a way I didn’t before.** I want to thank my employer for bringing 9amHealth on as a benefit.”

– Farzad Issazadeh, 9amHealth member since 2025

## Next steps

# Your employees have spoken

For the third year in a row, the message is clear: the demand for GLP-1s isn't going away.

Employees told us that:

- Their demand for employer-covered GLP-1s continues to rise.
- They can't afford GLP-1 medications on their own.
- Employer coverage decisions have real implications for their retention and engagement.

**If you're a benefits leader, you may be wondering what the cost is of not covering GLP-1s.**

The cost goes beyond financials. Risk also includes the impact on your employees' health and your organization's ability to recruit and retain employees in a competitive market.

However, if you choose to add GLP-1 coverage to your benefits packages, it's important to include guardrails that mitigate additional risk. There is a careful balance between setting appropriate terms and being overly restrictive, which can lead to dissatisfaction, confusion, and inequity. Care-based models help keep GLP-1 medications accessible and ensure better outcomes.

Partner with an expert like 9amHealth to design a plan that is smart *and* responsible

- ✓ All-in-one solution for cardiometabolic health
- ✓ Responsible GLP-1 prescribing and medication optimization
- ✓ Access to a team of specialists without the wait
- ✓ Expert-led lifestyle and nutrition coaching
- ✓ Works seamlessly alongside any health and pharmacy benefits plan



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# Appendix

## Survey design

This survey is the third annual study tracking trends in GLP-1 medication use, awareness, and employer coverage among working-age Americans. The research aims to provide a timely view of GLP-1-supported treatments—and the employer benefits landscape supporting them. The survey was conducted via SurveyMonkey among 1,031 U.S. adults of working age, using a gender-balanced, nationally representative sample. Respondents represented a broad range of ages, household incomes, and U.S. regions, with the majority aged 30 to 60—groups most likely to engage with employer-sponsored health benefits.

## Source citations

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<sup>3</sup>Health Action Council & UnitedHealth Group. The obesity epidemic: Growing health impacts and cost implications . 2025. Accessed February 17, 2026. <https://healthactioncouncil.org/getmedia/cd194241-db0a-4db0-81c9-cfedc980b3f5/HAC-White-Paper.pdf>

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<sup>8</sup>9amHealth, Waring A. Six-Month Outcomes of a Virtual Weight Management Program. 2025. <https://9am.link/whitepaper-6months-outcomes>

<sup>9</sup>Thorpe PKE. Estimated Reduction in Health Care Spending Associated With Weight Loss in Adults. JAMA Network Open. 2024;7(12):e2449200-e2449200.

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