



The Daily Dish

GLP-1 Drugs in the Health Care Spotlight

PARTH DAHIMA | AUGUST 30, 2024

On August 27, [Eli Lilly announced](#) a 50-percent price reduction for its major anti-obesity and anti-diabetic drug Zepbound, which is in the broader family of drugs called GLP-1s. More affordable diabetes drugs is undoubtedly great news for millions of Americans, but certain doubts linger regarding accessibility concerns and technical changes in administering the drug. While the price for a month's supply of the 2.5mg dose will [drop](#) by nearly 62 percent and around 48 percent for the 5mg dose, patients are required to pay out of pocket through Eli Lilly's new self-pay pharmacy after receiving a doctor's prescription. A smaller change also pops up in how patients receive the drug, as to qualify for discounts patients must self-inject with a traditional syringe rather than the typically used auto-injector pen.

But overall Eli Lilly's announcement is a nice development. While similar GLP-1 drugs such as Ozempic, Rybelsus, and Wegovy catch some criticism for their association with cosmetic weight loss, the expansion of GLP-1s has quite a few positive downstream medical effects. Research [indicates](#) that certain GLP-1 drugs may even curb alcohol use and addictive consumption in humans. Lab results also point to reductions in relapse rates after a sobriety period, and even signal [toward lowering cholesterol levels](#).

GLP-1s have made a mark in the public sector, as well. Introduced in the House of Representatives in January 2024, [the Treat and Reduce Obesity Act \(TROA\)](#) would broaden Medicare Part D to cover obesity drugs for weight loss, most notably GLP-1s. While several versions of the bill have been introduced in the House Ways and Means Committee over the past decade, the Committee recently passed an [amended version](#) including several restrictions on obesity drug coverage. These include limiting coverage to individuals who have been taking a weight-loss drug for at least a year prior to enrolling in Medicare as well as excluding those who are overweight with another weight-related condition.

As the private sector begins to compete on price for these drugs, and the public sector continues to evaluate their role in treating chronic conditions, it will be interesting to see how more U.S. institutions adapt to provide greater access to GLP-1s, the demand for which is only likely to increase.