Impact of a Medical Claims Automated Glucagon-Like Peptide-1 Drugs Prior Authorization Program

A. Leland, PharmD[1]; M. Byington, PharmD[1]; M. Rodstein, PharmD[1]; D. Lassen, PharmD[1]; P.P. Gleason, PharmD[1,2]. [1]Prime Therapeutics LLC, Eagan, MN, United States. [2]University of Minnesota College of Pharmacy, Minneapolis, MN, United States.

Background

- Medication prior authorization (PA) generally requires prescribers to submit verifying information (e.g., diagnosis) to the health plan or pharmacy benefit manager (PBM) for coverage determination.[1]
- Glucagon-like peptide-1 products (GLP-1s) are frequently not covered for weight loss; however, they are covered for diabetes mellitus (DM). A GLP-1 PA requiring a DM diagnosis is common.[1]
- PAs are estimated to account for $35 billion in US health care administrative spending. Providers report time expenditure equivalent to over 100,000 full-time nurses annually on PA tasks.[2]
- "Prior authorization criteria are based on scientific evidence, standards of practice, peer-reviewed medical literature, established clinical practice guidelines, as well as safety and efficacy data."[3] "The intent of prior authorizations is to ensure that drug therapy is medically necessary, clinically appropriate, and aligns with evidence-based guidelines."[3]
- PBMs integrated with their health plan have access to medical claims data and can automate the PA DM diagnosis verification, allowing the DM GLP-1 PA to occur at the pharmacy point of sale, saving time for the provider and member. However, little is known of the impact of this automated PA process.

Objective

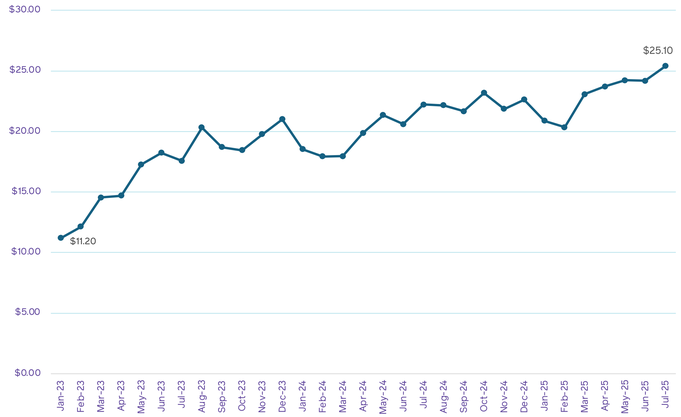
Our objective is to measure the impact of the PBM using a health plan medical claims diagnosis to automate the DM GLP-1 PA process by assessing the percentage of all DM FDA-approved GLP-1 claims paid via an automated PA process.

Methods

- Prime Therapeutics' (Prime's) DM GLP-1 products pharmacy claims plus enrollment data from January 2023 to July 2025, across 19 commercial health plans covering all regions of the United States, were analyzed. During this time, the average monthly membership was 17,049,988. The DM GLP-1 insurer-paid amount and member share after pharmacy network discount, but not including manufacturer rebates, was obtained from each claim and totaled monthly to obtain the total DM GLP-1 claims paid amount. The DM GLP-1 per member per month (PMPM) cost was calculated by dividing the monthly total DM GLP-1 claims paid amount by the membership in the month.
- Prime's clients with an automated DM GLP-1 PA review using integrated pharmacy and medical claims data from 15.3 million commercially insured members was used to identify members' DM GLP-1 pharmacy claims having been paid via the automated PA review process between October 2024 and July 2025.
- The automated PA process checks the member's medical claims for a DM diagnosis. When a pharmacy submits a DM GLP-1 prescription claim for a member, a PA is required to verify the DM diagnosis and other criteria listed below. If a DM diagnosis is found and all other criteria are met, the PA is authorized and the claim is paid right at the pharmacy counter, bypassing traditional PA review. If no DM diagnosis is detected among the member's medical claims, the claim will not be paid and a standard PA process is required.
- The automated DM GLP-1 PA criteria is as follows:
  - Identifies the member's medical claim history for a type II DM diagnosis (E11%) with a service-incurred date within the past (720 days)
  - Identifies claims history for a prerequisite DM treatment drug within the last 90 days of the following categories: biguanides, sulfonylureas, meglitinides, thiazolidinediones (TZD), alpha-glucosidase inhibitors, or sodium-glucose cotransport 2 (SGLT-2) inhibitors: GPIs of 279910%, 279970%, 279950%, 279967%, 279960%, 279925%, 279980%
    –OR–
    Identifies claims history for continuation of therapy of a GLP-1 product within the past 90 days: DM GLP-1 therapy GPIs of 2710%
  - Ensures that no DM GLP-1 other than the target, dipeptidyl peptidase-4 (DPP-4), DPP-4/TZD, or weight-loss GLP-1 drug products have been paid within the last 30 days: GPIs of 2717% (except for target), 2755%, 279940%, 6125207000%, 6125205000D2%, 6125258000%
  - Ensures appropriate member age for requested product based on the FDA-approved label
- By month, all members with a DM GLP-1 claim that was approved via the automated review process were identified and divided by all members with a paid DM GLP-1 claim through either the standard review process or automated review to determine the percentage of members with an approved DM GLP-1 paid claim via the automated review process.

Figure 1

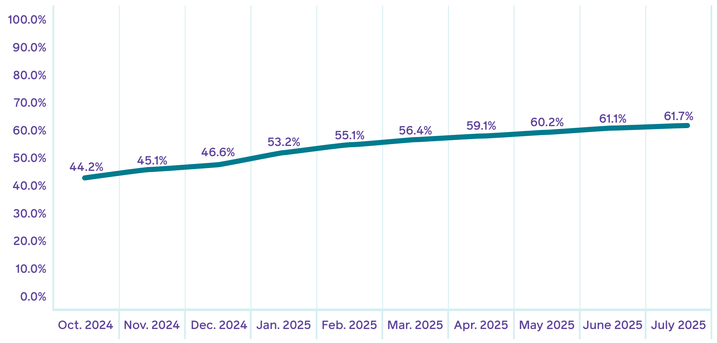
Diabetes Mellitus Glucagon-Like Peptide-1 Products Total Paid Per Member Per Month Among 17 Million Commercially Insured Members—January 2023 to July 2025



Total paid amount defined as amount paid to pharmacy after network discount and member share, not inclusive of rebates or coupons.

Figure 2

Diabetes Mellitus (DM) Glucagon-Like Peptide-1 (GLP-1) Automated Prior Authorization Claims Among All DM GLP-1 Claims for 15.3 Million Commercially Insured Members—October 2024 to July 2025



Results

- The DM GLP-1 PMPM increased 2.15-fold over 2.5 years, from $11.20 PMPM in January 2023 to $24.17 PMPM in July 2025. **(Figure 1)**
- In October 2024, among 15.3 million commercially insured members with the DM GLP-1 automated review available, 138,355 (44.2%) members had their DM GLP-1 paid claim adjudicated via the automated process out of a total of 312,762 members with a DM GLP-1 PA review, which increased to 215,178 (61.7%) of 348,624 in July 2025. **(Figure 2)**
- The automated DM GLP-1 PA proportion of all DM GLP-1 claims grew by 17.5 percentage points, or 39.6%, from October 2024 to July 2025.
- In July 2025, the automated DM GLP-1 PA assisted 215,178 (1.4%) of 15.3 million members, or 1 in 71 members.

Limitations

- Data were sourced from administrative health care claims; therefore, misclassification bias may have occurred due to the use of medical and pharmacy claims.
- Medical claims-submission lag and processing may delay DM diagnosis identification in medical claims; therefore, a member may have a DM diagnosis without a claim for the automated PA review to identify.
- Members new to the health plan and PBM will likely have an incomplete medical claim history for automated PA review.
- A member with a DM diagnosis medical claim over 720 days from the time of the automated PA review will be excluded from the automated PA review process, requiring standard PA review.
- A member with DM drug therapy claims history beyond 90 days from the from the time of the automated PA review will be excluded from the automated PA review process, requiring standard PA review.
- Our study examined commercially insured membership and, therefore, is not generalizable to Medicare or Medicaid populations.
- The PBM had ongoing technology refinements aimed at maximizing value through enhanced utilization of medical records and improved identification of members transitioning between health plans during the analysis period.

Conclusion

- DM GLP-1 drugs are one of the fastest growing drug categories.[4] Within this large, commercially insured population, DM GLP-1 spend more than doubled in the past 2.5 years. In July 2025, the DM GLP-1 PMPM spend was $24.17.
- With the frequent non-coverage of obesity GLP-1 treatment among commercial insurance, members and providers may attempt to obtain DM GLP-1 for obesity treatment without a DM diagnosis; therefore, a DM GLP-1 PA is required by many health plans and employers to verify DM diagnosis.[1]
- In July 2025, more than 6 out of 10 members had their DM GLP-1 claim process with an automated PA approved at the point of sale utilizing the medical claims diagnosis information. The automated DM GLP-1 PA benefited 1 in 71 of all commercially insured members with the automated PA review available.
- While PA is an important part of PBM utilization management programs, automated PA helps avoid unnecessary reviews and manual-review administrative costs. Clients also avoid paying claims for off-label use of GLP-1 medications.
- Automated DM GLP-1 PAs work to simplify the PA process, helping members get the medicine they need seamlessly.

References

1. Gillette, H. Your guide to navigating insurance and GLP-1s for type 2 diabetes. *Healthline.* Published September 10, 2024. Accessed September 1, 2025. https://www.healthline.com/health/diabetes/navigating-insurance-glp-1s-for-t2d
2. Sahni NR, et al. Perceptions of prior authorization burden and solutions. *Health Aff Sch.* 2024;2(9):1-8. doi:10.1093/haschl/qxae096
3. Forrester C. Benefits of prior authorizations. *J Manag Care Spec Pharm.* 2020;26(7): 820-822. doi:10.18553/jmcp.2020.26.7.820
4. HealthVerity. GLP-1 trends 2025: real-world data, patient outcomes & future therapies. Healthverity.com. Published August 26, 2025. Accessed September 1, 2025. https://blog.healthverity.com/glp-1-trends-2025-real-world-data-patient-outcomes-future-therapies

EVT_EXT_261001-B 10/25

2900 Ames Crossing Road, Eagan, MN 55121
Academy of Managed Care Pharmacy (AMCP) Nexus, October 27-30, 2025, National Harbor, MD
Patrick Gleason
PGleason@PrimeTherapeutics.com