SHIELDS HEALTH SOLUTIONS

Health System Specialty Pharmacy Supports Access and Adherence for GLP-1 Receptor Agonists for Patients with Obesity

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BACKGROUND

Obesity is a chronic, progressive disease with significant cardiometabolic burden.[1-3] Glucagon-like peptide-1 receptor agonists (GLP1-RAs) demonstrate substantial weight reduction, however access is limited by insurance challenges, supply limitations and high medication costs.[4,5] Despite the benefits of GLP1-RAs, many patients discontinue treatment within one year due to high out-of-pocket costs and treatment-related adverse effects.[10] Integrated Health System Specialty Pharmacies (HSSPs) are positioned to support medication access by reducing time to therapy initiation and supporting cost savings. They mitigate barriers to adherence through coordinated care and closed-loop pharmacist interventions.[6-9] The objective of this study was to evaluate the impact of an integrated HSSP model on GLP-1 RAs access and adherence in adult patients with obesity.

METHODS

Inclusion Criteria: adults ≥18 years on semaglutide or tirzepatide for obesity, dispensed through an integrated HSSP and managed by pharmacists between September 1, 2024 and August 30, 2025. Both patients new to therapy and those on existing therapy and transferring from outside pharmacies were included.

Primary Outcome: median time to first fill (TTFF), defined as the median number of days from prescription receipt by the HSSP pharmacy to the first dispense

Secondary Outcomes: the number of prior authorization (PA) completions, defined as the number of patients for whom the HSSP pharmacy completed the PA submission and documentation on behalf of the prescriber, medication adherence (measured by the proportion of days covered; PDC), median patient out of pocket (OOP) cost, and pharmacist intervention acceptance rate.

Analysis: Patients were identified through the HSSP patient management platform, with data extracted from the electronic medical record and the HSSP patient management platform.

RESULTS

During the study period, 1,707 patients met inclusion criteria; patient characteristics are summarized in **Table 1**. Distribution of TTFF is shown in **Figure 1**; the median TTFF was 5 days. Prior authorization (PA) was required for 95% of patients, and the median patient OOP cost was $24.98. Average PDC was 95%, and the pharmacist clinical intervention acceptance rate was 99%.

Table 1: Patient Characteristics

Characteristic	N=1707
Mean age (years)	48
Sex (n, %)	
M	1231 (72)
F	476 (28)
Insurance Type (n, %)	
Commercial	1480 (87)
Medicare	140 (8)
Medicaid	56 (3)
Cash or Copay Card	20 (1)
Unknown/other	11 (1)
Brands Dispensed (n, %)	
Zepbound	1102 (65)
Wegovy	490 (29)
Mounjaro	75 (4)
Ozempic	38 (2)
Rybelsus	2 (0.1)

Figure 1: Time to First Prescription Fill

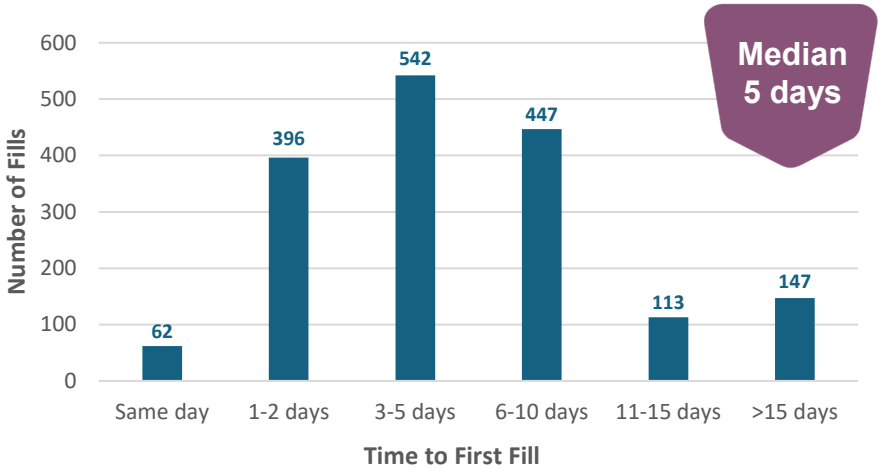

Figure 2: Medication Adherence

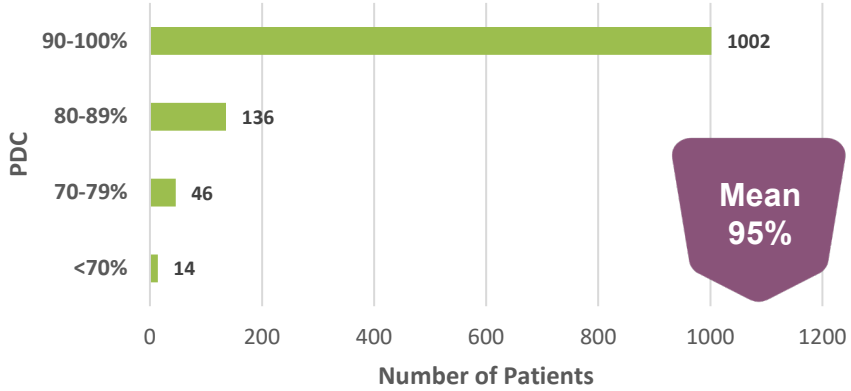

Figure 3: Secondary Outcomes

- PA Completion Rate 95%
- Median Patient Out of Pocket Cost: $25
- Pharmacist Intervention Acceptance Rate: 99%

REFERENCES: Scan for access

CONCLUSION

The integrated HSSP model delivers measurable value in supporting timely access to and sustained adherence with GLP-1 RAs for patients with obesity. Coordinated prior authorization completion and pharmacist-led interventions enabled a median time to first fill of just 5 days, adherence rates exceeding the 80% chronic disease management benchmark, and low patient out-of-pocket costs. Together, these outcomes highlight the strong clinical and economic impact of the integrated HSSP approach. Future research should focus on identifying and addressing barriers to timely medication access.