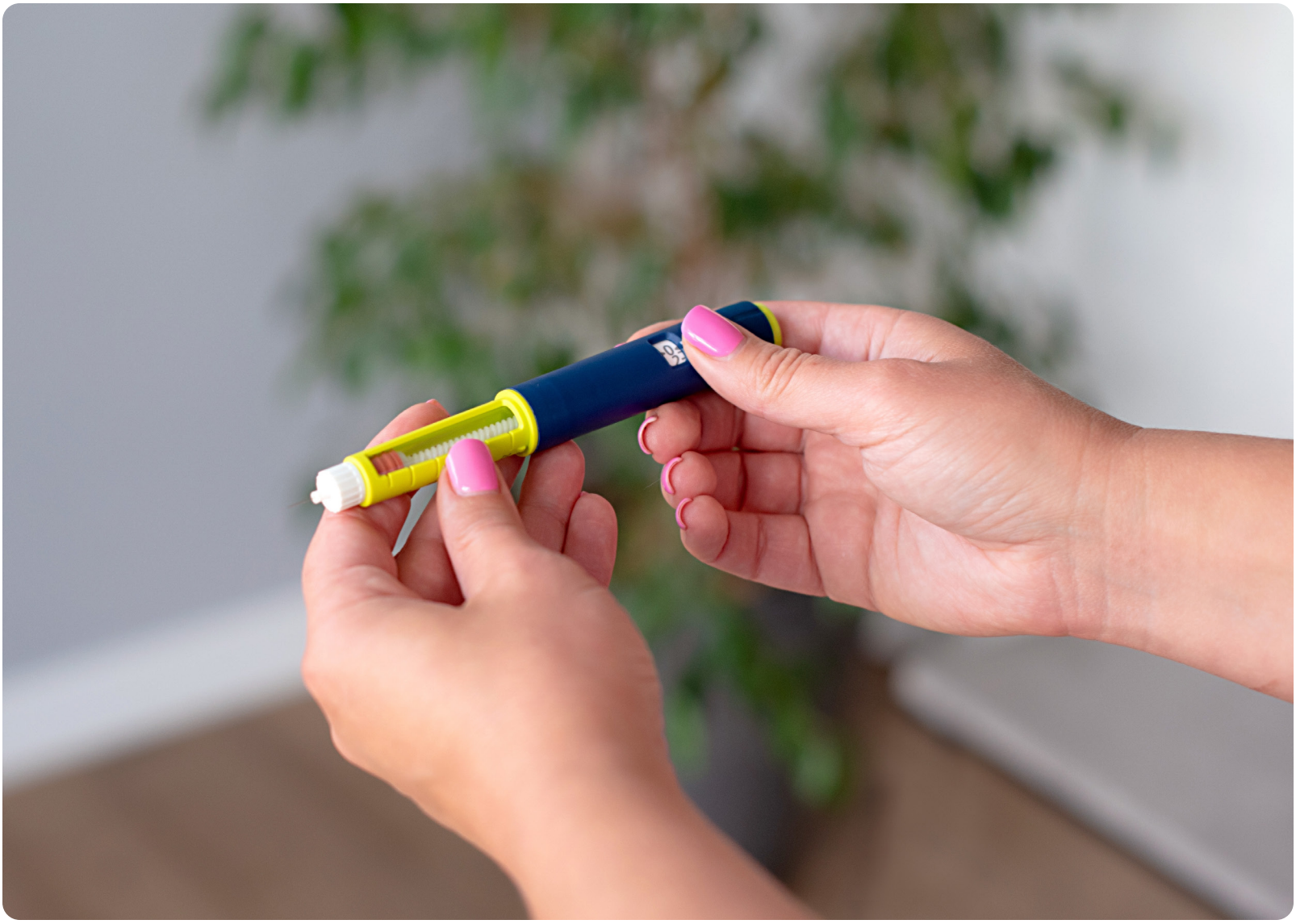


REPORT

Who's in control of GLP-1 prescribing — doctors or PBMs?

sermo

Exploring efficacy vs. accessibility in the eyes of real doctors

GLP-1 medications are among the most effective tools physicians have for weight loss, yet they often remain locked behind layers of insurance denials, high costs and fragmented care. This creates a challenging paradox for doctors and patients alike: the promise of a transformative treatment clashing with the reality of systemic barriers. Sermo tapped into its global physician community, leveraging the exclusive physician drug ratings database and first-party survey data, to explore what it really takes to get patients these medications—and what's broken in the current system.

Physicians' experiences reveal a significant gap between clinical efficacy and practical accessibility. While GLP-1s are celebrated for their potential to combat obesity as well as other approved conditions, their high cost and restrictive PBM (Pharmacy Benefit Manager) policies often dictate treatment decisions.

This report delves into the data provided by practicing, triple-verified physicians on Sermo, highlighting the gap between these life-changing medications' efficacy and their accessibility.

Methodology at a glance

Physician Drug Ratings contributors

More than 1,100 worldwide physicians who have prescribed Ozempic, Mounjaro, Wegovy and/or Zepbound.

Survey participants

308 US physicians participated in this September 2025 survey, including PCPs, endocrinologists, cardiologists, gastroenterologists, and pulmonologists. All physicians were screened to confirm they actively prescribe GLP-1s.

Exploring efficacy

To understand the real-world performance of GLP-1s, Sermo turned to the physicians who prescribe them daily. Sermo's Drug Ratings database is the world's largest: 1.2M+ ratings built on the authentic experiences of verified physicians worldwide. Members rate medications on five key factors: efficacy, safety, tolerability, accessibility and adherence. This provides a multidimensional view that goes beyond clinical trial data, capturing the practical realities of treatment.

Previously available only to Sermo physician members, high-level insights from Sermo's drug ratings database are now publicly accessible by all. No longer just a resource for physicians, it can serve patients who want to make informed decisions, researchers exploring the prevalence of side effects or pharmaceutical marketers looking to understand how their brand stacks up.

The database provides insight into physicians' experiences with GLP-1 medications, such as Mounjaro and Zepbound (Tirzepetide) and Wegovy and Ozempic (Semaglutide). All four boast average efficacy ratings ranging from 4.2 to 4.4 out of 5.

When it comes to GLP-1s, physician ratings paint a clear picture of effectiveness. The leading drugs in this class consistently receive high marks for their ability to deliver results.

	Ozempic	Mounjaro	Wegovy	Zepbound
Efficacy	4.2	4.4	4.4	4.3
Safety	3.9	4.0	3.9	4.0
Tolerability	3.5	3.7	3.5	3.7
Accessibility	3.0	2.9	2.8	2.8
Adherence	3.8	3.9	3.9	4.0
Overall rating	3.7	3.8	3.7	3.8

Are you a GLP-1 prescriber? Add your rating to Sermo's database.

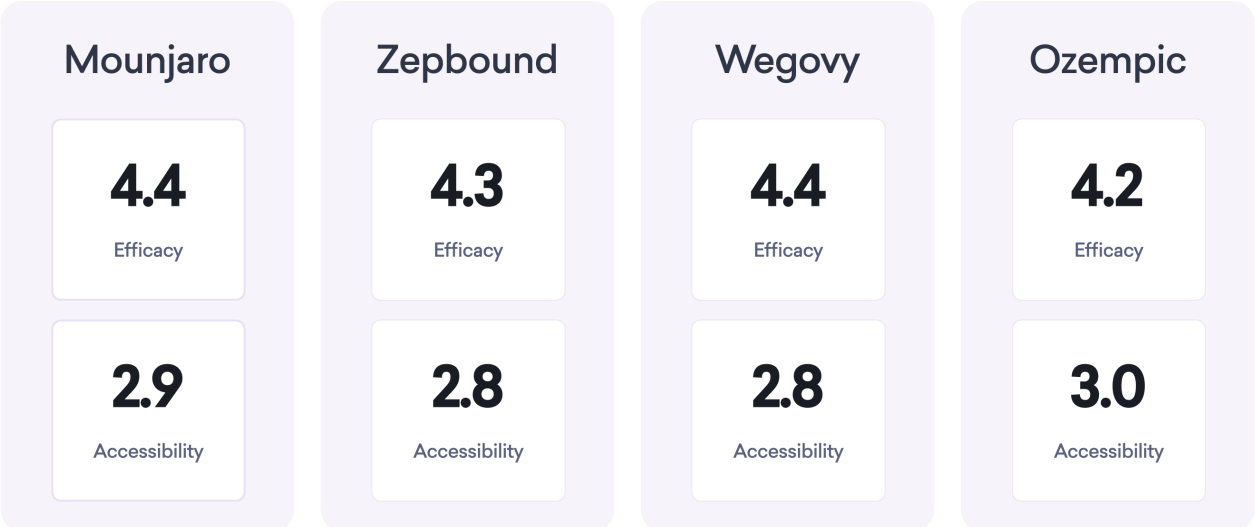
Across the board, efficacy ratings for these treatments are high. This underscores what many already believe: these drugs work, and they work well.

Notably, in the treatment of obesity, physicians rate Zepbound (Tirzepatide) higher than Wegovy (Semaglutide). This sentiment from the front lines of care mirrors findings from head-to-head clinical trials, which demonstrated that Zepbound can lead to more significant weight loss. Doctors are sold; 99% of physicians according to Sermo's drug ratings expect to prescribe Zepbound at the same or an increased rate for obesity over the next year.

But these impressive efficacy scores are at odds with the medications' availability to patients.

Access hurdles remain steep

While physicians celebrate the clinical power of GLP-1s, their ratings for accessibility tell a completely different story. A nearly 40% gap separates how doctors rate GLP-1 efficacy from their accessibility, **revealing a deep disconnect between what a drug can do and whether a patient can actually get it.**



One of the most significant barriers is the prior authorization process, which physicians report is becoming increasingly difficult. The very first FDA approval for a GLP-1 medication went to Byetta in 2005 for treatment of type 2 diabetes. The FDA has since approved a variety of GLP-1s for diabetes and other indications, such as Wegovy for the prevention of serious cardiovascular conditions in adults who are overweight, and Zepbound for chronic weight management and obstructive sleep apnea.

Even when the FDA approves a new indication for a GLP-1, securing coverage is far from guaranteed.

- **44%** of physicians say they often or almost always experience difficulty obtaining prior authorization for GLP-1 therapy in newly FDA-approved conditions.
- An additional **43%** report they sometimes face these challenges.

Prior authorization hurdles are particularly pronounced for certain conditions. When asked which newly approved indications present the most challenges, physicians pointed to:

- Obstructive sleep apnea **(73%)**
- Cardiovascular risk reduction **(57%)**
- Chronic kidney disease **(44%)**

The vast majority of physicians indicated that they've run into difficulty obtaining prior authorization to some extent. Within the past three months, they experienced challenges:

- Sometimes **(43%)**
- Often **(34%)**
- Rarely **(11%)**
- Almost always **(10%)**
- Never **(1%)**

As one internal medicine physician noted when rating Zepbound, it is "supposed to be approved for treatment of OSA, but having trouble getting it covered for that."

Coverage strongly influences prescribing behavior

The recent Sermo survey suggests that PBMs and insurance formularies hold immense power in prescribing decisions.

- **51%** of physicians state that pharmacy coverage strongly influences their prescribing decisions for GLP-1s.
- For **14%**, coverage is **THE** determining factor.

Sometimes, PBMs will discontinue coverage of a certain medication in hopes of keeping costs to patients lower. For example, in July 2025 CVS Caremark removed Zepbound from its formulary for Group insurance Commission (GIC) non-Medicare health insurance plans. PBMs will sometimes remove a drug from a formulary as leverage, in hopes that a manufacturer will lower its pricing in an attempt to get it added back.

Health plans deny an estimated 62% of GLP-1 prescriptions for obesity, according to a report this year from the data analytics firm IQVIA. When a PBM doesn't cover a specific GLP-1, physicians are forced to pivot. The most common course of action, cited by 44% of doctors, is to prescribe an alternative GLP-1. However, the consequences can be more severe. When faced with a denial, physicians report they are more likely to have patients abandon treatment altogether (17%) than have them pay out of pocket (11%). A U.S. pediatrician bluntly stated about Ozempic, "Coverage is not great depending on the purpose of use outside of diabetes."

This has a profound impact on patient care. The promise of these powerful medications is consistently undermined by a system that places them just out of reach.

Cost restrictions disrupt care at scale

For many patients, the promise of GLP-1s vanishes the moment they see the price tag. The staggering cost of these medications without insurance coverage creates a two-tiered system of access, effectively shutting out those who cannot afford the high out-of-pocket expenses. Physicians and patients are left to make difficult compromises in care.

Many patients simply can't afford the medications. "Not covered 90% of the time," an internal medicine physician writes in a rating on Zepbound. "Direct pay is too expensive for patients."

Cost of GLP-1s

Medication	With insurance	Without insurance
Ozempic	$25/month and up[1]	$499/month[2]
Wegovy	$0/month and up[3]	$499/month[4]
Mounjaro	$25/3 month and up[5]	$1,080/month[6]
Zepbound	$25/3 month and up[7]	$1,086.37/month[8]

Note: Costs are estimates and can vary based on pharmacy, location, and specific insurance plan details.

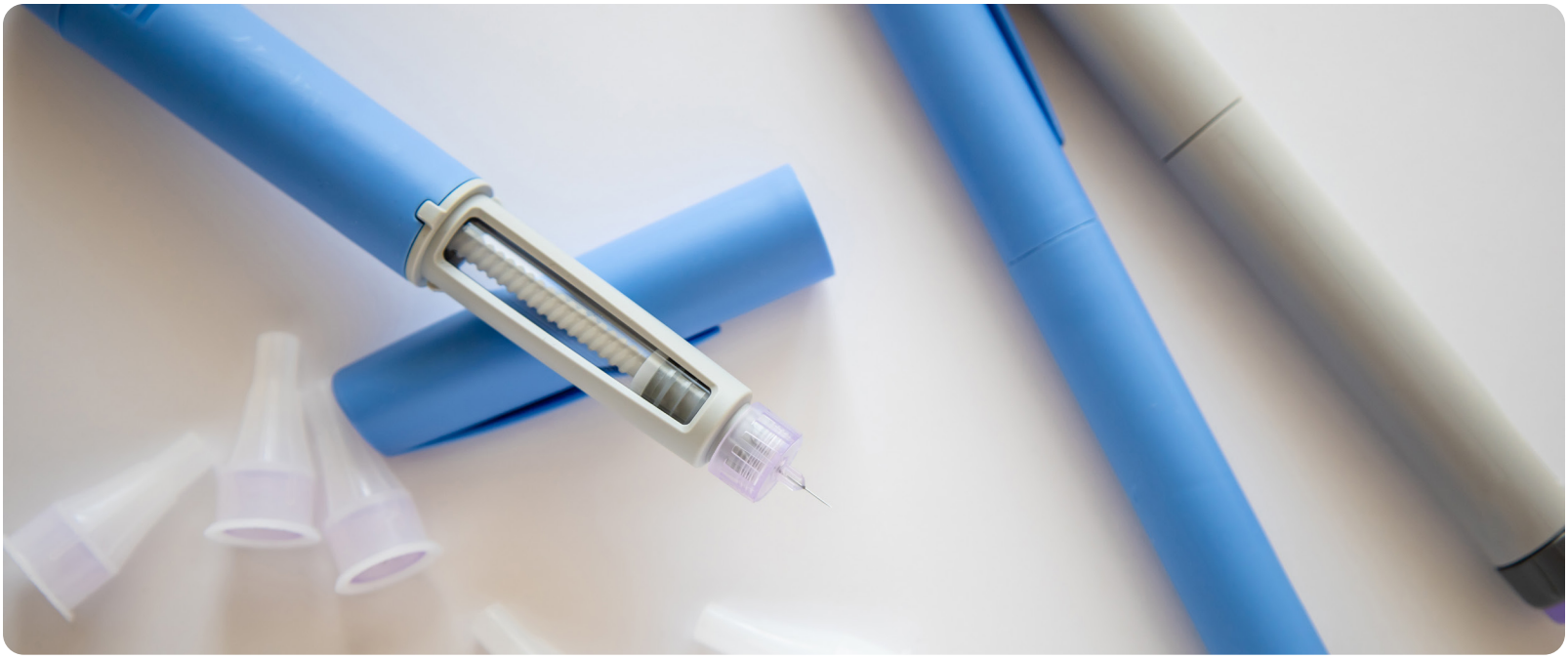
Sermo's survey found that **73% of physicians have been forced to reduce or completely stop GLP-1 therapy for their patients** due to cost or insurance restrictions. A pediatrician rating Wegovy on Sermo's drug ratings tool expressed a common frustration: "With the cost of the medication, insurance companies are putting up too many barriers to this medication."

Faced with these challenges, physicians are finding solutions. **80% of doctors are recommending manufacturer savings programs** to patients who face access issues. The programs make GLP-1s more affordable to patients, particularly if they have insurance that covers the medication. For example, patients who qualify for Novo Nordisk's Ozempic Savings card can pay as little as $25 for a three-month prescription. For comparison, those who aren't eligible (e.g., government beneficiaries or the uninsured) can expect to pay $499 for a one-month prescription.

While these programs serve as a critical lifeline, their necessity highlights a flaw in the system: the most effective treatments are priced beyond the reach of the average person without significant assistance.

Policy shifts add another layer of uncertainty. In the U.S., only some states' Medicaid programs cover GLP-1 medications. In April, the Trump administration rejected a ruling proposed by the Biden administration that would've included coverage for all state- and federally funded Medicaid programs for those with low incomes, according to The Associated Press.

[1] https://www.novocare.com/diabetes/products/ozempic/savings-offer.html
[2] https://www.prnewswire.com/news-releases/novo-nordisk-lowers-cost-of-ozempic-to-499-per-month-for-self-paying-patients-in-support-of-patient-access-to-authentic-fda-approved-semaglutide-medicines-302532208.html
[3] https://www.wegovy.com/coverage-and-savings/check-your-cost-and-coverage.html
[4] https://www.wegovy.com/coverage-and-savings/save-on-wegovy.html
[5] https://mounjaro.lilly.com/savings-resources
[6] https://pricinginfo.lilly.com/mounjaro
[7] https://pricinginfo.lilly.com/zepbound
[8] https://pricinginfo.lilly.com/zepbound



Notably, **41% of surveyed physicians stated that Medicaid ceasing coverage for GLP-1s would have a significant impact on access.**

The prescriber's dilemma

Physicians face a conflict. On one hand, they have access to GLP-1s, a class of medications some rate as among the most effective tools in modern medicine for diabetes and obesity. On the other hand, they face a wall of administrative and financial barriers that prevent these drugs from reaching the patients who need them.

The physician trust gap

This environment fosters a growing trust gap, where physicians find their prescribing decisions are driven as much by coverage rules and formularies as by clinical evidence. The data clearly shows that PBM and payer policies heavily influence which medications are prescribed, if any. This reality raises a fundamental question that strikes at the heart of medical autonomy: **Who is truly making the prescribing decision—the physician or the PBM?** When access is dictated by administrative gatekeepers, the traditional role of the clinician as the primary decision-maker is undermined.

decisions are driven as much by coverage rules and formularies as by clinical evidence. The data clearly shows that PBM and payer policies heavily influence which medications are prescribed, if any. This reality raises a fundamental question that strikes at the heart of medical autonomy: **Who is truly making the prescribing decision—the physician or the PBM?** When access is dictated by administrative gatekeepers, the traditional role of the clinician as the primary decision-maker is undermined.

An emerging equity crisis

The consequences of this system extend beyond the clinic, creating a deepening equity concern. GLP-1 access is bifurcating care, splitting patients into two groups: those with robust insurance coverage who can obtain these transformative treatments, and those who are left behind due to high costs and restrictive plans. This two-tiered system disproportionately affects underserved populations, worsening existing health disparities and ensuring that the patients who could benefit most from these therapies are the least likely to receive them.

Another concerning trend stemming from access barriers is that patients are increasingly seeking these medications through alternative sources such as med spas, online services like Hims and Hers, or compounding pharmacies. While these options may offer more accessible or affordable access, they often lack the regulatory oversight, personalized medical evaluation, and safety assurances found in traditional healthcare settings — potentially increasing health risks and further entrenching disparities within vulnerable groups.

A universal frustration

The tension between efficacy and accessibility is a global story. Physician ratings and feedback from Sermo members across countries like Spain, Mexico, Canada, the UK, France, Germany, and Italy reveal the same issue. There is universal enthusiasm for the clinical power of GLP-1s, met with widespread and uniform frustration with the systemic barriers that make them so difficult to access.

The result is a difficult compromise. Physicians are frequently forced to reduce or abandon what they know to be an effective therapy for patients who could see life-changing benefits.

What needs to change? A path forward

The evidence from physicians on the front lines is clear: GLP-1s represent a monumental leap forward in treating obesity and related conditions, but their real-world impact is being severely limited. The promise of these highly effective medications is clashing with the reality of a healthcare system tangled in cost restrictions, administrative red tape and inequitable access.

Physicians in the Sermo community don't want to continue with the status quo. They see a clear need for systemic changes that prioritize patient outcomes. Based on their collective feedback, they're seeking three key areas of reform:

1. Streamlined prior authorization: The administrative burden associated with GLP-1s is a significant barrier to care. Physicians advocate for simplifying and standardizing the prior authorization process, especially for newly FDA-approved indications. A more efficient system would reduce delays in treatment and allow doctors to focus on patient care rather than paperwork.

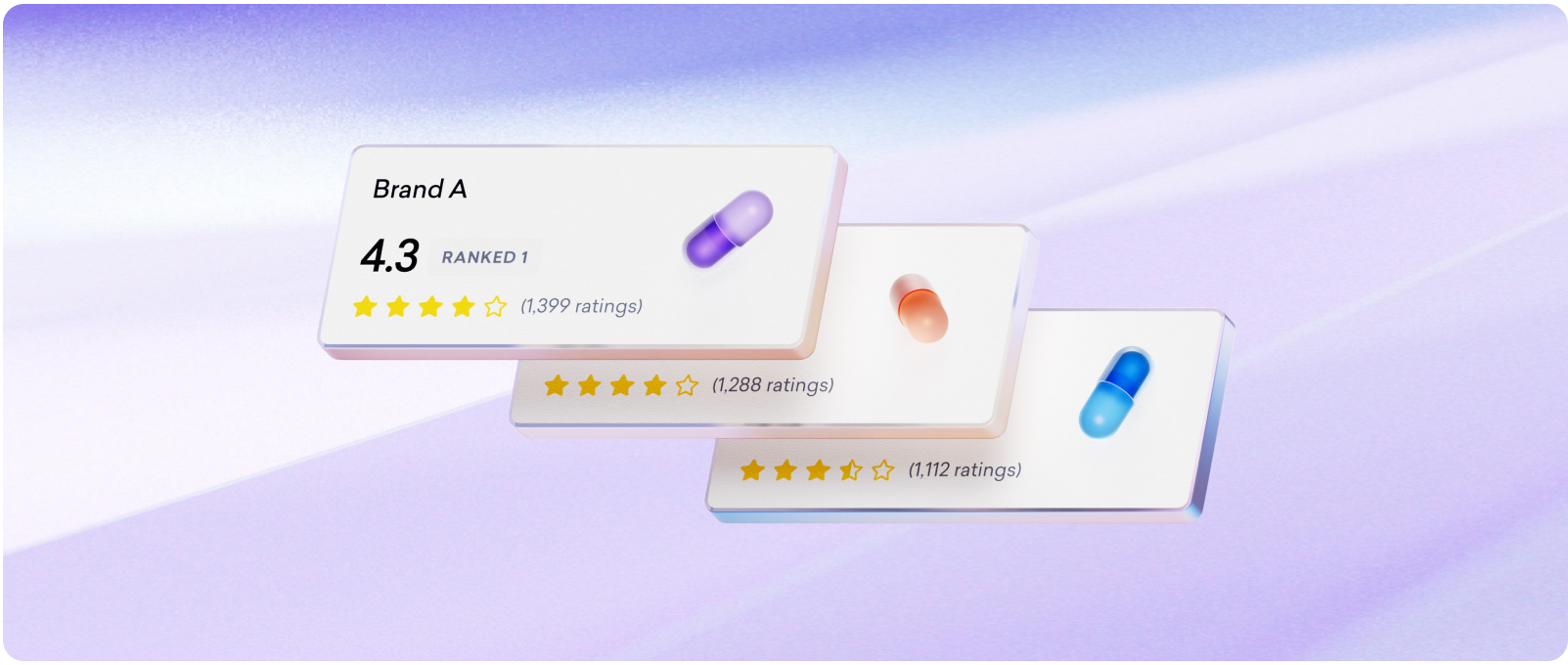
2. Payor reform for obesity: Physicians call for payor reform that formally recognizes obesity as a chronic disease deserving of comprehensive coverage. This would help ensure that treatment decisions are based on medical necessity, not on a patient's ability to pay out-of-pocket.

3. Clear guidelines for medspa regulation: As the popularity of GLP-1s grows, so do concerns about their use outside of traditional clinical settings. Doctors see a need for clear, enforceable guidelines for medspas and other non-traditional providers to ensure patient safety and appropriate medical oversight. In a 2024 Sermo Barometer, a staggering 72% of surveyed Sermo members said they believe the wide availability of GLP-1s through non-traditional settings (e.g., medspas, or telehealth platforms) is problematic.

In short: physicians would like to work toward a system where the most effective treatments are available to all who need them, and GLP-1s can deliver on their full public health potential.

Sermo AI: Coming soon

Sermo is launching the world's first conversational drug insight engine, powered by the collective real-world experience of triple-verified doctors. Ask your burning questions about any drug, anytime, and receive instant feedback based on reviews in Sermo's drug ratings database.



About Sermo

Sermo is a fast, frictionless physician engagement platform providing the healthcare industry with real-time business insights and authentic physician touchpoints through our global community of 1M+ healthcare professionals and state-of-the-art technology. For over 20 years, Sermo has been turning physician experience, expertise, and observations into actionable insights that benefit pharmaceutical companies, healthcare partners, and the medical community at large.

Healthcare professionals

Register here to join the Sermo community and gain access to exclusive clinical insights, discussions and earning opportunities.

Discover public drug ratings

Explore the physician-driven database here to inform your healthcare decisions.

Business inquiries

Email business@sermo.com to explore collaboration opportunities and tailored solutions with Sermo.

Press contacts

For media inquiries, reach out to pr@sermo.com to connect with our communications team.