

GLP-1 Coverage Under Pennsylvania Medicaid

Changes for Adults Effective January 1, 2026

Effective January 1, 2026: Pennsylvania Medicaid no longer covers GLP-1 medications prescribed for weight loss for adults age 21 and over.

What are GLP-1s?

GLP-1s are medications that treat several health conditions, including overweight and obesity, type 2 diabetes, and other conditions. Common brand names include Wegovy, Saxenda, Zepbound, Ozempic, Mounjaro, Victoza, and Trulicity.



IMPORTANT: Everyone Taking a GLP-1 Must Take Action



Per DHS, anyone who wants to continue their GLP-1 past December 31, 2025 must have their doctor request a new authorization—including people under 21 and those taking GLP-1s for reasons other than weight loss.

Who Can Still Get GLP-1s After January 1, 2026?

Children & Young Adults Under 21

May still receive GLP-1s for weight loss or obesity if medically necessary. Federal law requires Medicaid to cover all medically necessary treatments for people under 21.

Adults With Other Conditions

May qualify if prescribed for other conditions, such as: Type 2 diabetes, obstructive sleep apnea, cardiovascular risk reduction, or MASH liver disease.

What Should You Do Now?

Everyone taking a GLP-1 paid for by Medicaid received a letter stating coverage for this medication ends December 31, 2025. If you appealed that letter on or before December 31, coverage of the GLP-1 should continue until your appeal is decided.

If You are Under 21 or Take a GLP-1 for a Condition Other than Weight Loss:

Step 1: **Ask your healthcare provider to request a new prior authorization** for the GLP-1 with a start date on or after January 1, 2026.

Step 2: **Appeal if you are denied coverage.** Request a complaint or grievance through your Medicaid plan.



Timing Matters!



- **Appeal Early:** Appeal within 15 days of the date of any denial and coverage you were receiving should continue during the appeal. If you miss the deadline, you should still appeal but coverage may not continue during the appeal.
- **Document everything:** Write down the date and time you submitted your appeal.

Under 21 and Denied for Obesity/Overweight?

Appeal the denial. Under federal law, Medicaid plans cannot deny GLP-1 coverage for someone under age 21 simply because it is prescribed for obesity/overweight. The plan must evaluate whether the GLP-1 is medically necessary for your condition—and explain why if they say it isn't.

Special Note for People on Medicaid and Medicare

If you are on both Medicare and Medicaid and need a GLP-1 for diabetes, sleep apnea, or another condition, ask your doctor to request coverage through your Medicare plan. Currently, most Medicare plans don't cover GLP-1s for weight loss, but a new federal program starting July 2026 may change this. Details about the program are not yet available.

Need Help?

To apply for free legal assistance, contact the Pennsylvania Health Law Project's Statewide Helpline at 1-800-274-3258 or staff@phlp.org.