



State-by-State Coverage of GLP-1 Medications for Weight Loss: Medicaid and Public Employee Health Plans in 2025

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Background

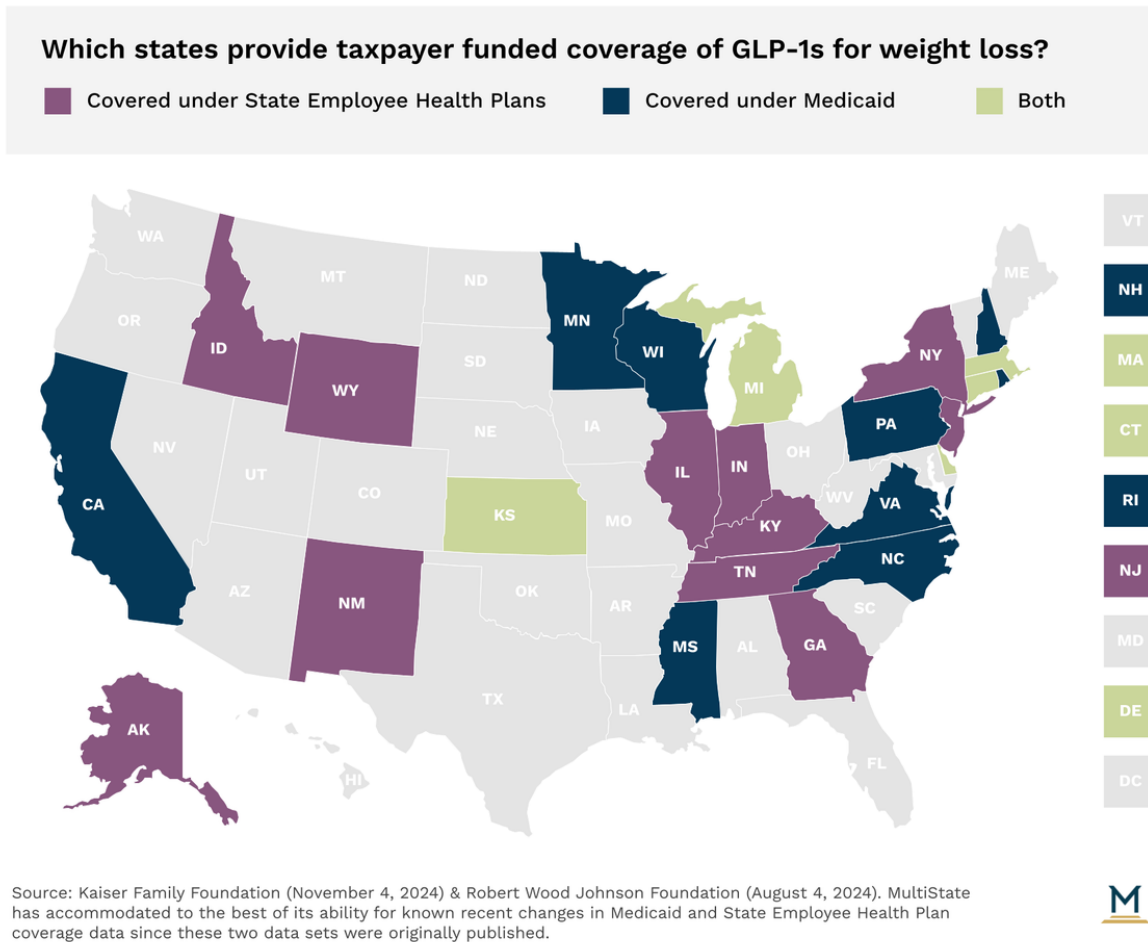
Although some states have offered limited coverage of GLP-1s to treat weight loss as far back as a decade ago, most states that currently provide coverage through Medicaid programs or state employee group health plans have only opted to do so within the past five years. With rapidly growing utilization, state budgets are strained by the costs of these drugs, leading some states, such as Colorado, West Virginia and North Carolina to roll back or pause coverage. In states where coverage exists, it is often tied to strict BMI thresholds, prior authorization, or enrollment in lifestyle programs. Some states, such as Illinois and Connecticut, seem to be staying the course but states that are committed to retaining coverage are looking at mechanisms to better control costs.

Federal programs like Medicare currently do not cover GLP-1s for weight loss, however, there has been recent discussion at the federal level to cover under Medicare, and states can decide whether to cover them under Medicaid. Under the Medicaid Drug Rebate Program, Medicaid programs must cover nearly all a participating manufacturer's Food and Drug Administration (FDA)-approved drugs for medically accepted indications. However, weight-loss drugs are included in a small group of drugs that can be excluded from coverage. Per a report in November 2024, Medicaid programs cover some GLP-1 drugs to treat obesity in around a dozen states. The annual survey from the health policy research organization Kaiser Family Foundation (KFF) found that half of the remaining state Medicaid programs are considering covering the drugs, but that the high costs are still prohibitive for most despite federal matches and rebate programs with drug manufacturers.

Although Health and Human Services Secretary Robert F. Kennedy Jr. said that the Trump administration was considering a framework for GLP-1 medications to treat obesity, on April 4, 2025 the Trump Administration [announced](#) that Medicare and Medicaid will not cover anti-obesity drugs. In November of 2025, President Trump [announced](#) a drug-pricing pact with Eli Lilly and Novo Nordisk that slashes the cost of GLP-1 drugs like Wegovy and Zepbound. In exchange for discounted list prices—around \$245 a month under Medicare with a \$50 copay—Eli Lilly and Novo Nordisk secured expanded federal coverage for obesity-related care starting in 2026.

State-by-State Coverage

A [report published in November 2024](#) by KFF, a health information nonprofit that includes KFF Health News, found only 13 states were covering GLP-1s for the treatment of obesity for Medicaid beneficiaries as of August.



As [reported by KFF](#), 16 state Medicaid programs reported covering GLP-1s when prescribed for the treatment of obesity under fee for service as of October 1, 2025, up from 13 states the year prior.

Below is an analysis of states that either have covered or have considered covering GLP-1s for weight loss under either their State Employee Health Plan or Medicaid. This was first compiled in July, 2025 and last updated in December, 2025.

Summary Chart of GLP-1 Coverage for Weight Loss*

*For States listed as “No Coverage,” while coverage for weight loss is not being provided, the drugs may still be covered if they are prescribed for other FDA-approved conditions, such as type 2 diabetes.

State	State Employee Health Plan	Medicaid Program
Alaska	Covered with weight loss program	Not covered
Arkansas	No coverage	Not covered
California	No coverage	Ending coverage January 1, 2026
Colorado	Ended coverage with grandfathering and increased copay	No coverage
Connecticut	Covered with weight loss program	Not covered
Delaware	Covered	Covered
Georgia	Covered with weight loss program	Not covered
Illinois	Covered with lifestyle management program	Not covered
Indiana	Ending coverage	Not covered
Iowa	Not covered	Not covered
Kansas	Covered for people who meet specific clinical criteria	Covered for people who meet certain criteria
Kentucky	Covered with weight loss program	Not covered
Louisiana	Not covered	Not covered
Maryland	Not covered	Not covered
Massachusetts	Covered but may be discontinued	Covered but may be discontinued
Michigan	Covered but now requiring a program	Covered but now requiring a program
Minnesota	Not covered	Covered with requirements
Mississippi	Not covered	Covered
Missouri	Not covered	Covered
New Hampshire	Not covered	Discontinuing coverage
New Jersey	Covered with increased copays if not enrolled in program	Not covered
New Mexico	Not covered	Covered with prior authorization
New York	Covered	Not covered
North Carolina	Ended coverage	Ended coverage
Ohio	Ended coverage	Not covered
Pennsylvania	Not covered (except legislators and staff)	Covered but discontinuing
Rhode Island	Covered but will require treatment program	Covered but considering ending
South Carolina	Not covered	Ending coverage
Tennessee	Covered but implementing cost sharing	Covered
Texas	Not covered	Not covered
Utah	Not covered	Covered
Virginia	Not covered	Covered with prior authorization
West Virginia	No covered, ended pilot program	Not covered
Wisconsin	Not covered	Covered
Wyoming	Covered with weight loss program	Not covered



Alaska

Effective January 1, 2026, the AlaskaCare Employee Health Plan is implementing a weight loss program managed by Virta Health in conjunction with Optum Rx for all members with a weight loss Glucagon-Like Peptide-1 (GLP-1) prescription. This program will connect weight loss GLP-1 utilizers to a Virta provider for a virtual clinical consultation. Virta's program is designed to help optimize weight loss experience with nutritional or lifestyle therapy to complement or replace GLP-1 prescriptions. Beginning in 2026, employees will only be able to fill a GLP-1 prescription for weight loss that has been prescribed by a Virta Health provider. This change affects anyone with a GLP-1 prescription for weight loss. Members who use GLP-1 to manage diabetes or other conditions will not be affected. GLP-1 medications are not covered for weight loss under Alaska's Medicaid program.

Arkansas

The State of Arkansas does not currently cover GLP-1 medications for weight loss under either its employee group health plan or its Medicaid program. However, [House Bill 1332](#), filed in January 2025, would mandate that the state's Medicaid program and state employee group health insurance cover GLP-1s for weight loss. The bill [died](#) in the Senate committee on May 5, 2025.

California

In February 2025, [AB 575](#) (The Obesity Prevention Treatment Parity Act) was introduced. This Act would require an individual or group health care service plan contract or health insurance policy that provides coverage for outpatient prescription drug benefits, as specified, and is issued, amended, or renewed on or after January 1, 2026, to include coverage for at least one anti-obesity medication and intensive behavioral therapy for the treatment of obesity without prior authorization. There has been no further action on the bill.

Upon the passing of the state budget on June 30, 2025 California will [end Medi-Cal coverage](#) for GLP-1 drugs, removing Ozempic and Wegovy from its formulary, starting January 1, 2026. In 2024, Ozempic and Wegovy costs the state \$1.61 billion and accounted for 9.97% of the state's total Medicaid reimbursements. With the 2025–26 budget now enacted, coverage for Ozempic and Wegovy will expire no later than January 1, 2026, unless the Department of Health Care Services (DHCS) issues new carve-outs or exemptions. Some analysts believe the state may reinstate GLP-1 access under narrower criteria if public outcry grows.

Update 11/17/25: The Department of Health Care Services (DHCS) published the 90-Day Countdown: Upcoming Changes to Medi-Cal Rx alert detailing this GLP-1 coverage change with the expectation that both Medi-Cal members and providers would use this advance notice to begin discussions about other treatment options that can support weight loss,



such as diet changes, increased activity or exercise, and counseling. Effective January 1, 2026, Medi-Cal Rx will no longer cover the following GLP-1 drugs when used for weight loss or weight-loss indications: Saxenda, Wegovy, and Zepbound.

Colorado

The State of Colorado announced it would initiate coverage of GLP-1s for its 40,000 state employees to combat obesity in September 2022 as part of their state employee health plan. In January 2025, the state announced it was limiting coverage effective July 1, 2025 due to increasing revenue pressures. From July 2023 through December 2023, the cost was \$1.5 million. That jumped to \$4 million in the six months that followed, and then to \$7 million from July through December 2024. Under the change, the state would cover the cost of GLP-1 medications only for the treatment of Type 2 diabetes, cardiovascular disease and obstructive sleep apnea. The state expected to save \$17 million annually. After an outcry from stakeholders, the State Colorado reversed course and decided to continue covering the cost of GLP-1 medications for state employees who are already using the class of drug for weight loss, however starting July 1, 2025 their copay will increase to \$120 from \$30. The state won't cover new GLP-1 prescriptions for weight loss starting in July as part of a cost-cutting measure.

A bill was introduced last year that would have required private health insurance companies and Medicaid to cover GLP-1s. Nonpartisan legislative analysts estimated that the measure would have cost the state \$86 million in its first year and at least \$200 million in subsequent years. The 2024 legislation failed in the House Appropriations Committee.

Connecticut

In Connecticut, the cost of covering the weight-loss drugs for its public employees has skyrocketed from \$7.7 million in 2020 to [an estimated \\$40 million last year](#). Following Connecticut's drastic increase in utilization under their state employee health plan, in 2023 the state began requiring enrollees to enroll in a telehealth and lifestyle monitoring program that sought to manage utilization, encourage full-scale lifestyle changes, and eventually reduce dependence on GLP-1s and similar medications. Flyte, a medical weight loss program with BMI criteria that combines medical professional and dietician oversight with an app called Evolve, created by Intellihealth, which connects users to medical professionals, monitors medication, and tracks the user's weight and diet. Connecticut's state comptroller said the program has reduced GLP-1 usage, but enrollment is surging, and the state is looking for its next solution.

In 2023, Connecticut Governor Ned Lamont signed a bill into law to provide better access to obesity care under the state's Medicaid program. This included access to GLP-1 medicines, though it is claimed that the state has never fully abided by the law due to the cost. In December of 2024, the Commissioner of the state's Medicaid program



[issued a bulletin](#) stating the program will no longer cover GLP-1 medicines without a diagnosis of type-2 diabetes.

In May of 2025, with Connecticut facing a \$290 million Medicaid account deficit, Gov. Lamont proposed doing away with the 2023 requirement that Medicaid cover GLP-1s for severe obesity. Lamont also is pushing for the state to cover two less expensive oral medications approved by the FDA for weight loss, as well as nutrition counseling.

In July of 2025, Connecticut passed a new law in an effort to lower its spending on weight-loss drugs for its state insurance program HUSKY Health, which includes Medicaid and CHIP enrollees. Under this newly passed law, the state has until Aug. 7 to petition HHS Secretary Robert F. Kennedy Jr. to use a federal provision to allow Connecticut to hire a generic drugmaker to manufacture GLP-1 drugs. The federal law, known as Section 1498, allows the US government to use or manufacture patented products without permission with “reasonable compensation.” Legal experts generally agree there is little precedent for Section 1498 for generic drugs, and any attempt would likely be challenged in court.

Delaware

Delaware began coverage of GLP-1 coverage for weight loss through its employee group health insurance plan starting July 1, 2023. Officials initially budgeted about \$2 million in the 2024 fiscal year, but the actual price tag reached more than \$14 million that year and has continued to grow since. State projections show taxpayers could spend as much as \$94 million on GLP-1 medications for weight loss under the state employee health plan for Fiscal Year 2026.

The state also started covering the medications under its Medicaid program in 2023.

Georgia

The State of Georgia covers GLP-1 medications for weight loss under its state employee health plan. Authorization may be granted when the requested drug will be used with a reduced-calorie diet and increased physical activity to reduce excess body weight or maintain reduction long term. The patient must have participated in a comprehensive weight management program that encourages behavioral modification, reduced-calorie diet, and increased physical activity with continuing follow-up for at least 6 months prior to using drug therapy. Georgia does not cover GLP-1 medications for weight loss under its state Medicaid program.

Illinois

Gov. JB Pritzker pushed to provide coverage of the weight-loss drugs for public employees and Illinois adopted [legislation](#) in 2024 that requires coverage of certain weight loss



and obesity medications in the state employee health plan. Illinois does not cover GLP-1s for weight loss under the Medicaid program.

Indiana

The State of Indiana covers GLP-1 medications for weight loss under its state employee health plan, however they [recently notified](#) their state employees they will lose coverage of GLP-1 medications for obesity treatment as of January 1, 2026. Indiana does not cover GLP-1 medications for weight loss under its Medicaid program.

Iowa

Iowa lawmakers are thinking about ordering a cost-benefit analysis before making the commitment to cover GLP-1s for weight loss.

Kansas

The State of Kansas covers GLP-1s for weight loss under its state employee group health insurance plan and for Medicaid recipients. The Kansas Health Care Commission, after reviewing the cost impacts and available options to continue to provide a benefit to the members, made the decision to implement additional eligibility requirements for GLP-1 AOM coverage. Coverage for these medications is typically limited to people who meet specific clinical criteria.

Kentucky

The State of Kentucky covers GLP-1 medications for weight loss under its [state employee health plan](#). CVS Weight Management Program: Members who have weight management needs and have expressed an interest in weight loss medications are required to enroll in the CVS Weight Management program offered through CVS Caremark. To obtain coverage of certain weight loss medications, enrollment and fulfillment of ongoing program requirements in this designated weight management program by the member is required. Kentucky does not cover GLP-1 medications for weight loss under its Medicaid program.

Louisiana

Louisiana Gov. Jeff Landry vetoed a key provision from the state's budget plan that would have required coverage of weight loss medications for state employees and their dependents for the upcoming fiscal year, citing concerns over long-term costs. The governor warned in a [June 24 letter](#) to legislative leaders that even if a small portion of eligible employees began using semaglutide medications for weight loss, the long-term costs could quickly climb into the tens of millions, adding significant strain to the state budget. The state will continue covering GLP-1s for employees with type 2 diabetes. About



223,000 people are covered under the state's health plan. The state does not cover GLP-1 medications under their Medicaid program.

Maryland

Currently, Maryland does not cover GLP-1 medications for weight loss under its state employee health plan or for Medicaid recipients. However, there is a proposed bill ([Senate Bill 876](#)) that aims to expand Medicaid coverage to include GLP-1 weight loss medications, with implementation planned for July 2026. The bill had a hearing in March but there has been no further action.

Massachusetts

MassHealth, which covers both state employees and Medicaid recipients, began covering anti-obesity medications in January 2024. However, the state is changing its coverage for GLP-1 medications for weight loss. Starting January 1, 2026, coverage of GLP-1 medications will continue for type 2 diabetes, however weight-loss coverage options are changing. Employers with more than 100 employees will have the option to continue coverage, but those decisions will be made in the coming months.

Update 11/17/25: In July, Governor Healey signed the MA budget into law which included a proposal to remove state employee health plan (SEHP) beneficiary coverage of GLP-1s beginning January 1, 2026. Because the proposal was a midyear change (plan year), the state legislature had to approve. In October, the legislature rejected the proposal, and advocates are lobbying the lawmakers to protect coverage.

Michigan

The State of Michigan covers GLP-1 medications for both the employee group health plan and Medicaid recipients for those who meet the weight management prior authorization criteria.

Update 11/17/25: Effective January 1, 2026, GLP-1 inhibitors (e.g., Saxenda, Wegovy, and Zepbound) will no longer be covered under the SHP PPO and State HDHP for State of Michigan employees for weight management or sleep apnea but will continue to be covered for diabetes management and cardiovascular diagnoses. Although some weight-loss drugs will no longer be covered by Blue Cross Blue Shield, Michigan is one of just 16 states that cover the cost of drugs for weight loss as well as Type 2 diabetes [through their Medicaid programs](#). Michigan's new bipartisan state budget will limit Medicaid coverage "exclusively to individuals classified as morbidly obese" under the new budget, with coverage contingent on the failure of other weight loss interventions to prevent higher-cost bariatric surgery. The new state budget directs the Michigan Department of Health and Human Services "to implement stricter criteria for GLP-1 medications prescribed solely for weight loss," DHHS spokesperson Lynn Sutfin said in an email to Bridge Michigan.



Minnesota

The State of Minnesota covers GLP-1 medications for weight loss for Medicaid recipients but not for their employee group health plan. In early 2025, [HF 690](#) was introduced that would mandate coverage for the "management and treatment of obesity," including FDA-approved weight loss drugs, bariatric surgery and "evidence-based" behavioral and lifestyle interventions like nutrition counseling. The bill has not had any action since introduction and even if passed, state coverage mandates don't apply to the large swath of consumers who work for large companies that are self-insured, meaning not everyone would get the benefit even if it passed.

Update 11/17/25: This bill has not yet passed.

Mississippi

The State of Mississippi covers GLP-1 medications for weight loss for Medicaid recipients but not for state employees under its group health insurance plan.

Update 11/17/25: During the 2025 legislative session, SB 2401 was passed, forming the 11-member Insurance Study Committee. It is comprised of lawmakers, health professionals, and the state Insurance Commissioner, among others. One of the considerations being discussed by the committee is whether the state employee health insurance plan should cover GLP-1 semaglutide medications. These drugs are used to manage diabetes or regulate appetite.

In a state where the obesity rate ranks among the highest in the country, many health providers were thrilled when Mississippi Medicaid in 2023 began covering GLP-1s for people 12 and older, however, Just 2% of adults on Mississippi Medicaid who meet the weight-related criteria had been prescribed a GLP-1 as of December 2024, according to [a report](#) to the state's Medicaid Drug Utilization Review Board.

Missouri

Missouri [has coverage in place](#) for GLP-1 medications for weight loss under its Medicaid program.

New Hampshire

The State of New Hampshire covers GLP-1 medications for weight loss for Medicaid recipients but not for state employees under its group health insurance plan.

Update 11/17/25: Effective January 1, 2026, New Hampshire Medicaid will no longer cover GLP-1 medications when prescribed solely for weight loss.



New Jersey

The State of New Jersey covers GLP-1 medications for weight loss under its state employee health plan. In September 2025, a [state committee approved](#) a series of changes to the State Health Benefits Program that will raise some member costs in a bid to reduce New Jersey's spending on employee benefits by \$150 million in 2026. The resolutions will increase copays on all classes of prescription drugs, with larger raw increases for higher-cost, brand-name medications. That includes higher copays for GLP-1 weight loss drugs like Wegovy. Members will be required to pay a \$45 copay for a 30-day supply of GLP-1 medications if they are engaged in a lifestyle management program, or \$125 if they are not. The plan design changes were spurred by language in the state's annual budget that requires officials to identify and implement \$100 million in savings within the State Health Benefits Program in the current July-to-June fiscal year. Those savings were meant to total \$200 million over the course of 2026. New Jersey does not cover GLP-1 medications for weight loss under its Medicaid program.

New Mexico

New Mexico does not currently cover GLP-1 medications for weight loss for state employees under the group health insurance plan. Some weight loss medications for treating obesity are covered under the New Mexico Medicaid Fee-for-Service program with prior authorization. Prior authorization criteria include BMI >40 or BMI \geq 35 with additional risk factors (hypertension, diabetes, dyslipidemia), and a six-month trial of caloric restriction and exercise is recommended (not required). [SB193](#) was introduced in January 2025 that would require health insurance providers in New Mexico to cover at least one injectable glucagon-like peptide-1 (GLP-1) receptor agonist drug for chronic weight management in adults with obesity, across multiple types of health insurance plans. The bill has not yet been heard in committee.

Update 11/17/25: The bill died in committee.

New York

The State of New York covers GLP-1 medications for weight loss under its state employee health plan. New York does not cover GLP-1 medications for weight loss under its Medicaid program.

North Carolina

The North Carolina State Health Plan, which covers nearly 750,000 employees, retirees and their dependents, started paying for GLP-1s for weight loss in 2015. By 2023, 23,215 members were on the drugs, up from 2,795 in 2021 — an increase of 731 percent. In January 2024, the state concluded that the coverage of these drugs for weight loss purposes was no longer financially feasible and dropped the coverage. Even with various

discounts and rebates, the state projected the cost of the medications in 2024 to exceed \$170 million and jump to more than \$1 billion over the next six years. The state considered cutting costs by limiting coverage to the most high-risk patients, but the state's contract with its PBM would not allow that option. The State Treasurer expressed that he hopes that the state's next PBM contract will allow more flexibility, and that the state will resume covering the drugs for at least some patients next year. The decision came only a few months after a separate North Carolina agency announced it would start covering these drugs for Medicaid beneficiaries. North Carolina's Medicaid program began covering some federal Food and Drug Administration-approved GLP-1s for obesity treatment. This decision was made because these residents are disproportionately affected by obesity and related diseases. The state anticipates the coverage will cost around \$16 million annually

The state treasurer has issued a [request for information](#) seeking ways to lower the cost of GLP-1 drugs to treat obesity.

Update 11/17/25: The N.C. State Health Plan [stopped covering](#) GLP-1 medications for weight loss last April. At that time, about 23,000 State Health Plan members were using the drugs, which were costing the plan more than \$800 monthly after rebates. North Carolina's State Health Plan can negotiate directly with the manufacturers of GLP-1 medications under a new agreement with CVS Caremark, its pharmacy benefit manager. That agreement represents an initial step towards the State Health Plan once again providing coverage for tens of thousands of members who used the pricey but effective drugs for weight loss. Earlier this year, the N.C. Senate included \$95 million in its state budget proposal to provide GLP-1 medications for State Health Plan members with body mass indexes of at least 38. The House and Senate have been locked in a stalemate over the budget for months. Effective Oct. 1, 2025, NC Medicaid coverage for GLP-1s for the treatment of obesity was [discontinued](#).

North Dakota

North Dakota has taken a different approach to GLP-1 coverage after legislation that would have required the state's Medicaid program to cover the drug failed. Instead, North Dakota this year became the [first state to mandate](#) that insurers on the state's Affordable Care Act marketplace cover the drugs for weight loss. North Dakota Deputy Insurance Commissioner John Arnold said the insurance department calculated that the mandate wouldn't cause insurance premiums to rise significantly.

Ohio

The State of Ohio covered GLP-1 medications for weight loss for its state employees since July of 2022, however continued to escalate despite implementation of cost containment measures. The Ohio Department of Administrative Services (DAS) announced that starting July 1st, the GLP-1 medications would no longer be covered by the state's benefits plan for



weight loss. It will still be covered for diabetes. The State does not cover GLP-1 medications for weight loss under its Medicaid program.

Ohio lawmakers are trying to restore access to GLP-1 weight loss drugs, authoring H.B. 388, which would require DAS to reimburse employees up to \$500 per month in the first year of GLP-1 treatment and up to \$250 per month in the second year. To qualify, applicants must provide proof of a body mass index (BMI) of 30 or greater, a physician's diagnosis and documentation of payment.

Update 11/17/25: Ohio [ended](#) GLP-1 coverage for weight loss under its state employee health plan on July 1.

Pennsylvania

Pennsylvania state employee health plans generally do not cover GLP-1 medications for weight loss, though there are exceptions for some state legislators and their staff. However, the State's Medicaid coverage of GLP-1 medications is expected to cost \$1.3 billion in 2025 — up from a fraction of that several years ago — and is contributing to projections of a multibillion-dollar budget deficit. The state has changed its Medicaid coverage of GLP-1 medications for weight loss. Specifically, starting July 5, 2025, Pennsylvania's Medical Assistance program now only covers GLP-1s for weight loss in patients with a high body mass index who also have certain chronic conditions like high blood pressure or heart disease. This change is aimed at addressing the rising cost of these medications, which has become a significant factor in the state's budget.

In May 2025, [HB 1470](#) was introduced that requires the Pennsylvania Department of Human Services to seek a waiver from the Centers for Medicare and Medicaid Services to allow the state to enter into a subscription model for GLP-1 medications used to treat obesity under the Medicaid program. Under this payment model, the state agrees to pay a certain amount per treatment up to a cap, at which point additional treatments are provided at no cost to the state. Among other benefits, this approach allows the state flexibility to find a good price based on bulk purchasing and ensures certainty in this area of pharmaceutical costs. Pharmaceutical companies have also been willing to participate in such agreements due to the large-scale purchase of medications. It is estimated in Louisiana that their cost per year for Hepatitis C medications using this model has decreased from a potential high of \$760 million/year to \$35 million/year in their Medicaid program. The sponsors estimate the legislation will drastically reduce spending on these drugs without limiting the number of people who can receive necessary treatment for obesity. The bill is in the House Human Services Committee.

Update 11/17/25: There has been no action on the bill.



Update 12/10/25: Beginning in January, Pennsylvania Medicaid [will no longer pay](#) for adults to take the drugs for obesity only, but coverage will continue for diabetes and other conditions. The move is an effort to reduce Medicaid costs, which have been driven higher by the popular but pricey medication known as GLP-1 receptor agonists. Under a plan first proposed by Gov. Josh Shapiro’s administration this year, it’s expected to reduce the more than \$1.3 billion the state expects to spend on the medications this year.

Rhode Island

Rhode Island's state employee health insurance plan may cover GLP-1 medications like Ozempic and Wegovy for weight loss, but it's not a universal guarantee and depends on individual plan details. Some state employees in Rhode Island have reported that the state's [Group Insurance Commission \(GIC\)](#) generally covers these medications with few restrictions [according to The Boston Globe](#). However, there have been recent changes to reduce coverage of certain GLP-1 drugs beginning July 1.

Rhode Island Medicaid does cover GLP-1s for weight loss for Medicaid recipients, [according to Rhode Island Current](#).

Update 11/17/25: Rhode Island’s Medicaid program is contemplating an end to coverage for GLP-1 drugs prescribed for weight loss. The proposal appears in the Rhode Island’s Executive Office of Health and Human Services’ 270-page operating budget submission for fiscal year 2027. The coverage change could take effect as early as July 1, 2026, but would more likely happen by October 2026 or January 2027, according to the budget request document. The department’s proposal would only affect prescriptions for weight loss, and it would still cover prescriptions for diabetes, which the GLP-1 drugs were first used to treat. Rhode Island state employee health plan coverage for GLP-1 drugs for weight loss is tied to a new program with a vendor partner, Vida, starting January 1, 2026, according to a recent report by [State House News Service](#). Under this new system, GLP-1s for weight loss will require participation in Vida's comprehensive, individualized treatment program, which involves a team of healthcare professionals and requires members to engage with the program's tools and resources

South Carolina

South Carolina began its coverage of GLP-1s for obesity treatment on Nov. 1, 2024, however, the state Medicaid agency estimates only 1,300 beneficiaries will meet the stringent prerequisites for GLP-1 coverage. Medicaid beneficiaries who wish to access these drugs to lose weight must attest to “increased exercise activity.” The prescriptions are approved for six months and when that authorization expires, the patient’s health care team will need to submit more documentation, including proof that the patient has lost at least 5% of their body weight and has kept up with nutrition counseling. The state estimated GLP-1s and nutrition counseling offered to Medicaid beneficiaries in South



Carolina will cost \$10 million a year. State funding will cover \$3.3 million of the expense; the remainder will be paid for by matching Medicaid funds from the federal government. The state does not cover state employees under their group health insurance plan.

Update 11/17/25: Starting in January, South Carolina's Medicaid program [will no longer cover](#) weight loss drugs for obesity, reversing a year-old policy.

Tennessee

Since 2017, the State of Tennessee has covered GLP-1 medications for weight loss through their employee group health insurance plan, with evolving prior authorization rules. In 2023, the State reported that the State Group Insurance Program continued to see increased cost and utilization associated with GLP-1 medications. In mid-2023, a new prior authorization requiring a diagnosis of type 2 diabetes was added to specific GLP-1 medications whose only FDA indication was for type 2 diabetes. This resulted in reduced inappropriate utilization. Additionally, further refinements to the PA were set to begin January 1, 2024. In a February meeting of the State, Local Education and Local Government Insurance Committees, the members discussed requiring enrollment and participation in a lifestyle management program.

Since 2005, Tennessee's Medicaid program has covered GLP-1 drugs for diabetes, but not for weight loss. However, in 2023, the state expanded its coverage to include coverage of GLP-1s for heart conditions.

Update 11/17/25: In 2026, pharmacy costs will increase for state employees mainly due to weight loss and specialty medications. 2026 pharmacy cost-sharing changes include: members will pay 25% coinsurance for medications prescribed for weight loss for all plans, members will pay 30% coinsurance for in-network specialty medications for all plans, a separate maximum out-of-pocket amount will be added for specialty drugs members obtain through the pharmacy benefit. The amount varies based on employee tier and plan selected.

TennCare (Tennessee's Medicaid) [expanded coverage](#) for FDA-approved obesity medications, including GLP-1 drugs, for beneficiaries aged 21 and older as of August 1, 2025. Previously, TennCare had already covered these medications for weight-loss in patients under 21. This decision was the result of advocacy efforts and provides access to treatments for approximately 38% of the adult population in Tennessee living with obesity.

Texas

There are ongoing discussions and proposed legislation in Texas regarding Medicaid coverage of GLP-1 medications for weight loss, but no specific law requiring such coverage has been enacted yet. Several bills have been introduced, including [HB 2677](#), which



expands Medicaid coverage for obesity treatment, including anti-obesity medications. This bill requires Medicaid to cover anti-obesity medications, metabolic and bariatric surgery, and intensive lifestyle treatment services. However, the bill also includes provisions for utilization management and medical necessity criteria and may be subject to further changes.

Another bill, HB 2412, aimed to require health benefit plans, including Medicaid, to cover GLP-1s for obesity, but this bill was ultimately introduced and then referred to a committee before ultimately being declared dead.

Utah

The State of Utah has coverage in place for GLP-1 medications for weight loss under its Medicaid program.

Virginia

The State of Virginia's Medicaid program [covers GLP-1s for obesity](#), but with specific criteria. Virginia Medicaid requires a doctor's letter stating the patient's weight is disabling and life-threatening, and that they have tried a drug from a different class and failed. Additionally, the patient must have a BMI of at least 40 kg/m², or a BMI of at least 35 kg/m² with two or more chronic conditions.

The State does not cover GLP-1 medications for weight loss for public employees under its group health insurance plan.

West Virginia

In West Virginia, the Public Employees Insurance Agency (PEIA) started a 1,000-person pilot program that covered GLP-1s to treat obesity beginning in 2019. PEIA paused the program in 2024 [citing](#) a \$1.3 million per month price tag, inclusive of rebates. The State estimated that if it had extended coverage to all potential eligible members, about 70,000 people, the projected cost would have been more than \$1 billion annually. The State does not cover GLP-1 medications for weight loss under its Medicaid program.

Wisconsin

Wisconsin's state employee health insurance, managed by the Employee Trust Funds (ETF), does not cover GLP-1 medications for weight loss.

Wisconsin's Medicaid program does cover some GLP-1 medications for weight loss, but with certain restrictions and prior authorization requirements. Specifically, they cover GLP-



1s prescribed for obesity when certain clinical criteria are met, such as a high BMI and other risk factors.

Wyoming

The State of Wyoming covers GLP-1 medications for weight loss under its state employee health plan. Starting January 1, 2026, Employees' Group Insurance (EGI) will implement a [new weight management program](#) in partnership with CVS Caremark. This program will allow for expanded coverage of anti-obesity GLP-1 medications beyond the existing six-month lifetime limit.