Sponsored Content

THOUGHT LEADERSHIP SERIES
IBJ MEDIA CONTENT STUDIO

Health Care

Finding a Practical Path to GLP-1 Access for Indiana Employers

In this installment of our Thought Leadership series, Ryan Miller and Jordan Buescher, Benefits Consultants for NFP, explain how employers can expand access to GLP-1 drugs, while managing the cost.



JORDAN BUESCHER
Benefits Consultant
NFP An Aon Company

Jordan Buescher is an employee benefits Benefits Consultant with experience in benefits strategy, account management, client experience and relationship building. He also brings pharmacy benefits expertise and a background in commercial and agricultural banking, providing a well-rounded perspective when helping organizations navigate their benefits needs.



RYAN L. MILLER
Benefits Consultant
NFP An Aon Company

Ryan L. Miller is a Benefits Consultant focused on helping employers strengthen their employee benefits strategies through thoughtful planning, strategic development and high-touch client service. He brings experience in employee benefits, business consulting, project management and analytics.

In Indiana, employee demand for GLP-1s is challenging employers to respond, with pressure likely to grow as FDA-approved indications expand. That adds real heat to a million-dollar question that's already been simmering: How do you extend access to a costly, high-demand drug class without destabilizing the rest of the pharmacy benefit?

"Employers are already operating in an expensive healthcare market in Indiana," says Ryan L. Miller, Benefits Consultant at NFP. "Rapidly growing demand for GLP-1s only makes that challenge more difficult."

Hoosier State numbers don't lie. Indiana ranks eighth-highest nationally for total commercial hospital prices and sixth-highest for hospital facility prices, with commercial hospital prices averaging 297% of Medicare in 2022, well above the 254% national average, according to RAND data reported by the Employers' Forum of Indiana.[1]

For many employers, those high prices hit particularly close to home. 66% percent of Indiana private-sector employees are enrolled in self-insured health plans, meaning many employers are absorbing healthcare costs directly rather than passing that risk to a carrier. That creates an especially strong incentive to manage GLP-1 spend without simply restricting access.[2]

And that's the GLP-1 issue in a nutshell: How do employers expand access to a class of drugs with real clinical benefit while keeping cost growth from outpacing the rest of the plan? The employers navigating it well are the ones treating GLP-1 access as a design problem rather than a yes-or-no decision, and that's where a practical path starts.

Coverage Isn't the Only Way to Provide Access

Originally developed for type 2 diabetes, GLP-1 medications now carry FDA-approved indications for obesity, cardiovascular risk reduction, obstructive sleep apnea and MASH, with additional applications still being studied.[3] But there is a limit to how much of that expanding demand employers can reasonably absorb through the traditional health plan. Fortunately, there are also other ways to address the problem of access.

Employers already offer benefits that employees value without paying the entire cost. Voluntary benefits are built around that idea — the employer identifies and vets a credible solution, makes it available to employees and, in some cases, helps secure pricing or access employees might not find on their own. Why can't GLP-1 access work through a similar mechanism?

"If an employer can't sustainably absorb GLP-1 costs through the traditional pharmacy benefit, the answer doesn't have to be doing nothing," says Jordan Buescher, Employee Benefits Consultant at NFP. "Employers can still help employees identify credible access points, understand their options and potentially take advantage of preferred pricing, even if some or all of the cost remains with the employee."

Direct-to-consumer platforms already allow patients to obtain certain GLP-1 medications outside their pharmacy benefit through cash-pay models. These programs offer transparent pricing, virtual clinical consultations and home delivery and, in some cases, lower upfront costs. Newer direct-to-employer arrangements can give employers another avenue to connect employees with GLP-1 treatment outside the traditional PBM structure.[4]

These approaches require due diligence. Employers should understand who is prescribing the medication, what clinical oversight is provided, how medications are sourced, what employees actually pay and how the program coordinates with the rest of their healthcare. Helping employees gain access is not necessarily the same thing as adding full employer-paid coverage. But it demonstrates demonstrate that the organization is responding to employee needs.

340B May Offer Another Path

For some Indiana employers, another option is the federal 340B Drug Pricing Program.

The 340B program allows qualifying safety-net hospitals and clinics to purchase covered outpatient drugs at discounted prices. Employers don't participate directly, but certain arrangements may connect eligible patients with participating providers and their pharmacy networks, where 340B-priced medications may be available.[5][6][7]

"340B can create significant savings for eligible patients while potentially removing costs from the employer's health plan," Buescher says. "It can also benefit some of our state's vital healthcare organizations by increasing patient volume."

— JORDAN BUESCHER

Indiana already has qualifying safety-net providers that use 340B to expand access to medications and healthcare services. For employers, the opportunity is to understand whether those existing provider and pharmacy relationships can create a more affordable pathway for eligible employees.

Indiana began examining hospital participation in 340B more closely in 2025. Governor Mike Braun's Executive Order 25-27 directed state agencies to investigate whether participating hospitals and offsite outpatient facilities meet federal eligibility and compliance requirements. The order also called for reviewing the state's enforcement authority and appropriate use of discounts.[8]

"Any 340B access strategy must account for patient eligibility, provider relationships, pharmacy arrangements, PBM implications and compliance requirements," Miller says. "That's where the right expertise matters."

Don't Wait for the Coverage Question to Solve Itself

The GLP-1 market is moving quickly. Indications are expanding, employees have more ways to seek treatment outside the health plan and new access models continue to emerge. For Indiana employers already facing some of the country's highest commercial healthcare prices, the answer is unlikely to be an all-or-nothing proposition.

Employees who want these medications will find ways to access them. The more practical strategy is to help connect them with credible, clinically appropriate and potentially more affordable paths to care. Ultimately, the GLP-1 question is not just what to cover; It's how to expand access responsibly.

References for this article can be found here:
bit.ly/NFP-IBJ-References



GLP-1 Demand Is Rising. Your Pharmacy Budget Doesn't Have To.

For Indiana employers, access doesn't have to be an all-or-nothing decision.

Explore practical GLP-1 strategies, including voluntary access, direct-to-consumer and direct-to-employer models and 340B pathways. Find a more sustainable path to access today.

Find a more sustainable path to access today.

nfp.com

NFP An Aon Company