Can AI Fix the GLP-1 Access Crisis?

A breakthrough drug reveals a broken system — and AI's role in equity.

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THE DATA

29 million to 31 million

U.S. adults using GLP-1 drugs

GLP-1 medications are being taken by an estimated 29 to 31 million U.S. adults, according to KFF.

This unprecedented adoption rate reflects both the clinical promise and systemic strain of these drugs. Their widespread use underscores a critical tension: while effective for obesity and related chronic conditions, the sheer scale of demand threatens to overwhelm insurance systems, especially for lower-income populations.

Source: University of Pennsylvania Leonard Davis Institute of Health Economics (LDI) · Published November 04, 2026
https://ldi.upenn.edu/our-work/research-updates/the-glp-1-dilemma-medical-breakthrough-meets-financial-reality/

01

Equity is the hidden cost of success

Despite clinical benefits, higher-income patients access GLP-1 drugs at far greater rates than lower-income populations — even though the latter often face higher rates of obesity and comorbidities. This disparity is not due to efficacy but to coverage gaps in Medicaid, employer plans, and Medicare, where weight-loss-only use is typically excluded. AI-driven risk stratification models could help identify high-benefit, low-income patients, but only if data systems are designed to prioritize equity over cost control.

02

Generics won’t arrive for decades

The first generic versions of Ozempic and Wegovy are not expected until 2031 and 2041, respectively. This long delay means the current pricing and coverage dilemma will persist for over a decade. AI could accelerate clinical trial design and real-world evidence generation to justify broader coverage sooner — but only if payers and regulators adopt dynamic value-based frameworks that incorporate long-term outcomes, not just short-term spending.

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