Restore GLP-1 Coverage for TRICARE For Life Beneficiaries

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THE BACKGROUND

- Weight loss drugs have been on the TRICARE Formulary since 2018, and GLP-1 medications like Wegovy, Zepbound, and Saxenda were added in 2021. These are covered only for beneficiaries who meet strict clinical criteria for obesity-related medical conditions and were never approved solely for weight loss or cosmetic purposes.
- TRICARE revoked coverage of GLP-1 drugs from Medicare-eligible TRICARE For Life (TFL) beneficiaries on Aug. 31, 2025. Coverage remains for those on TRICARE Prime or Select.[1]
- MOAA has heard from hundreds of TFL beneficiaries impacted by this policy change. They fear negative impacts on their health. They feel betrayed and note the unfairness of cutting benefits for seniors — including retirees who earned TRICARE via decades of military service — while younger beneficiaries and dependents remain covered.

THE CHALLENGE

Stripping coverage of GLP-1 medications from TFL is unprecedented and defies congressional intent:

- The statute that authorized TRICARE to cover obesity treatments[2] applies to *all* TRICARE-covered beneficiaries and *all* TRICARE plans, including TFL.
- Legislation that extended TRICARE pharmacy benefits to Medicare-eligible retirees[3] mandates TFL beneficiaries receive the same pharmacy coverage and cost-sharing as other TRICARE beneficiaries.

While TRICARE has revoked GLP-1 coverage for seniors, other federal health programs are moving in the opposite direction. The Centers for Medicare & Medicaid Services (CMS) is testing two initiatives – Medicare GLP-1 Bridge and Medicare/Medicaid BALANCE Model – to expand access to GLP-1 medications and improve health outcomes for older adults, leaving TFL policy increasingly out of step with broader federal efforts.

THE POLICY SOLUTION

Please consider leading a letter to Defense Health Agency leadership urging reinstatement of GLP-1 coverage to comply with congressional intent and align TFL with federal efforts to expand GLP-1 access for seniors. MOAA is happy to draft a letter for your consideration – please contact karenr@moaa.org.

[1] TRICARE continues to cover GLP-1 drugs approved by the U.S. Food and Drug Administration to treat Type 2 diabetes for all beneficiaries.
[2] FY 2017 NDAA, Section 729
[3] FY 2001 NDAA, Section 711

Feedback from TRICARE For Life Beneficiaries

This decision made me feel like anyone over 65 years of age is a second-class citizen of the military community. Apparently, with the military and TRICARE, it's OK for those who are over 65 to suffer and die due to obesity. My husband was a Marine who served for 25 years, and I followed him faithfully for 20 of those years. Shame on whoever thought this policy change was a great money-saving deal.

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I was especially angry to hear they were only stopping GLP-1 medications for retirees who are 65 or older and on Medicare. Medicare-eligible military retirees should not receive second-tier health care.

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I have not felt this good since Airborne School. The dosage for my hypertension medications has been revised downward, and my obstructive sleep apnea has greatly improved. As a veteran with 23 years of service, I ask myself: Why are retirees being targeted? I also wonder if this is only the first of additional TRICARE policies yet to come that will continue to erode our health care benefit.

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My wife, Frances, has been hospitalized for three cardiac episodes since 2019. She has been prescribed Wegovy since the beginning of 2025. In the last eight months she lost 35 pounds — and 15 pounds on her own before that. At the same time, her measurements of heart efficiency have improved dramatically. Now this course of treatment, which had proved quite effective, has been abruptly halted. I don't know what the medical course of action is going forward.

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I was prescribed a GLP-1 by my cardiologist due to coronary heart disease and high blood pressure. I can't afford this drug without insurance support. To add insult to injury, I'm not eligible for any of the reduced price options from Eli Lilly because I am covered by TFL. Essentially, because of Tricare For Life, I'm locked in to paying the highest possible cost out of pocket. I've been on TFL for one month, and immediately my health is in greater jeopardy because of that. That's not Tricare For Life — it's Tricare For Some.

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Zepbound is my wife's chance to save her life. Why would you put her in jeopardy?! I served on active duty for over 27 years with two one-year combat tours. Why would you slash our coverage?

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This GLP-1 therapy has been a critical component of my comprehensive health-management plan, resulting in measurable improvements. Discontinuing coverage places me, and others in similar circumstances, at risk of losing significant health gains that have directly reduced long-term medical costs associated with cardiovascular disease and other chronic conditions. The consequence is not simply weight regain but the likelihood of deteriorating health outcomes and increased reliance on higher-cost interventions in the future.