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GLP-1 Payment Risks: What Pharmacies Should Review with Their Processor

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Key Takeaways

- GLP-1 offerings can trigger payments-processor risk reclassification, leading to higher rates, intensified compliance monitoring, reserve requirements, or abrupt loss of card-processing capability.
- Product categorization is nuanced across peptides, with distinct processor tolerances for FDA-approved GLP-1s, compounded formulations, and research-use products, irrespective of prescription legitimacy.

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As more pharmacies dispense GLP-1s, payment processor reviews, higher fees and account closures are emerging as an overlooked point of friction in the access channel.



Modern semaglutide injection pens for weight loss and diabetes treatment placed on a dark wooden table | © Shutterly - stock.adobe.com

Eleven percent of U.S. adults report taking a GLP-1 drug in 2026, up from 3% in 2024.[1] For pharmacies, meeting that demand may seem straightforward: a doctor writes a prescription, the pharmacy fills it, and the patient pays. But for payments, it's not that simple.

When a pharmacy starts filling GLP-1s, it can change how its payments processor reviews their account. The products a pharmacy carries have long influenced how the payments industry categorizes the business, and adding GLP-1s can prompt closer scrutiny. The processor may then ask for additional underwriting, monitor them more closely or adjust its pricing depending on the product and business model. Many pharmacies may not anticipate these requirements because they view GLP-1s the same way as other prescriptions covered by their processing agreement.

That misunderstanding can catch pharmacies off guard or result in higher fees. In some cases, their processor may no longer support the business due to the added regulation and potential risk of GLP-1 sales. Talking to the processor before adding GLP-1s gives them time to understand the requirements or find another provider before their payments are interrupted.

How Do the Products You Sell Affect Your Risk Category?

GLP-1s sit inside the broader peptide category, which ranges from FDA-approved medications to products still marketed for research use. Payment processors don't always those products as interchangeable when it comes to payment risk. A processor may

support a pharmacy dispensing an approved GLP-1, but have different requirements for compounded products or not support research-use drugs entirely.

Processors also differ in the businesses for which they will process payments. A drug may be legitimately prescribed and still fall outside a processor's risk limits. That's where pharmacies get surprised: they decide to fill a new prescription without realizing that it could trigger a full review of their account.

The drug itself is only part of it. How a pharmacy markets and fulfills the prescription matters too. Online orders and recurring card payments can also introduce new risks. An online prescription that's billed to a card stored on file is susceptible to far more malicious exposure than one picked up at a counter and paid for with cash.

Why Subscription and Autofill Raise the Risk

Recurring payments carry more chargeback risk than one-time purchases, regardless of the product. That matters for all prescriptions billed on a recurring basis, including pharmacies that automatically charge their patients for GLP-1 prescriptions.

For example, a patient may stop taking the medication or may be admitted to the hospital without canceling their recurring payment. They may dispute the next charge as a result. The dispute may not be due to card fraud, but still count against a pharmacy's chargeback record, which can lead to closer monitoring and higher processing costs. Each dispute also takes staff time to research and respond to.

Chargebacks can be expensive. Businesses pay an average of $128 per chargeback in internal costs and third-party fees.[2] Because recurring-payment businesses tend to face a higher volume of chargebacks, processors monitor them more closely and may charge more to support that higher risk.

Explaining the billing schedule to patients before they accept recurring charges, using a recognizable billing descriptor and offering patients a clear way to cancel or update their arrangement can all help to reduce avoidable disputes.

What Closer Scrutiny Can Mean for a Pharmacy

losses. The most disruptive outcome is the processor deciding not to support the offering or the pharmacy's business. Pharmacies can have accounts closed after a processor spots a legitimate GLP-1 fulfillment on a website or in its marketing and determines the business no longer fits its risk appetite. Finding a new processor doesn't happen overnight, and until that's possible, the pharmacy may not be able to accept card payments.

Processor approval is not permanent, and it does not matter whether a medication is legitimate or prescribed as much as whether the processor supports the product and how the pharmacy sells it. A pharmacy can clear underwriting, but a new product or offering years later can trigger review. That connection between a product decision and a payments consequence can be easy to miss.

What Should Pharmacies Review Before Adding GLP-1s?

The single most important step is also the one pharmacies often skip: contact the processor before filling or advertising a new GLP-1 offering.

Explain which products the pharmacy plans to dispense, how patients will place their orders and whether cards will be charged on a recurring basis. Asking whether the processor supports "pharmacies" broadly is not specific enough. The processor needs to understand how this part of the business will operate.

Pharmacies should go into that conversation looking to answer several questions:

- Does the existing merchant services agreement support the products the pharmacy plans to offer?
- Will the change require another underwriting review or additional documentation?
- Could it affect pricing, monitoring or reserve requirements?

- Does the processor need to review the pharmacy's website, marketing or recurring-payment terms before launch?
- How much time should the pharmacy be allowed to complete the required review?

These answers provide the pharmacy with a chance to make an informed decision. If the processor can support the new medication with additional requirements, the pharmacy can account for those costs and complete the extra steps before launch. If it can't, the pharmacy has time to find one that can.

Recurring payments are a part of that same review. The pharmacy should explain when a patient's card will be charged and how to cancel or update that arrangement. Staff should know how to handle questions before they turn into disputes. The processor can also explain which chargeback-prevention tools or documentation practices fit the payment setup.

The payment relationship should be reviewed when the business changes, not just when the account first opens. Someone designated within the pharmacy should be responsible for notifying the processor when the product mix, website or billing model changes. That creates a direct connection between those making the business decisions and the person managing payment acceptance.

Adding GLP-1s may still be the best decision for the pharmacy. Customers want these types of products and most pharmacies will want to meet that demand. The goal of the payment review should be to give the business a clearer view of the requirements before committing to the offering, not to decide whether the pharmacy should fill the prescription.

A pharmacy that understands its risk profile and what its processor can support can add GLP-1s without risking its ability to process payments. The ones that lose that ability never saw the connection coming.

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