



## Statement on Drug Pricing for Anti-Obesity Medications

OAC believes that people living with the chronic disease of obesity should have equitable access to treatments that can be life-saving and improve health and wellbeing. Unfortunately, it is quite common for people with obesity to struggle with accessing science-based treatments and services to manage their obesity.

A top barrier to care is the high cost of FDA-approved anti-obesity medications (AOMs). The newest and most effective AOMs are often too expensive for most to pay out-of-pocket and they are not covered by the majority of health insurance plans. Cost and coverage issues are keeping new, safe, and effective life-saving treatments away from people who need them most. AOMs should be affordable and covered just like any other serious medication for a serious chronic disease.

Inequity in accessing obesity care is widely present. Obesity care should not be limited by a person's age, race, ethnicity, zip code, or economic status. ALL people deserve quality and affordable obesity care. Bringing down the price and adding coverage for AOMs will save lives and help address access disparities.

### OAC calls for the following reforms to expand access to obesity care:

- Pharmaceutical companies should price AOM's reflecting the potential population size who may ultimately utilize such medications. Specialty or near specialty pricing limits the population who may benefit most from these medications.
- Make pricing for AOMs transparent. There is responsibility for all actors in this market. Drug manufacturers, pharmacy benefit managers, and health insurance plans need to change practices to solve for meaningful access to obesity care. Drug price reductions and rebates should always extend to the level of patient out-of-pocket costs.
- People living with obesity who lack coverage for AOMs should have access to consumer discount pricing at least the same level as pharmacy benefit managers and health insurance plans.
- Drug manufacturers should offer robust long-term patient assistance programs that make access to AOMs equitable and affordable. We suggest patient assistance programs structured similar to those available for people living with diabetes as a good blueprint.
- Add obesity to the list of covered diseases in Co-Payment Assistance Organizations dedicated to covering the cost of treatment and care. At this time, obesity is not a covered disease.
- All healthcare payers (public and private) should require coverage of all science-based treatments including AOMs, like they do for care and medications that treat other chronic diseases. It is unethical to prohibit coverage for a life-saving treatment.
- We recognize that AOMs have value and manufacturers need to recoup the cost of research and development to bring new innovations to market. We also need to better quantify the full value from treatment and encourage outcomes-based pricing approaches.

The mission of the OAC is to elevate and empower individuals affected by obesity through education, advocacy and support. To learn more about the OAC and join our efforts today, please visit [ObesityAction.org](https://ObesityAction.org).

