

Medicare doesn't cover obesity drugs, but 76% of older adults think it should: Poll

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The vast majority of older adults—83%—think health insurers should cover medications that can help people with obesity manage their weight, a [new poll of people age 50 to 80 finds](#).

Nearly as many—76%—believe Medicare should cover these drugs, which it cannot currently do under law, according to the new results from the [University of Michigan National Poll on Healthy Aging](#).

A law passed in 2003 prohibits Medicare from covering weight loss medications, though it can cover drugs to help people with Type 2 diabetes manage their weight. Medicaid covers obesity medications for adults with low incomes in 15 states. Most [private plans](#) and the Veterans Health Administration cover them, but with restrictions due to high monthly costs for the new generation of medications.

The [poll](#) gauged the interest of older adults in taking [prescription medications](#) for weight management. Among the 27% of people age 50 to 80 who say they are overweight, 63% are interested in taking such medications. So are 45% of those with diabetes, regardless of weight. Among adults who had ever taken a weight-loss medication before, 83% said they'd do so again.

"Our data show the strong awareness and interest in these medications, and in access to them through insurance, alongside coverage for other weight-focused care including nutrition counseling, exercise programs and bariatric surgery," said Lauren Oshman, M.D., M.P.H., an obesity medicine specialist and associate professor in the U-M Department of Family Medicine who worked on the poll.

"We hope these findings will help inform policymakers and benefit plan designers who are grappling with the tradeoffs of cost and long-term benefit when it comes to these medications," she added. In 2022, Oshman helped lead an analysis that informed the Michigan Medicaid program's decision to cover obesity medications.

The poll is based at the U-M Institute for Healthcare Policy and Innovation and supported by AARP and Michigan Medicine, the

University of Michigan's academic medical center.

The poll team asked a national sample of adults aged 50 to 80 about their awareness of, and attitudes toward, weight-management medications and other weight-related care.

High awareness

The new findings come at a time when injectable GLP-1 medications such as Ozempic, Wegovy, Mounjaro and Zepbound have gotten a lot of attention in the news and on social media—overshadowing a previous generation of oral medications also approved for obesity and for weight management in type 2 diabetes.

The poll finds that 61% of people age 50 to 80 had heard of Ozempic. That drug, which has U.S. Food & Drug Administration approval only for use in people with diabetes but has been used off-label for weight loss, contains the same active ingredient as Wegovy, which is approved for use in obesity, and which 18% of older adults had heard of.

Next most familiar was the older drug phentermine, which 13% had heard of. In addition to being prescribed alone, it is also available as part of the combination medication sold as Qsymia, which 3% of older adults had heard of. Similarly, 3% had heard of Saxenda or Contrave. Zepbound, the obesity-specific form of the GLP-1 drug Mounjaro approved for diabetes, received FDA approval for weight management after the poll was taken.

The poll shows most older adults had heard about the medications from the news, but far fewer had heard about them from a [health care provider](#).

Potential impacts

"As these medications grow in awareness and use, and insurers make decisions about coverage, it's crucial for patients who have obesity or diabetes, or who are overweight with other health problems, to talk with their health care providers about their options," said poll director Jeffrey Kullgren, M.D., M.P.H., M.S., a primary care physician at the VA Ann Arbor Healthcare System and associate professor of internal medicine at U-M.

"This is an important conversation in the face of a growing realization over the past decade that obesity is a chronic condition with multiple contributing factors that raise downstream risks of [health problems](#) and that a combination of lifestyle change and medical or surgical intervention is often needed to address it," he added.

The newer medications can cost more than \$12,000 a year for people who pay out of their own pockets and must be taken long-term to maintain weight loss. However, current data suggest that medications are nearly as effective as [bariatric surgery](#) in helping people with obesity lose 10% or more of their body weight, far more than people with obesity can typically achieve or sustain through diet and exercise.

Recent findings suggest a large reduction in the risk of heart-related issues in people with a history of both [obesity](#) and heart conditions who took a GLP-1 [medication](#). The strong demand for these medications, including for off-label purposes by people willing to pay full price, has created major shortages of them.

Oshman notes that in the new poll, nearly all older adults said they had tried to lose [weight](#) in the past, including large percentages who said they had exercised or changed their diet.

More information: Poll: www.healthyagingpoll.org/

Provided by University of Michigan

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