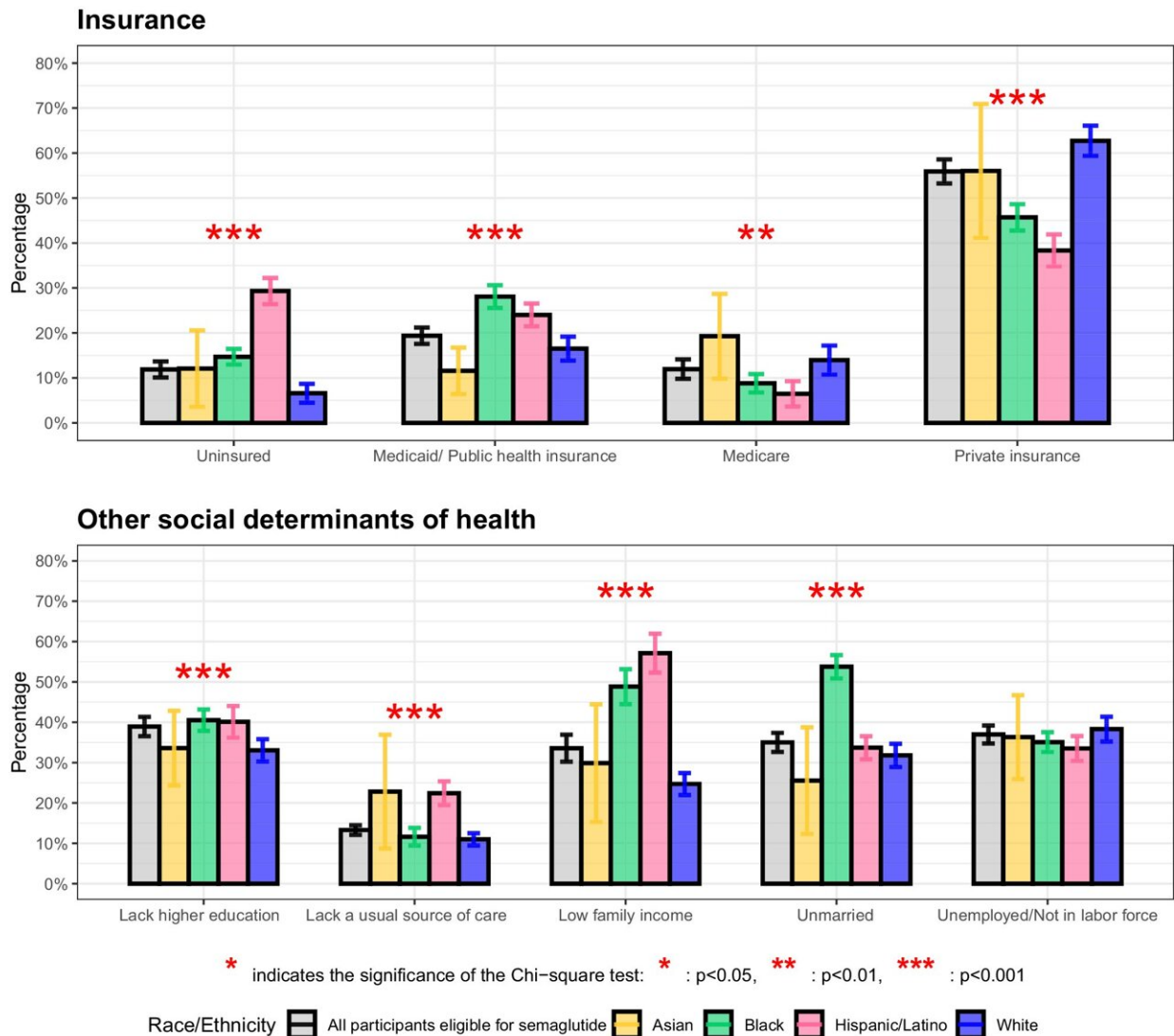


Anti-obesity medication's steep price tag adds to public health disparities

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Racial and ethnic differences in financial barriers and social determinants of health among semaglutide-eligible adults, 2015 to 2020. Credit: *Journal of the*

American Heart Association (2022). DOI: 10.1161/JAHA.121.025545

Millions of Black and Hispanic adults who are overweight or obese are unable to afford the latest treatment in obesity medicine, a study by the Yale School of Medicine has found.

For the study, Drs. Yuan Lu, assistant professor, Harlan Krumholz, Harold H. Hines, Jr. Professor of Medicine, and Yuntian Liu, research associate, estimated the overall percentage of U.S. adults who were eligible for semaglutide, a recently approved anti-obesity medication, and examined the prevalence of racial and ethnic disparities. They found that a larger proportion of Blacks and Hispanics who would benefit from the medication had substantial financial barriers that would likely block access compared with other groups.

The findings were published Sep. 29 in the *Journal of the American Heart Association*.

Approximately 70% of Americans are obese or overweight, according to the Centers for Disease Control and Prevention. The drug semaglutide (also known by the brand name Wegovy) requires once-weekly injections. Given the roughly \$1,500 per month price tag, millions of eligible patients are unable to afford the popular anti-obesity medication.

Semaglutide received U.S. Food and Drug Administration approval in 2021 for patients with a [body mass index](#) (BMI) of 27 kg/m² or greater who have at least one weight-related condition (such as [high blood pressure](#), Type 2 diabetes, or high cholesterol), or in patients with a BMI of 30 kg/m² or greater.

Currently, insurance may not cover semaglutide. Experts from The Obesity Society (TOS) have advocated for comprehensive treatment. For example, in a 2018 [position statement](#), Dr. Ania Jastreboff, an associate professor of endocrinology & metabolism, and of pediatric endocrinology at Yale School of Medicine, and other TOS members stated that treatment required "steadfast care and compassion for each individual patient and inclusive insurance coverage."

"Anti-obesity interventions have advanced over the past decade. Recently, several randomized controlled trials showed that a drug designed to treat diabetes was very effective at reducing appetite and [food intake](#)," said Lu, first author of the new study. "Our findings show that many eligible-adults may not benefit from this drug for a variety of social reasons including access to affordable, [health insurance](#), or income levels."

Using data from the National Health and Nutrition Examination Survey (NHANES) from 2015 to 2020, investigators from the Yale-based Center for Outcomes Research and Evaluation (CORE) found significant differences. The percentage of adults eligible for semaglutide was highest among Black and Hispanic adults. A high percentage of people eligible for semaglutide had substantial financial barriers to access, with the highest rates among Black and Hispanic people.

"Many adults with overweight and obesity who do not respond adequately to lifestyle interventions, could benefit from a pharmacological therapy for long-term weight management. The removal of financial barriers for highly effective medications should be a top public health priority and is essential if we are to achieve health equity," said Krumholz, senior author of the study and director of CORE.

More information: Yuan Lu et al, Racial and Ethnic Disparities in

Financial Barriers Among Overweight and Obese Adults Eligible for Semaglutide in the United States, *Journal of the American Heart Association* (2022). [DOI: 10.1161/JAHA.121.025545](https://doi.org/10.1161/JAHA.121.025545)

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