

WEIGHT LOSS

ISSUE

Obesity continues to be a health concern for children, adolescents and adults in the United States. It is strongly associated with chronic medical conditions, and in the US is one of the leading causes of preventable death. Long-term weight management is a challenge for health care providers and patients.

FACTS

- More than 78 million (35%) of U.S. adult men and women were obese in 2009–2010. There was no significant difference in prevalence between men and women at any age. Overall, adults aged 60 and over were more likely to be obese than younger adults.¹
- Among children and adolescents aged 2-19, 12.5 million (16.9%) were obese in 2009-2010. The prevalence of obesity was higher among boys than girls (18.6% of boys and 15% of girls were obese).¹
- There was no significant change in the prevalence of obesity among adults or children from 2007-2008 to 2009-2010. Between 1999–2000 and 2009–2010, there was an increase in the prevalence of obesity among men boys but not among women and girls.¹
- Being overweight or obese significantly increases the risk of many other chronic conditions such as type 2 diabetes, hypertension, heart disease and stroke, and can lead to premature mortality.
- Relative to healthy-weight individuals, obesity is associated with over 112,000 excess deaths due to cardiovascular disease, over 15,000 excess deaths due to cancer, and over 35,000 excess deaths due to non-cancer or non-cardiovascular disease causes per year in the U.S.
- A 5-10% reduction in body weight with reduced caloric intake and increased physical activity significantly reduces the severity of obesity-associated risk factors.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.²

TREATMENT OPTIONS

Lifestyle modifications are the foundation of every obesity management program, and include behavior therapy, diet and physical activity. These modifications should be maintained for at least 6 months before considering pharmacotherapy.

Weight loss medications are FDA-approved as *adjuncts* to caloric restriction, behavioral modification and physical activity. Typically, medication provides modest weight loss (< 5 kg at 1 year), and is most successful when used concurrently with behavior therapy, diet and exercise.

- Four medications (benzphetamine, diethylpropion, phendimetrazine, phentermine) are approved for short-term use (6-12 weeks) and four (Belviq, Qsymia, Contrave, Saxenda) are approved for chronic weight management. Costs for medication range from \$19 monthly for generics to \$500 monthly for brand name medications.
- Xenical (orlistat, Rx) or Alli (orlistat, OTC) block fat absorption. Alli is a 60mg capsule, which is half the strength of prescription-strength orlistat. Approximate cost for 30-day supply of Xenical is \$518 and Alli is \$60.

MANAGEMENT STRATEGIES

Coverage of weight loss medications depends on the plan sponsor's overall benefit philosophy. Determining the overall philosophy is an important first step because the plan sponsor's prescription coverage should be in sync with weight loss surgery medical coverage.

1. Centers for Disease Control and Prevention. National Health and Nutrition Examination Survey, 2009 -2010. Available at: <http://www.cdc.gov/nchs/data/databriefs/db82.pdf>. Accessed September 2013.
2. Eric A. Finkelstein, Justin G. Trogdon, Joel W. Cohen and William Dietz. Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates. *Health Affairs*, 28, no.5 (2009):w822-w831(published online July 27, 2009; 10.1377/hlthaff.28.5.w822)