Making Medicare Part D Make Sense: Coverage of Weight Management Drugs
Overview

- Obesity is a serious epidemic in the United States and poses a particular risk for the federal government
  - Prevalence of obesity nationwide and in Medicare in particular
  - Federal budgetary impact
  - Evidence that reducing obesity lowers health care spending

- How and Why Takeda Is Involved
  - Government and External Affairs—both State and Federal Level
  - The Treat and Reduce Obesity (TRO) Coalition
  - Patients want help!
  - Parochial Interest – Contrave ®
Why the Focus on Medicare?

• Major driver of federal spending
  - Getting costs under control can help the budget deficit
  - Obesity an underlying cause of growth in Medicare spending

• Baby Boomers have started to retire
  - Influx of retirees unsustainable for next 17 years

• “As goes Medicare, so go the private plans”

**Chart 3. Obesity is responsible for $50 billion (8.5%) of the $585 billion in annual Medicare spending**

Current Medicare Coverage for Obesity

- Intensive behavioral therapy (IBT)
  - For one year, provided patients lose 6.6 lb in six months (~3% body weight, based on clinical trials)

- Bariatric surgery
  - For BMI ≥ 35 with one weight-related co-morbidity

- Pharmacotherapy is excluded from Medicare Part D coverage, resulting in significant treatment gap
  - How did that happen?
What Was Happening in 1990?

- The World Wide Web Is Introduced
- Reunification of East & West Germany
- Saddam Hussein Invades Kuwait
- ...And Congress passes the Omnibus Reconciliation Act (OBRA 90)
OBRA 90 cited which drugs could not be covered under Medicaid, particularly “agents when used for anorexia, weight loss, or weight gain”

13 years later, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) established Part D Rx benefit

- Rather than plainly list out excluded drugs, easier to point to existing statute
- Needed to bring down the cost of the bill

CMS issued guidance restating the exclusion in 2008
The Treat and Reduce Obesity Act of 2015

- HR 2404 in the House; S 1509 in the Senate
- Cosponsors: 120 in U.S. House & 10 in U.S. Senate
- Positioning to be part of:
  - SFC Chronic Care Initiative
  - W&M “non-controversial” health bills
  - Year-end Continuing Resolution and/or Omnibus funding bill
Organizations Supporting *The Treat and Reduce Obesity Act*
TROA Grassroots Activity

- Missing last year—Ire of Medicare Beneficiaries
- Driving petition signatures; nearly 19,000 letters to Congress
- Ability to patch through constituent phone calls
- 1,485 Twitter followers @CoverWeightMgmt
- 4,786 Facebook Likes
TELL CONGRESS TO COVER NEEDED WEIGHT MANAGEMENT THERAPIES!

Your voice matters. Add your name to send the message to Congress!

First Name:  Last Name:  
Email Address:  Zip Code:  
SIGN UP TODAY
Questions?

Takeda Pharmaceuticals