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## Inequality in Pricing of Anti-Obesity Medications



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A new study suggests that some anti-obesity medications can be produced and sold at much lower prices than their current high costs, making them more accessible worldwide. The study is published in *Obesity*.

Study authors highlight the need for a public health approach that prioritises improving access to medications instead of allowing companies to maximise profits, especially in low-income communities.

Although randomised controlled trials have demonstrated positive results with oral and injectable medications for managing obesity, their high prices make it challenging for millions to afford them. The solution is finding a better way to allocate healthcare funds to prioritise population health.

There is a need for a public health-based approach to obesity management, similar to that used with other diseases. They suggest that pharmaceutical companies have an ethical responsibility to make their new treatments for diabetes and obesity available to anyone in need in any country. A better way to ration healthcare dollars is needed to maximise population health and highlight the need for mass treatment of diabetes and clinical obesity at low prices.

The authors searched national drug price databases for six proven-effective anti-obesity medications in 16 low-, middle-, and high-income countries. They collected information on orlistat, naltrexone/bupropion, topiramate/phentermine, liraglutide, semaglutide, and tirzepatide, and selected the lowest available price for each medication from multiple online national price databases in each country.

The study calculated the estimated minimum prices (EMPs) for six anti-obesity medications. Findings show that the actual national prices of these medications were significantly higher than the calculated EMPs. The EMPs were calculated per 30-day course and included the costs of active pharmaceutical ingredients, excipients, formulation, taxation, and a 10% profit margin.

For oral medications, prices for a 30-day course of orlistat ranged from over \$100 in the U.S. to less than \$1 in Vietnam. The estimated EMP was approximately \$7 per 30-day course. The combination tablet of naltrexone/bupropion costs between \$56 in South Africa and \$326 in the U.S., compared to an EMP of \$55 per 30-day course. The price data for topiramate/phentermine was only available in the U.S., with prices ranging from \$120 to \$199 per course, while the EMP of the combination tablets was \$5 per 30-day course.

The national prices of injectable anti-obesity medications were also higher than calculated EMPs. Liraglutide was found to cost \$1,418 in the U.S. and \$252 in Norway, with an EMP of \$50. Semaglutide was priced from \$804 in the U.S. to \$95 in Turkey, with an EMP of \$40. Tirzepatide was only available in the U.S., with prices ranging from \$715.56 to \$1,100.70 per 30-day course.

The authors suggest that once the anti-obesity agents, particularly GLP-1 and combinations, are proven to reduce cardiovascular risk, insurance should cover them universally. In addition, they believe that using these agents before the onset of type 2 diabetes and other complications could significantly reduce the global cardiovascular burden and mortality rates.

Source: [Obesity](#)

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