

Add anti-obesity medication coverage to your organization's weight-management program

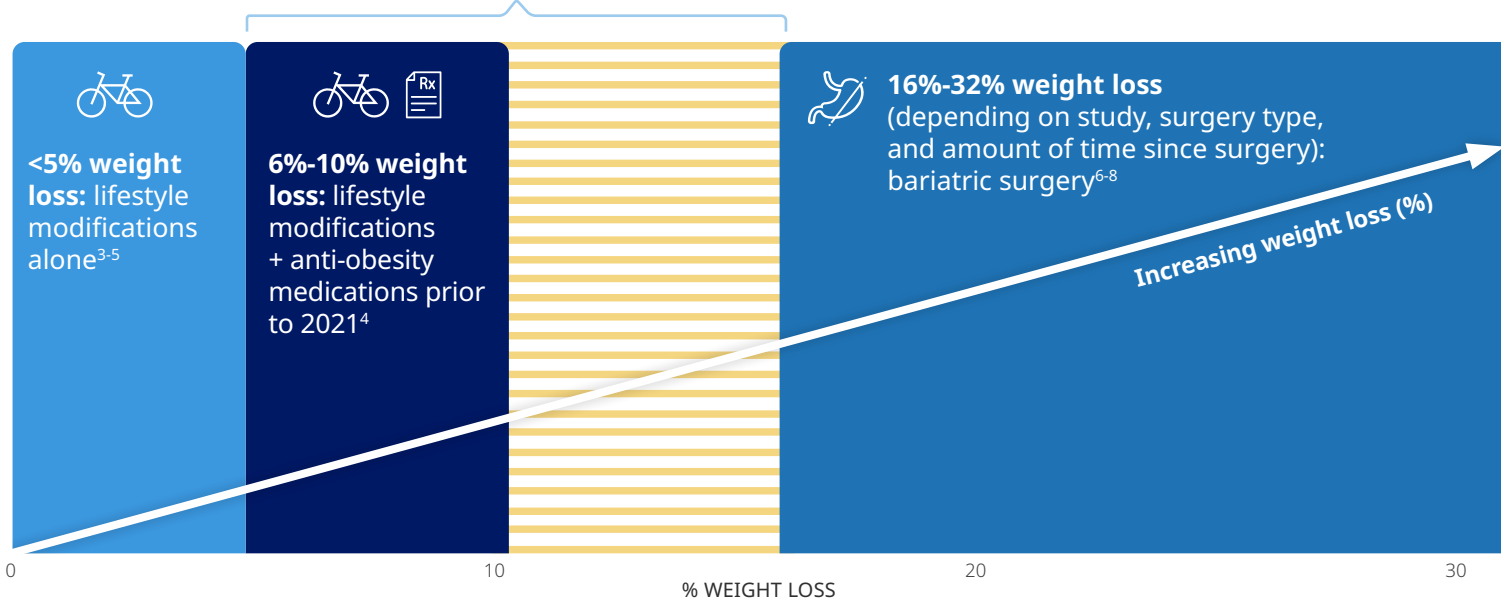


Employers Confront Workforce Health and the High Costs for Employees With Obesity

The cost of obesity-related absenteeism* among full-time employees in the United States is expected to be **\$10.4 billion** in **2021**.^{1,2,a}

Adding anti-obesity medications to a comprehensive weight-management program may provide an additional option for employees who have obesity and may address a gap in coverage between lifestyle modifications and bariatric surgery

A gap in coverage exists between lifestyle modifications and bariatric surgery



Weight regain is common following initial weight loss from dietary and behavioral interventions, demonstrating an unmet need for sustained weight-loss management.^{8,9}

*Based on the total loss in productivity due to obesity-related absenteeism.

^aCosts were calculated in 2012 US\$ and adjusted for inflation in 2021.

AACE, American Association of Clinical Endocrinology; ACC, American College of Cardiology; AHA, American Heart Association; TOS, The Obesity Society.



AHA/ACC/TOS and AACE **evidence-based guidelines indicate that obesity management warrants a stepwise approach**, which may include pharmacotherapy.^{4,8}

Opt in to the value of adding anti-obesity medication coverage to your organization’s weight-management program

Employers can help to increase the recognition of obesity as a serious, chronic, and progressive disease and take action to drive proactive care and weight management for employees with obesity

STEP 1 | Engage stakeholders, both internal and external to your organization, who manage benefit design, such as an employee benefits consultant, pharmacy benefits manager (PBM), or health plan

STEP 2 | Ensure your health plan benefits and pharmacy plans cover anti-obesity medications

Remove any health plan benefit exclusions that deny anti-obesity medication coverage	Find and remove PBM “Not Covered” barriers to anti-obesity medication coverage	Review the selected PBM prior authorization (PA) criteria	Remove or minimize financial access barriers caused by tier placement
<ul style="list-style-type: none"> ➔ Find and review the “Summary Plan Description” for your current health plans and find the “Exclusions” section that may have language that excludes anti-obesity medications from coverage <ul style="list-style-type: none"> • Example of “Exclusions” language that denies anti-obesity medication coverage: “No benefits shall be payable under this Plan for the following: Any loss, expense, or charge which results from any treatment of obesity (except for surgery to treat morbid obesity).” ➔ Exclusions in current health benefit plans that prohibit anti-obesity medications must be canceled, struck, removed, or precluded by means of a rider to the current policy 	<ul style="list-style-type: none"> ➔ Locate documents from your PBM that detail coverage information for therapeutic categories and individual medications (ie, “Plan Design Document” or “Benefit Specification Form”) ➔ Within those documents, find where you can instruct your PBM to cover anti-obesity medications by checking the appropriate “Yes” checkbox 	<ul style="list-style-type: none"> ➔ Review for appropriate anti-obesity medication coverage (eg, no step therapy through other anti-obesity medications) 	<ul style="list-style-type: none"> ➔ The last step is to examine your formulary and make sure anti-obesity medications are not in a formulary tier that has financially prohibitive copays or coinsurance

STEP 3 | Communicate the change in coverage to your employees



Adding anti-obesity medication coverage to your benefits offering may be an effective strategy for reducing obesity-related costs¹⁰⁻¹² and **highlights your commitment to helping your employees** achieve their health and wellness goals.

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Evaluating your health plan's/PBM's obesity offerings

As you begin to develop your comprehensive request for proposal (RFP) for the annual renewal of your employee insurance offering, it's important to include the right information to ensure your employees with obesity receive the benefits they need.

Consider using all or some of the questions below in the obesity section of your RFP to assess the offerings at your health plan or with your Pharmacy Benefit Manager (PBM). It may be beneficial to share this document with your Employee Benefit Consultant when working together to develop your RFP.

1 Describe your organization's strategy for integrating obesity management into your overall medical management focus.

2 What methodology or rationale do you use to evaluate interventions?
– What role, if any, do anti-obesity medications (AOMs) play in these interventions?

3 Define your organization's overall program goals for obesity interventions. How do you plan to measure program effectiveness for obesity interventions?

4 Describe the evidence and clinical rationale you use to address pharmacology and surgical procedures for individuals with obesity. Please include any relevant interventions beyond typical diet, exercise, and supervised diet offerings.

5 What data capture systems do you use to identify members with obesity or high-risk members with obesity who may benefit from care consultation or support?

6 What methodology do you use to assess population risk by body mass index (BMI)?
– How do you prioritize an individual's health care needs based upon risks associated with high BMI and obesity-related comorbidities?
– How do you define the characteristics of a "high-risk" population with obesity?

7 Describe all support programs you currently have in place for high-risk individuals with diabetes, cardiovascular disease, respiratory disease, and musculoskeletal conditions.

8 Do you have a support program for obesity? If not, how do you plan to address clinical weight-loss needs?

9 What resources do you routinely dedicate to member education, including development of materials, personal education, screening, and urging participation in weight-loss programs?

10 What resources do you dedicate to healthcare professional education and guideline development to ensure individuals with obesity are referred appropriately or triaged for appropriate weight-loss intervention?

11 What capabilities do you have in place to track weight-loss program components and integrate outcomes to evaluate effectiveness on both a population and member level?

12 Describe your formulary strategy for obesity (ie, AOMs):

- If AOMs are not covered, why not? Do you have plans to cover AOMs in the future?
- If AOMs are restricted (ie, through prior authorizations), what methodology or evidence do you use to limit access?
- What criteria will you incorporate to ensure that AOMs are appropriate and affordable for employees who need them?

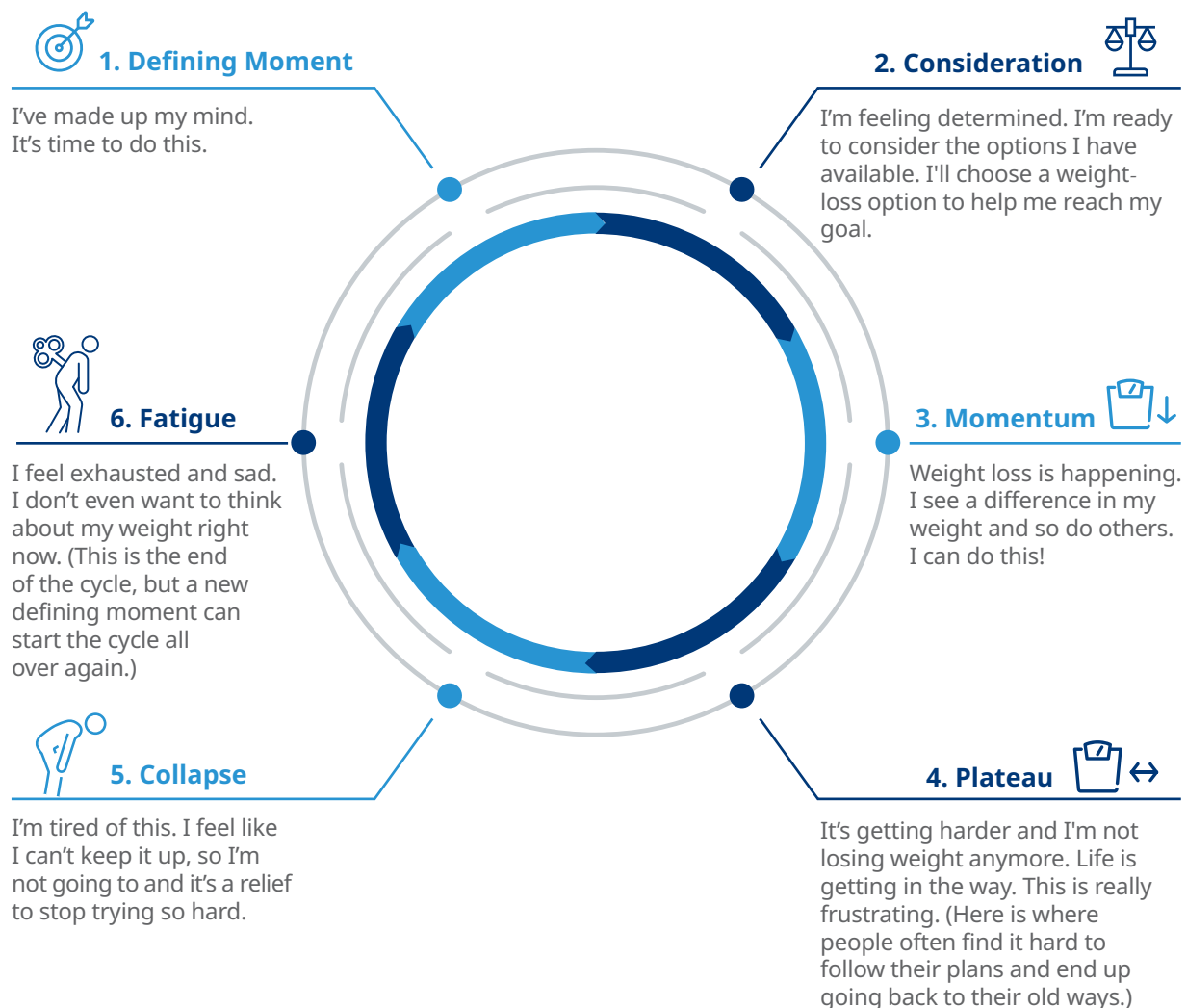
Should you have any additional questions, do not hesitate to contact your Novo Nordisk Account Manager.

Interested in learning more? Visit www.NovoNordiskWORKS.com

Are You Stuck in the Weight-Loss Cycle?

You've tried over and over again. It never seems to get any easier. The results never seem to last.

People may get caught in a cycle that begins when they decide to take action but often ends when they get discouraged as it gets harder to lose weight.



With help, the weight-loss cycle can be broken!

People with excess weight generally make 7 serious attempts to lose weight. Losing weight is a challenge, but maintaining those results can be just as hard—creating a weight-management plan with your healthcare provider can help. **Learn more at [TruthAboutWeight.com](https://www.truthaboutweight.com).**

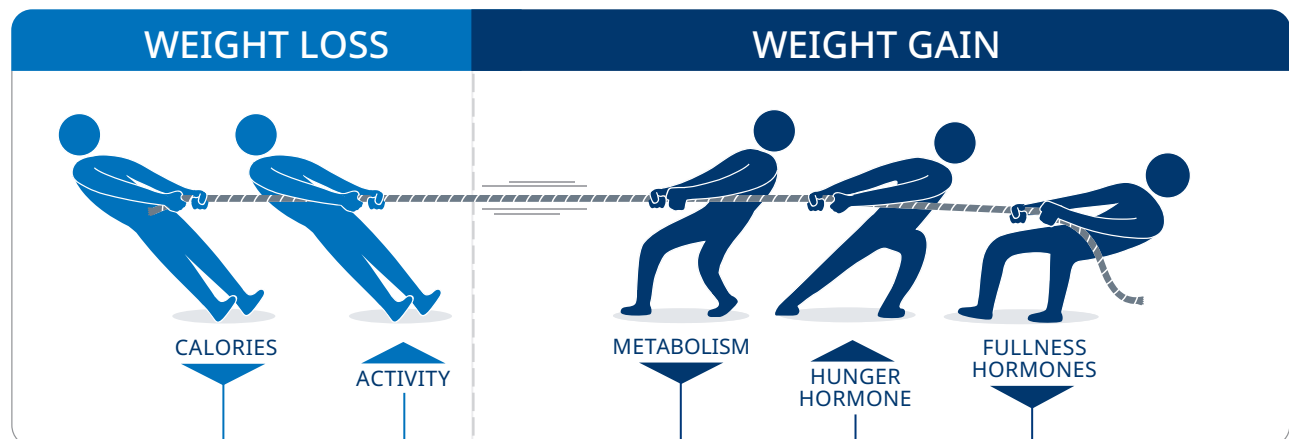
The Tug-of-War of Weight Management

The body's response to weight loss makes it hard to maintain progress

Science shows that after losing weight, the body tries to put it back on.

Following weight loss, the body's metabolism slows down and appetite hormones change, making you feel more hungry and less full.

Here is how it works:



Fewer calories

Limiting the calories you take in—by eating small portion sizes, for example—can help you lose weight

More activity

Doing regular physical activity—like taking a walk every day—can help burn calories. But when your body loses weight, it tries to gain it back

Slower metabolism

When you lose weight, your metabolism slows down and gets more efficient. It needs fewer calories to do its job

Increased hunger hormone

With weight loss, your body increases a “hunger hormone,” which tells your body you’re still hungry and can lead to consuming more calories

Decreased fullness hormones

You also have hormones that tell your brain that you’re full. When you lose weight, these hormones are decreased

In a person with obesity, the body will try to put the weight back on for at least 12 months after weight loss

While healthy eating and increased physical activity are important, for many people it may not be enough to keep the weight off. Talk to your doctor to see how this may be affecting your efforts to lose weight.

For more information, please go to www.TruthAboutWeight.com.

What Is Obesity?

Obesity is a chronic but treatable disease associated with excess weight. For people living with obesity, there is more to weight management than just the pounds you can see.

Numbers count

When people think of obesity, they may tend to think of it in terms of pounds—how much a person weighs. **But obesity is not just about the pounds.**

Healthcare providers use 2 screening tools to estimate weight status in relation to potential disease risk:



- 1. Body mass index (BMI)**—BMI is a measurement that can point to unhealthy weight in adults and is calculated using your body weight and height. Knowing your BMI can give you a place to start when talking with a healthcare provider about your weight. A helpful calculator for finding your BMI can be found at https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html



- 2. Waist circumference**—This is the measure of your body around your waistline, just above your hip bones. For adults, a man may be at a higher risk of developing weight-related conditions if his waist circumference is more than 40 inches. For a woman (non-pregnant), that measurement is 35 inches

The higher a person's BMI and waist circumference is, the higher his or her risk of weight-related complications

How widespread is obesity?

Approximately 108 million adults have obesity in the US and the prevalence is growing.

If this trend continues, it is projected that nearly half of the US adult population will have obesity by 2030



Meet Donna

Donna spent 3 decades trying fad diets before finally achieving lasting success with the help of her healthcare provider.

"I didn't realize that there were other people that suffered like that, and I didn't realize that there was something I could do about it. I've learned now that obesity is a disease."

What Is Obesity?

Factors that affect weight management

Different factors—from a person's genes to his or her environment—have an impact on how they gain weight.



Appetite signals



Genetics



Behavior



Environment

Focus on your goals

Remember that weight management is an investment in yourself and your well-being—one that can have benefits now and later. Consider these practical tips to help you focus on your weight-management goals.



Your goals are unique. Set goals that are meaningful to you. Some people may want to lose weight so they look better. Others may be in it for the health benefits. Think about what you want to get out of your weight-loss goals



Set goals that you can achieve. Be sure that any goals you set for yourself are ones you can attain. If you set your goals too high, you may get discouraged and give up

Weight regain

If you have repeatedly tried to lose weight and the results don't seem to last, you're not alone. People with excess weight generally make 7 serious attempts to lose weight. Many lose weight at first, but the weight can return.

Ever wonder why it can be so hard to keep the weight off? You and your healthcare provider can work on a plan to manage weight for the long term.

Did you know that losing 5% to 15% of your weight can improve some weight-related conditions such as heart disease and type 2 diabetes?
Talk with your healthcare provider about your weight today.

For more information please visit www.TruthAboutWeight.com.