

Actor portrayal.

# The power to make a difference is in your hands

## **A guide to help you navigate obesity treatment and anti-obesity medication (AOM) coverage in your organization**

Inside you can find:

- Information on the impact of obesity
- Tips and resources for your organization
- A step-by-step guide to ensure your health benefits and pharmacy plans cover AOMs

# Obesity and its costly complications

## The prevalence of obesity in the United States

### Obesity is highly prevalent within the United States, and disparities exist.

- Approximately 108 million adults aged 18 years and older have obesity in the United States, and the prevalence is expected to keep growing<sup>1-4</sup>
- Non-Hispanic Black adults have the highest prevalence of obesity compared with other race and ethnic groups<sup>2,a</sup>



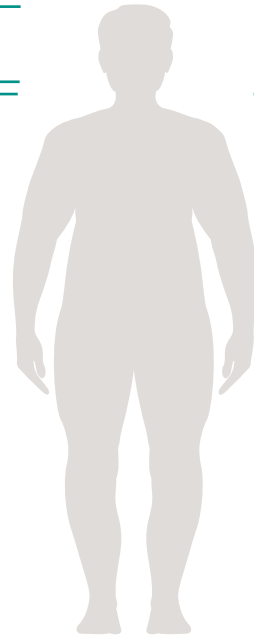
By 2030, nearly 1 in 2 adults in the United States will have obesity (BMI  $\geq 30$  kg/m<sup>2</sup>).<sup>3</sup>

### According to the Obesity Medicine Association, there may be more than 200 comorbidities associated with obesity<sup>3</sup>

Examples of obesity-related comorbidities<sup>5,6,b</sup>

• Depression

- Gastroesophageal reflux disease (GERD)
- Diabetes risk, metabolic syndrome, and prediabetes
- Type 2 diabetes
- Metabolic dysfunction-associated steatotic liver disease (MASLD), formerly known as nonalcoholic fatty liver disease (NAFLD)
- Female infertility
- Male hypogonadism
- Cancer (various)



- Obstructive sleep apnea
- Dyslipidemia
- Asthma/reactive airway disease
- Cardiovascular disease and cardiovascular disease mortality
- Hypertension
- Polycystic ovarian syndrome
- Urinary stress incontinence
- Osteoarthritis



Obesity has a significant clinical and economic impact because it is associated with many comorbidities. Consult an employee-benefits consultant (EBC) and pharmacy benefit manager (PBM) to assess patients at the highest risk of weight-related comorbidities.<sup>5,7</sup>

<sup>a</sup>According to findings from the National Health and Nutrition Examination Survey which used data from 2017-2020. Other race and ethnic groups include: Non-Hispanic Asian, Non-Hispanic White, and Hispanic.

<sup>b</sup>This list is not exhaustive and is intended to illustrate a range of key complications.

# The financial impact of obesity

## Obesity is a costly disease

As of 2019, obesity was associated with \$1861 in excess annual medical costs per person for adults aged 20 years and older in the United States.<sup>3</sup>

### Obesity may be the underlying driver of many other medical costs

The complications of obesity can result in significant direct medical costs. For a hypothetical health plan of 100,000 members, this could be the total annual cost for select obesity comorbidities<sup>8-10,a</sup>:



**Type 2  
Diabetes**

**4030** affected members

~\$33,356,660



**Osteoarthritis**

**7792** affected members

~\$18,820,186



**Coronary  
Heart Disease**

**1259** affected members

~\$6,345,569

The impact of obesity-related comorbidities can be seen in your medical and pharmacy costs.<sup>11</sup>

National medical associations agree that obesity is not merely a lifestyle issue, but a serious chronic disease requiring comprehensive treatment consisting of lifestyle intervention, AOMs and/or bariatric surgery. Currently, AOMs are covered by more health plans than they were in the past and are intended for use with lifestyle modification.<sup>12,13</sup>

<sup>a</sup>Costs were calculated in 2018 United States dollars and adjusted for inflation in 2023. Source: CDC (2018); National Institutes of Health, National Cancer Institute, SEER (2018); National Health and Nutrition Examination Survey (2018); and authors' calculations (2020).



Actor portrayal.



# Expanding coverage for AOMs

## Commercial and government health plans have promoted increased coverage for obesity treatment, including streamlined access to AOMs

**As of March 2024, AOMs are covered by Medicaid in 12 states.<sup>14</sup>**

The Federal Employees Health Benefits Program (FEHBP) stated that all federal health benefits carriers must<sup>15</sup>:

- Cover a range of AOMs on formulary
- Follow process- and evidence-based utilization management criteria for coverage that are transparent, readily accessible, and adherent to timelines for standard and expedited reviews

### The employer's journey to AOM coverage

<b>1</b>	<b>Why obesity management matters to your organization</b>	A better understanding of obesity guidelines, obesity and weight management, and AOMs
<b>2</b>	<b>Calculating the impact of obesity on your company</b>	Potential impact of burden of obesity in your organization and the benefits of adding AOM coverage
<b>3</b>	<b>Adding and managing AOM coverage</b>	Ensure appropriate employee coverage for AOMs with an addendum, rider, or utilization management for considerations of prior authorization (PA) policies to your benefits offering
<b>4</b>	<b>Measure the success</b>	Construct a measurement plan with an actuarial team or EBC

# Ensure your health benefits and pharmacy plans cover AOMs

Work with your EBC to overcome barriers that may block your employees' access to AOMs

## Remove any health benefit plan exclusions that deny AOM coverage



1. Find and review the "Summary Plan Description" for your current health plan(s).
2. Find the "Exclusions" section(s) of the Summary Plan Description that may have language that excludes AOMs from coverage.

**Exclusions in the current benefit plan that prohibit AOMs must be cancelled, struck, removed, or precluded by means of a rider to the current policy.**

## Find and remove PBM "not covered" barriers to AOM coverage



1. Look at the beginning of your PBM contract for documents such as "Plan Design Document" or "Benefit Specification Form." These detail which therapeutic categories and individual medications have coverage or do not have coverage.
2. Within these documents, find the section(s) in which you can check a "Yes" box to instruct your PBM to cover AOMs.

## Select appropriate PBM PA for AOM coverage



1. The FDA labels for AOMs specify the target populations that qualify for therapy: BMI  $\geq 30$  kg/m<sup>2</sup> or BMI  $\geq 27$  kg/m<sup>2</sup> with comorbidities (eg, hypertension, type 2 diabetes, and dyslipidemia).
2. Use the "Utilization Form" for considerations for PA policies, or find the PA section within the "Plan Design Document" or "Benefit Specification" currently in effect with your PBM.
3. Check the appropriate coverage box to incorporate appropriate PA coverage requirements for AOMs.

## Adjust any health benefit plan exclusions that deny AOM coverage



1. Examine your formulary to make sure AOMs are not in a formulary tier that has financially prohibitive copays or coinsurance.
2. Increase employees' financial access to AOMs by putting AOMs in Tier 2 or lower.

# Helpful tips

1

## Multiple factors affect weight management

For many people, lifestyle modifications alone are not enough to maintain weight reduction, and there is gradual weight regain over time. Multiple factors affect weight reduction and weight maintenance<sup>16</sup>:

- Altered appetite signals, as there is an increase in the hunger hormone and decrease in fullness (or satiety) hormones when weight is reduced from eating less calories<sup>17</sup>
- Genetics, which may play an important role in the amount of weight gained<sup>18,19</sup>
- Behavior, such as diet, lack of sleep, or physical activity<sup>20</sup>
- Environment, which may make eating a healthy diet and exercise challenging<sup>19,20</sup>

Although people with obesity may achieve weight-management goals by reducing calories and increasing physical activity, metabolic and hormonal responses (hunger and fullness) can make sustained weight-management difficult.<sup>16</sup>



**In people with obesity, the body will try to put weight back on for at least 12 months after weight reduction.<sup>17</sup>**

2

## Capitalize on opportunities throughout the year to educate your employees about options for weight management

Don't miss out on monthly opportunities to make sure employees know their options. For example, think about distributing information in:

- February for American Heart Month
- March for World Obesity Day
- May for Health and Fitness Month
- August for National Wellness Month
- October for Obesity Week
- November for National Diabetes Month

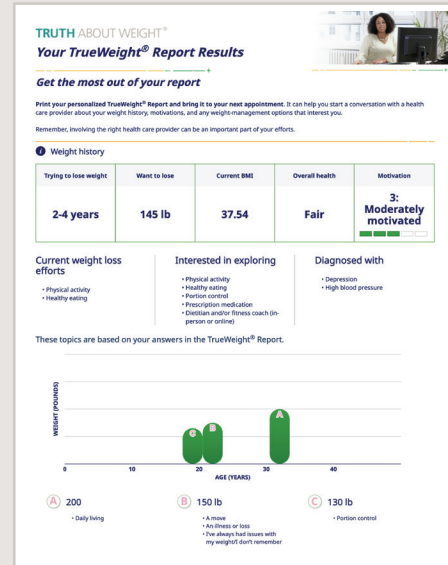


# 3

## Help your employees be well prepared for an appointment with their healthcare professionals to discuss weight management

Direct your employees to get their free, personalized TrueWeight® Report at [www.TruthAboutWeight.com](http://www.TruthAboutWeight.com).

Answering a few questions about their weight-management history, current lifestyle, and goals is a great way for your employees to prepare for a conversation with a healthcare professional.

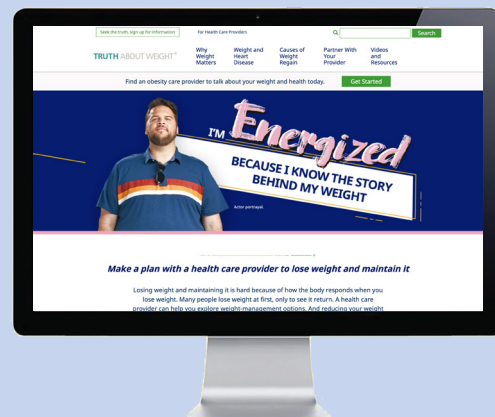


# 4

## Encourage employees to consider all treatment options with their healthcare professionals

Developing a treatment plan may require some trial and error. Exploring weight-management options (including healthy eating, physical activity, medicine, and surgery) with an experienced healthcare professional can be a first step.

Direct your employees to [www.TruthAboutWeight.com](http://www.TruthAboutWeight.com) to learn more.



# NovoNordiskWORKS.com has information and resources available for **you** and **your employees**

Visit [www.NovoNordiskWorks.com](http://www.NovoNordiskWorks.com), the employer website, where resources are available for download and use by employers, payers, employees, and formulary decision makers.

## For employers:

### The Weigh Forward

A comprehensive program designed to assist with weight management for appropriate employees within your organization.



### 50 State Obesity Fact Sheets

Up-to-date information about risks, implications, and productivity data for your state.



...and more!

## For employees:

Educational Obesity 1-pagers—in English and in Spanish!

### Weight-Loss Cycle

Educate employees on what this cycle is and how they might break it.

### The Tug-of-War of Weight Management

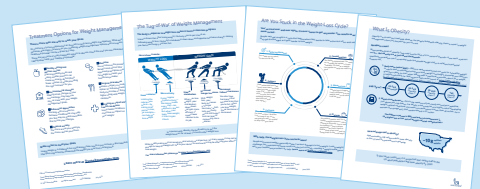
Help your employees understand why they may go through periods of weight loss and weight gain.

### Obesity Treatment Options

Give your employees information about the options they have for weight management.

### What is Obesity?

How is it measured? What is BMI? Why try to manage weight? How do you break the cycle?



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