

# The Evolution of Anti-obesity Medication (AOM) Access

**The recognition of obesity as a disease rather than a lifestyle condition is a contributing factor that has influenced the coverage of AOMs<sup>1-4</sup>**



In the past, obesity was considered a lifestyle choice.<sup>5-7</sup> Many AOM treatments were excluded from federal and commercial health plans, including Medicare Part D.<sup>3,8</sup>

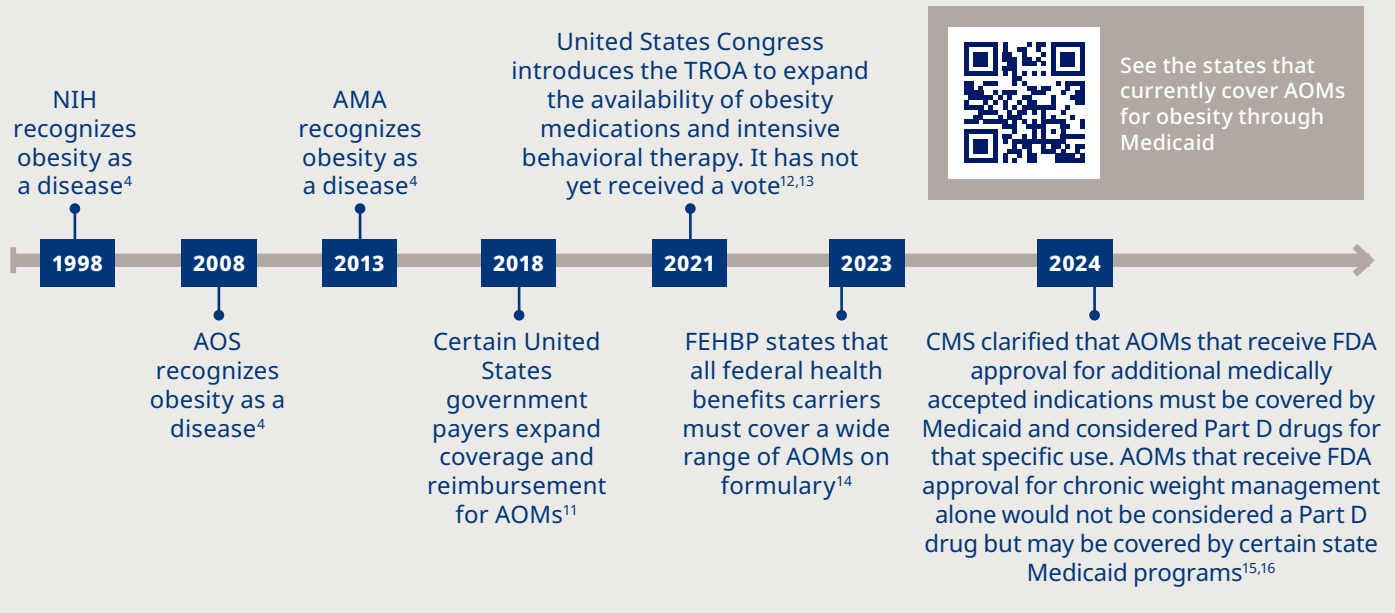


National medical associations agree that obesity is not merely a lifestyle issue, but a serious chronic disease requiring comprehensive treatment.<sup>2,9,a</sup>



Currently, AOMs are more accessible than in the past and are intended for use with lifestyle modification.<sup>7,10</sup>

## The evolution of obesity disease designation and AOM access



## The use of AOMs as part of a comprehensive weight-management plan is supported by third-party guidance<sup>17-19,b</sup>

The current **Endocrine Society Clinical Practice Guidelines** on the Pharmacological Management of Obesity emphasize the need to<sup>10</sup>:



Manage obesity as a **medical condition**



**Recommend pharmacotherapy** in addition to behavioral modification



Highlight how AOMs may **support adherence to behavior change**

The **AMA supports health insurance coverage** parity for evidence-based treatment of obesity. The AMA recognizes that<sup>19</sup>:



The cost of weight-reduction medication can be a significant access barrier for people with obesity



Insurance coverage barriers limit the broad accessibility of these medications



Providing evidence-based treatment options, including AOMs, aligns with a comprehensive approach to manage obesity and may help reduce health complications

**The AMA's policy includes coverage of FDA-approved medications without exclusions or additional carve-outs.<sup>19</sup>**

<sup>a</sup>AMA and the American Association of Clinical Endocrinology/American College of Endocrinology Obesity Task Force.

<sup>b</sup>All third-party guidelines recommend the addition of lifestyle changes for comprehensive obesity management.<sup>17,18</sup>

AMA=American Medical Association; AOS=American Obesity Society; CMS=Centers for Medicare & Medicaid Services; FDA=U.S. Food and Drug Administration; FEHBP=Federal Employees Health Benefits Program; NIH=National Institutes of Health; TROA=Treat and Reduce Obesity Act.

## Payers and employers now have a wider range of AOM options when building comprehensive weight-management programs<sup>20</sup>

While there is significant variability in coverage and reimbursement for AOMs across payers and plans, as of January 2024 **~50% of private health plans cover AOMs**<sup>21,22</sup>

A trend of expanding coverage in government healthcare plans and commercial formularies to cover AOMs is growing<sup>22</sup>:



In Q4 2023, **~50 million people with obesity had coverage for AOMs**, compared with ~35 million people in Q4 2022. That is a **42% increase in coverage** in 12 months

## Employees want AOM benefits

Survey participants in an employee trend report noted a **desire to access AOM benefits**<sup>23,a</sup>



**53%** ranked AOM coverage as a **top 5 important job perk**

**~31%** said keeping AOM coverage was an **extremely important factor** in accepting a new job offer or deciding to stay at their current job

~36% said it was **very important** and  
~23% said it was **somewhat important**

**~68%** said they were likely or very likely to stay at a job they did not like **in order to sustain coverage for AOMs**



Controlling and reducing the prevalence of obesity **may decrease associated healthcare expenditures** through potential improvements in comorbid conditions.<sup>24</sup>

## Work with your EBC or PBM to take action and cover AOMs for your employees or covered lives with obesity

- Identify the number of members/employees with obesity. Work with your EBC, actuary, or PBM to define this population
- Understand the current AOM coverage of your plan or business and its integrated approach (opt-in or opt-out)
- See if your weight-management program meets or exceeds current guideline standards or the current FEHBP standard
- Customize your plan's approved medication list to include FDA-approved AOMs
- Ensure your prior authorization criteria align with label indications for proper utilization management of AOMs
- Access available tools and resources to demonstrate the potential benefits of covering AOMs in a real-world setting

**Please contact your Novo Nordisk Account Manager or visit [NovoNordiskWorks.com](https://www.novonordiskworks.com) for further details.**

<sup>a</sup>Online survey of 1300 nationally representative people in the United States conducted by 9amHealth in December 2023.<sup>23</sup>  
EBC=employer benefit consultant; PBM=pharmacy benefit manager.

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