

The power is in your hands to make a difference

A guide to help navigate weight management and anti-obesity medication (AOM) coverage in your organization

Inside you can find:

- Information about the impact of obesity
- Helpful tips and resources for your organization
- A step-by-step guide that helps ensure your health benefits and pharmacy plans cover AOMs

What's weighing your organization down?

How widespread is obesity in the United States?

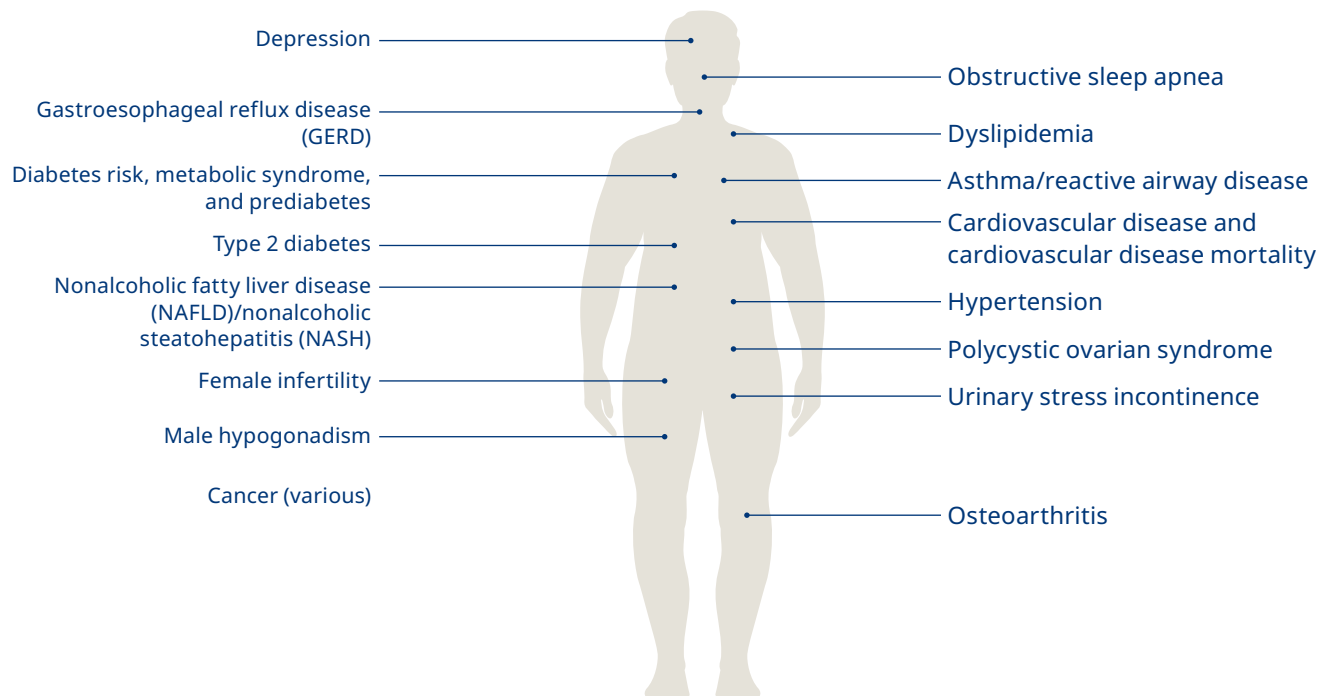
The prevalence of obesity in the United States continues to grow¹

- Of ~332 million people, ~108 million adults are affected by obesity in the United States^{2,3,a}
- Obesity rates are highest in African-American and Hispanic adults^{4,b}
 - At ~57%, African American adult women have the highest obesity rate of any demographic⁴

If the current trend continues, nearly 1 in 2 adults in the United States are projected to have obesity by 2030.¹

How does obesity impact the lives of people with the disease?

There are many comorbidities associated with obesity^{5,6,c}



Obesity can be a debilitating disease that may be already impacting the health of people in your organization.^{7,8}

^aAdults aged ≥20 years.³

^bAdults aged ≥18 years.⁴

^cThe above list is not exhaustive and is intended to illustrate only a range of key complications.

What's the financial impact of obesity?

Obesity may be the underlying driver of many other costs⁹



Obesity-related complications can be costly

- **\$327 billion** due to type 2 diabetes^{10,a}
- **\$188 billion** due to coronary heart disease^{11,b}
- **\$186 billion** due to osteoarthritis^{12,c}

In a health plan of 100,000 members, consider the following direct medical costs^{9,13,d}:



Type 2 diabetes

5325 affected members
~**\$37.9 million** total direct annual cost
~**\$31.55** PMPM



Coronary heart disease

1645 affected members
~**\$7.1 million** total direct annual cost
~**\$5.93** PMPM



Osteoarthritis

13,704 affected members
~**\$27.1 million** total direct annual cost
~**\$22.60** PMPM



The impact of obesity-related comorbidities can be seen in your medical and your pharmacy costs.⁹



You can do something about these costs by adding AOM coverage to your current wellness offerings.

PMPM=per-member, per-month.

^aIncludes direct medical costs and the costs of lost productivity (2017).¹⁰

^bIncludes direct (medical) and indirect costs of coronary artery disease (2017).¹¹

^cAggregate medical expenditures, including out-of-pocket costs (1996-2005; 2007 dollars).¹²

^dCosts shown are direct medical costs associated with treating specific overweight- and obesity-related comorbidities PMPM in 2016.

How do you navigate AOM coverage in your organization?

The employers' journey to AOM coverage



Work with your employee benefits consultant (EBC) to ensure your health benefits and pharmacy plans cover AOMs

This step-by-step guide is designed to help you overcome barriers that may block your employees' access to AOMs.

This information may also help you work with your EBC, who can assist you with adding AOM coverage.



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 Prior Authorization (PA) for AOM Coverage

1. The FDA labels for AOMs specify the target populations that qualify for therapy: BMI ≥ 30 kg/m² or BMI ≥ 27 kg/m² with comorbidities (eg, hypertension, diabetes, and dyslipidemia)
2. Find the PA section within the "Plan Design Document" or "Benefit Specification Form" currently in effect with your PBM
3. Check the appropriate coverage box to incorporate appropriate PA coverage requirements for AOMs



Remove or Minimize Financial Access Barriers Caused by Tier Placement

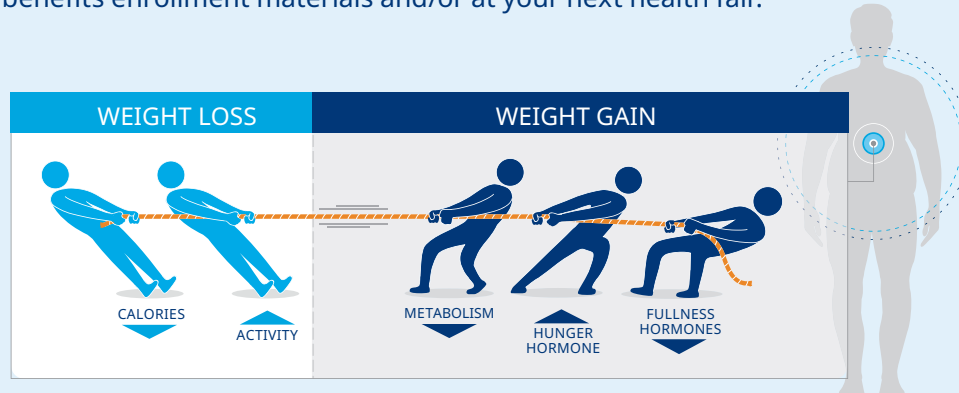
1. Examine your formulary to make sure AOMs are not in a formulary tier that has financially prohibitive copays or coinsurance
2. Increase employees' financial access to AOMs by putting AOMs in Tier 2 or lower

Helpful tips

Tip 1

Maintaining weight loss can be a constant struggle—like a tug-of-war^{14,15}

You can help employees understand why it is so easy to gain the weight back. Go to www.TruthAboutWeight.com to see a valuable video about the tug-of-war of weight management. Consider including information like this in your annual benefits enrollment materials and/or at your next health fair.



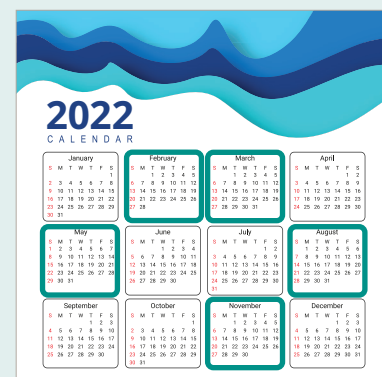
Tip 2

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
- November for National Diabetes Month

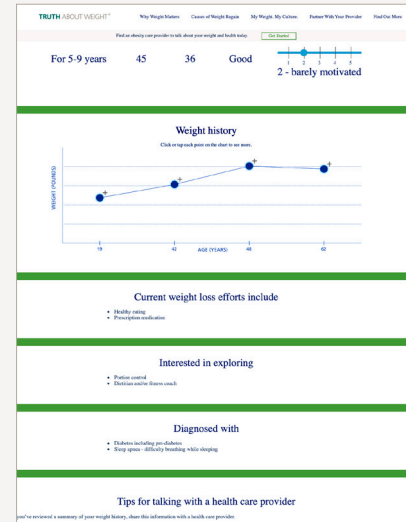


Tip 3

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.

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.



Tip 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 to learn more.



Novo Nordisk has information and resources available for **you** and **your employees**

Information for you:

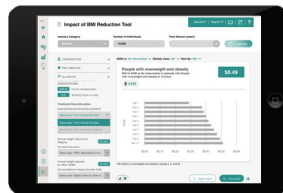
The Weigh Forward

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



The Impact of BMI Reduction Tool

A tool created based on a series of inputs about your organization and dependent population that provides basic guidance about the impact of cost of events avoided and ROI with the management of obesity.



NovoNordiskWorks™

Employer website
www.NovoNordiskWorks.com.



ROI=return on investment.

Information for your employees:

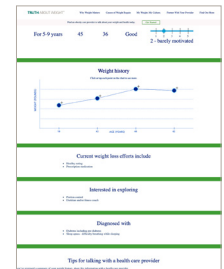
The Truth About Weight®

Educational website
www.TruthAboutWeight.com.



TrueWeight Report®

This report provides a summary of the employee's weight history and highlights key insights that an employee and healthcare professional can use to design a weight-management plan.



References: 1. Ward ZJ, Bleich SN, Cradock AL, et al. Projected U.S. state-level prevalence of adult obesity and severe obesity. *N Engl J Med*. 2019;381(25):2440-2450. 2. QuickFacts: United States. United States Census Bureau website. <https://www.census.gov/quickfacts/fact/table/US/PST045219>. Accessed February 22, 2022. 3. Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity and severe obesity among adults: United States, 2017-2018, NCHS Data Brief No. 360. <https://www.cdc.gov/nchs/products/databriefs/db360.htm>. Accessed February 22, 2022. 4. Warren M, Beck S, Lieberman D. The state of obesity: better policies for a healthier America. Special feature: COVID-19, social determinants of health, and obesity. *Trust for America's Health*. September 2021. 5. Garvey WT, Mechanick JI, Brett EM, et al; Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract*. 2016;22(suppl 3):1-203. 6. Cancers associated with overweight and obesity make up 40 percent of cancers diagnosed in the United States. Centers for Disease Control and Prevention website. <https://www.cdc.gov/media/releases/2017/p1003-vs-cancer-obesity.html>. Published October 3, 2017. Accessed February 22, 2022. 7. What is obesity? Obesity Medicine Association website. <https://obesitymedicine.org/what-is-obesity/>. Accessed February 22, 2022. 8. Summary Health Statistics: National Health Interview Survey, 2018: Table A-15a. Centers for Disease Control and Prevention website. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-15.pdf. Accessed February 22, 2022. 9. Waters H, Graf M. America's Obesity Crisis: *The Health and Economic Costs of Excess Weight*. <https://milkeninstitute.org/sites/default/files/reports-pdf/Mi-Americas-Obesity-Crisis-WEB.pdf>. Published October 2018. Accessed February 22, 2022. 10. Statistics about diabetes. American Diabetes Association website. <https://www.diabetes.org/resources/statistics/statistics-about-diabetes>. Accessed February 22, 2022. 11. American Heart Association, American Stroke Association. Cardiovascular Disease: A Costly Burden for America. Projections Through 2035. <https://www.heart.org/-/media/files/get-involved/advocacy/burden-report-consumer-report.pdf?la=en>. Accessed February 22, 2022. 12. Kotlarz H, Gunnarsson CL, Fang H, Rizzo JA. Insurer and out-of-pocket costs of osteoarthritis in the US. *Arthritis Rheum*. 2009;60(12):3546-3553. 13. Table 1: Population by Age and Sex: 2016. United States Census Bureau. https://www2.census.gov/programs-surveys/demo/tables/age-and-sex/2016/age-sex-composition/2016gender_table1.xls. Accessed February 22, 2022. 14. Lam YY, Ravussin E. Analysis of energy metabolism in humans: a review of methodologies. *Mol Metab*. 2016;5(11):1057-1071. 15. Sumithran P, Prendergast LA, Delbridge E, et al. Long-term persistence of hormonal adaptations to weight loss. *N Engl J Med*. 2011;365(17):1597-1604.