



## Module 3: **Act Now**

Ensure your employees' coverage for anti-obesity medications (AOMs) with an addendum or rider to your benefits offering

### Employers

**The Weigh Forward** is a comprehensive program designed to assist with weight management for appropriate employees within your organization. Specifically, this module serves as a guide to help you ensure coverage and add an addendum or rider for AOMs. It also includes sample communications for informing healthcare providers or health systems that employees have received coverage for AOMs.

An effective strategy for improving health and containing costs is adding AOM coverage for your employees and their family members with obesity

## Act now to help control healthcare costs and improve employee wellness

Regardless of your industry or occupation, obesity affects your workforce<sup>1</sup>

**In the United States, more than 23 million full-time employees (aged ≥18 years) are affected by obesity.<sup>2,3</sup>**

There are various methods for weight loss, from the noninvasive (diet, exercise, and behavioral modification) to the invasive (bariatric surgery).<sup>4,5</sup> AOMs may be another appropriate, noninvasive weight loss option for some of your employees.<sup>6</sup> Adding AOM coverage can help fill the gap in weight management options that may exist between diet and lifestyle modifications and bariatric surgery.<sup>7</sup>

This guide will take you through the steps needed to add an addendum or rider to ensure that your employees and their family members with obesity have coverage for AOMs.



**“Lack of coverage for treatments for weight loss**—including medical visits for overweight treatment, behavioral health intervention, anti-obesity medications and bariatric surgery—**is the single biggest obstacle** to dealing effectively with overweight and obesity at the employer level.”<sup>8</sup>

**“Employers can play an important role** by changing their messaging, increasing access to treatments via benefit design, and exerting their leverage with the delivery system to align with evidence that **obesity needs to be treated as a medical disorder.**”<sup>8</sup>

**Louis J. Aronne, MD**

Director, Comprehensive Weight Control Program at Weill Cornell Medicine  
Chairman, American Board of Obesity Medicine

**Obesity management warrants a stepwise approach: AHA/ACC/TOS guidelines<sup>9,a</sup>**

Treatment	BMI category (kg/m <sup>2</sup> )				
	25-26.9	27-29.9	30-34.9	35-39.9	≥40
Diet, physical activity, and behavior therapy	Yes, with comorbidities	Yes	Yes	Yes	Yes
Pharmacotherapy		Yes, with comorbidities	Yes	Yes	Yes
Surgery				Yes, with comorbidities	Yes

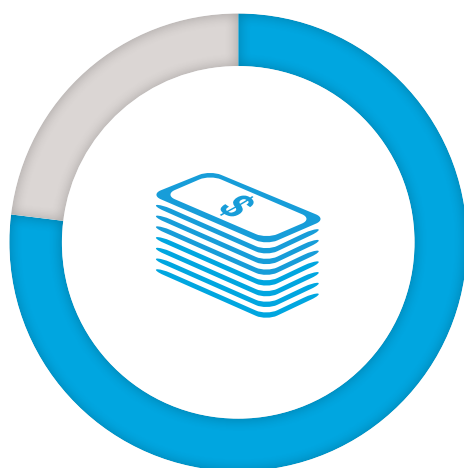
ACC=American College of Cardiology; AHA=American Heart Association; TOS=The Obesity Society.

<sup>a</sup>Yes alone means that the treatment is indicated regardless of presence or absence of comorbidities. The solid arrow signifies the point at which treatment may be initiated.<sup>9</sup>

## Managing high-cost employees is an important health savings strategy

With today's increasing healthcare costs, employers are seeking effective strategies to control costs. Explored in this section are strategies specifically designed for high-cost claimants. Although this population of employees may be small, it is an important cost driver. In fact, on average, the sickest 6% of an organization's employees represents nearly half of the total allowed medical and pharmacy spending.<sup>10</sup>

Employers are focusing on high-cost claimants to help keep costs down<sup>10</sup>



Among US employers with  $\geq 500$  employees

**>77%**

agree that helping high-cost claimants manage their care effectively was important or very important

- Employers are managing and monitoring high-cost claimants to keep costs down and improve employee health<sup>10</sup>



"High-cost claims are clearly one of the issues that keep employer health plan sponsors up at night. Fortunately, there are ways employers can improve the experience of employees and family members dealing with serious conditions, while also mitigating cost. This can be done by helping to ensure that patients are receiving the right care, delivered in the right place at the right time."<sup>10</sup>

**Obesity is a high-cost disease and employees having this condition are among your high-cost claimants.<sup>11-14</sup>**



# Know your numbers: obesity is a high-cost disease, yet is often overlooked

## Cost of Obesity

### Obesity is costing your organization more than you know

As we have seen in Module 1, the effects of obesity have a distinct financial impact on employers. Here we examine key ways you may already be feeling the effects of obesity within your organization.

According to data from a 2006 survey and adjusted to 2019 inflation rates,

**\$92.1 billion**

is the aggregate cost of obesity among full-time employees in the United States.<sup>12,13</sup>

This is roughly equivalent to the cost of hiring

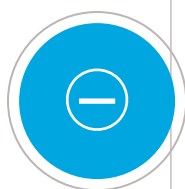
**2 million**

additional workers per year at

**\$47,060 each.**<sup>12,13,15</sup>

# A step-by-step guide to ensure your health benefits and pharmacy plan cover AOMs

This step-by-step guide is designed to help you overcome health benefits plan and pharmacy benefit manager (PBM) barriers that may block your employees' access to AOMs. This information may also help you to work with your employee benefits consultant (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 canceled, 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. See Table 1 for an example for AOMs



## Select Appropriate PBM Prior Authorization 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, diabetes
2. Find the prior authorization (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. See Table 2 for an example



## 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 them in Tier 2 or lower

Table 1

Category	Covered	Not Covered	Covered With Letter of Medical Necessity?	
Weight loss drugs			Yes	No
Generics				
Brands				

Table 2

Category	Drug Name	Criteria	Covered With PA	Covered Without PA	Not Covered
AOMs	Generic AOM	Documentation of Medically Accepted Criteria (DMAC)			
	Branded AOM	DMAC			

**Addenda and riders are tools you can use to make a change or addition to your employee health plan. The next section discusses how they can be used to help ensure coverage for AOMs.**

# Adding addenda and riders to help ensure coverage for AOMs

## Addenda and riders in the employer benefits landscape

Addenda and riders can extend coverage for a benefit, service, or drug beyond the core offerings of a health plan or PBM. Often, health plan and PBM core services do not cover AOMs. Adding an addendum or rider enables employers to elect coverage for AOMs. In order to retain customers, most health plans and PBMs will support addenda or riders.



### **ADDENDUM**

An addendum provides supplemental coverage to a base health plan policy and can be incorporated at any time.



### **RIDER**

Subject to both state policies and deadlines, riders are additions to a base health plan policy that expand coverage.



## Employers control their benefit and formulary design

Employers using either self-insured or fully insured health plans have the power to control their benefit offerings and expand coverage to include AOMs. Each insurance model, as discussed in the table below, will take a separate path using different tools to achieve coverage goals for employees and their dependents.

	Self-Insured Health Plans	Fully Insured Health Plans
How to expand coverage for AOMs	Create AOM addendum	Create AOM rider
What employers need to know	<ul style="list-style-type: none"><li>• If AOMs are not included on a PBM's national formulary, an employer will be required to customize its benefit plan using an addendum</li><li>• Addenda range from simple to complex depending on the health plan or PBM</li><li>• All contracts are different. Employers should discuss their individual addendum process with their EBC to understand how to incorporate AOM coverage into their benefit design</li></ul>	<ul style="list-style-type: none"><li>• Each insurance company has its own unique regulatory process</li><li>• Employers may purchase a rider directly from their health plan or PBM, but this procedure is most successful with help from an EBC</li><li>• Employers may need to wait until the following calendar year or the next open enrollment period to institute a rider unless the health plan allows for periodic formulary reviews</li></ul>
How EBCs can assist	<ul style="list-style-type: none"><li>• Self-insured plans may rely on EBCs to perform cost analyses, determine pricing, and design the addendum benefit</li></ul>	<ul style="list-style-type: none"><li>• Helping to define contract terms with the health plan or PBM</li><li>• Validating actuarial cost analyses</li></ul>

**It's important to communicate your coverage decisions to your employees, their providers, and health systems. In the next section, you will find easy-to-use letter templates to help announce new coverage options, such as AOMs.**

# Communicate employee benefit decisions

## Tell your employees, providers, and local health systems about AOM coverage

Once you have the AOM benefit offering in place, it's important to communicate this new coverage to maximize your investment in support of employee health. Take extra steps to notify employees of the benefits you provide. Consider using the 2 templates that follow to communicate your plan offerings. These templates are available on the thumb drive provided with this kit.

**Letter (or email) to Healthcare Providers From Employees:** Have your employees use this communication to notify their healthcare providers that they are covered under your benefit plan and have access to AOMs. The template emphasizes your commitment to helping your employees achieve their health and wellness goals, and that healthcare providers play a key role in doing so.

### Example Letter (or email) to Healthcare Providers

- Use the template as a guide; feel free to adapt the content to suit your needs
- If using a letter, place it on your own company letterhead
- Give the letter to your employees to take to their healthcare providers

Dear Dr. [Name of HCP],

[Name of patient], an employee of [Company], has taken the next step in [his/her] commitment toward a healthy lifestyle by taking advantage of the obesity and weight management resources offered through our company. Your patient has enrolled in [insert program name], which includes:

- [Insert program specifics]

Along with wellness programs, anti-obesity medications may form a critical component of [Name of patient]'s comprehensive weight management plan.

We have ensured that anti-obesity medications are included on our health plan formulary. At your discretion, you may want to consider prescribing one of the following anti-obesity medications that are covered under [Name of patient]'s health plan:

- [Insert covered anti-obesity medication brand names]

We are committed to comprehensive weight management for our employees, because:

- Obesity is associated with increased employee sick days, disability claims, and health care costs<sup>1</sup>
- A 5% or greater weight loss has been shown to increase productivity in employees with obesity<sup>2</sup>
- The FDA has approved various pharmacotherapies for chronic weight management in conjunction with diet and exercise<sup>3,7</sup>

By combining your clinical expertise with weight management resources, including anti-obesity medications, we can work together to help [Name of patient] achieve [his/her] health and lifestyle goals.

Sincerely,

[Name/Title/Department]

References: 1. Hammond RA, Levine R. The economic impact of obesity in the United States. *Diabetes Metab Syndr Obes*. 2010;3:285-295.  
2. Sigler M, Finkelstein EA, Kruger E, Tala DP, Liman LA. The effect of weight loss on health, productivity, and medical expenditures among overweight employees. *Med Care*. 2013;51(6):471-477. 3. US Food and Drug Administration. FDA approves Belviq to treat some overweight or obese adults [press release]. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm299963.htm>. Published June 27, 2012. Accessed May 16, 2016. 4. US Food and Drug Administration. FDA approves weight-management drug Cymzia [press release]. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm312468.htm>. Published July 17, 2012. Accessed May 16, 2016. 5. US Food and Drug Administration. Orlistat (marketed as Alli and Xenical) information. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm190076.htm>. Updated July 8, 2015. Accessed May 16, 2016. 6. US Food and Drug Administration. FDA approves weight-management drug Contrave [press release]. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm318096.htm>. Published September 10, 2014. Accessed May 16, 2016. 7. US Food and Drug Administration. FDA approves weight-management drug Saxenda [press release]. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm427913.htm>. Published December 23, 2014. Accessed August 16, 2016.

**See Module 4 for additional information and resources to help you more fully encourage employees with obesity to take action.**

**Letter (or email) to Health Systems:** Use this communication to notify local health systems that AOMs are now covered for your employees. It's important to alert local health systems to the positive actions taken by your employees to improve their health. This template will help to ensure that the medications your employees may need are made available to them.

### Example Letter (or email) to Health Systems

- Use the template as a guide and feel free to adapt the content to suit your needs
- If using a letter, place it on your own company letterhead
- In addition to sending the letter (or email), you may want to arrange a meeting with health system leadership to discuss what you can do together to benefit employees

Dear [Name],

Helping our employees at [Company] to achieve their health and lifestyle goals is a top priority. Network providers in your health system see many of our employees, and we view this as a great opportunity to form a partnership to improve the health of our employees and your patients. Our employees are taking advantage of the obesity and weight management resources offered through our company, which include:

- [Insert resource names]

Along with these resources, anti-obesity medications may form a critical component of their comprehensive weight management plan.

**We have ensured that anti-obesity medications are included on our health plan formulary and wanted to notify you as well. Please consider the following medication(s) for employees of [Company]:**

- [Insert covered anti-obesity medication brand names]

We are committed to comprehensive weight management for our employees, because:

- Obesity is associated with increased employee sick days, disability claims, and health care costs<sup>1</sup>
- A 5% or greater weight loss has been shown to increase productivity in employees with obesity<sup>2</sup>
- The FDA has approved various pharmacotherapies for chronic weight management in conjunction with diet and exercise<sup>3,7</sup>

By combining your clinical expertise with weight management resources, including anti-obesity medications, we can jointly help your patients achieve their health and lifestyle goals. We would be grateful for the opportunity to discuss what we can do together to benefit our employees within your network.

If you are interested, please contact us at [Phone number/email address].

Sincerely,

[Name/Title/Department]

**References:** 1. Hammond RA, Levine R. The economic impact of obesity in the United States. *Diabetes Metab Syndr Obes.* 2010;3:285-295.  
2. Elger M, Finkelstein EA, Kruger E, Tate DF, Linnan LA. The effect of weight loss on health, productivity, and medical expenditures among overweight employees. *Med Care.* 2013;51(6):471-477. 3. US Food and Drug Administration. FDA approves Belviq to treat some overweight or obese adults [press release]. <http://www.fda.gov/oc/2012/06/fda-approves-belviq-to-treat-some-overweight-or-obese-adults> [press release]. Accessed May 16, 2016. 4. US Food and Drug Administration. FDA approves weight-management drug Qsymia [press release]. <http://www.fda.gov/oc/2012/07/fda-approves-weight-management-drug-qsymia> [press release]. Accessed May 16, 2016. 5. US Food and Drug Administration. Orlistat (marketed as Alli and Xenical) information. <http://www.fda.gov/oc/2012/07/fda-approves-weight-management-drug-orlistat> [press release]. Accessed May 16, 2016. 6. US Food and Drug Administration. FDA approves weight-management drug Contrave [press release]. <http://www.fda.gov/oc/2012/09/fda-approves-weight-management-drug-contrave> [press release]. Accessed May 16, 2016. 7. US Food and Drug Administration. FDA approves weight-management drug Saxenda [press release]. <http://www.fda.gov/oc/2014/12/fda-approves-weight-management-drug-saxenda> [press release]. Accessed August 16, 2016.

**Templates for the Healthcare Provider and Health System letters are available on the thumb drive provided with this kit.**

# Act now to help improve employee health and contain costs

Choosing to cover AOMs can have a positive impact on your company and your employees' health. As you know, addressing obesity is important because



- The effects of obesity have a distinct financial impact on employers, with aggregate costs of more than \$92 billion in the United States<sup>12,13</sup>



- Obesity may be a contributing factor to many comorbidities that drive up medical and pharmacy expenditures in your organization
  - Reach out to your Novo Nordisk Account Manager for a demonstration of the Impact of Excess Weight tool and to understand how the tool can benefit your organization



- Weight loss reduces the risk of obesity-related comorbidities and may lead to associated cost savings<sup>16</sup>

**Adding AOM coverage with an addendum or rider to your benefits offering is an effective strategy for containing obesity-related costs that underscores your commitment to helping your employees achieve their health and wellness goals.**

**References:** 1. Luckhaupt SE, Cohen MA, Li J, Calvert GM. Prevalence of obesity among U.S. workers and associations with occupational factors. *Am J Prev Med.* 2014;46(3):237-248. 2. United States Census Bureau. QuickFacts United States. <https://www.census.gov/quickfacts/fact/table/US/PST045218#>. Accessed August 20, 2019. 3. Age-adjusted percent distribution (with standard errors) of body mass index among adults aged 18 and over, by selected characteristics: United States, 2017. Centers for Disease Control and Prevention website. [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2016\\_SHS\\_Table\\_A-15.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2016_SHS_Table_A-15.pdf). Accessed August 20, 2019. 4. Dunkley AJ, Bodicoat DH, Greaves CJ, et al. Diabetes prevention in the real world: effectiveness of pragmatic lifestyle interventions for the prevention of type 2 diabetes and of the impact of adherence to guideline recommendations. A systematic review and meta-analysis. *Diabetes Care.* 2014;37(4):922-933. 5. Sjöström L. Review of the key results from the Swedish Obese Subjects (SOS) trial – a prospective controlled intervention study of bariatric surgery. *J Intern Med.* 2013;273(3):219-234. 6. Garvey WT, Mechanick JL, 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. 7. National Institutes of Health. National Heart, Lung, and Blood Institute. *The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. NIH Publication No. 00-4084. [https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd\\_c.pdf](https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf). Accessed August 21, 2019. 8. Nobel J, Pickering L, Sasser E. *Tipping the Scales on Weight Control: New Strategies for Employers*. [https://nebh.org/wp-content/uploads/2016/08/NEBGH\\_Tipping-the-Scales-2016.pdf](https://nebh.org/wp-content/uploads/2016/08/NEBGH_Tipping-the-Scales-2016.pdf). Published August 2016. Accessed August 21, 2019. 9. Jensen MD, Ryan DH, Apovian CM, et al; American College of Cardiology/American Heart Association Task Force on Practice Guidelines; The Obesity Society. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation.* 2014;129(25 suppl 2): S102-S138. 10. Miller S. Managing high-cost claimants is employers' top health savings strategy. <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/managing-high-cost-claimants.aspx>. Published July 26, 2018. Accessed August 21, 2019. 11. Yarbrough CM III, Brethauer S, Burton WN, et al. Obesity in the workplace: impact, outcomes, and recommendations. *J Occup Environ Med.* 2018;60(1):97-107. 12. Bureau of Labor Statistics. CPI inflation calculator [search "June 2006", "June 2019"]. <https://data.bls.gov/cgi-bin/cpicalc.pl?cost1=1.00&year1=200606&year2=201906>. Accessed August 20, 2019. 13. Finkelstein EA, DiBonaventura MD, Burgess SM, Hale BC. The costs of obesity in the workplace. *J Occup Environ Med.* 2010;52(10):971-976. 14. Obesity increases worker's compensation costs. Duke Health website. <https://corporate.dukehealth.org/news-listing/obesity-increases-workers-compensation-costs>. Updated January 20, 2016. Accessed August 21, 2019. 15. Doyle A. Average salary information for US workers. The Balance Careers website. <https://www.thebalancecareers.com/averagesalary-information-for-us-workers-2060808>. Updated May 10, 2019. Accessed August 20, 2019. 16. Levi J, Segal LM, Thomas K, St. Laurent R, Lang A, Rayburn J. *F as in Fat: How Obesity Threatens America's Future*. <https://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf407528>. Published August 2013. Accessed August 20, 2019.