

Covering anti-obesity medications (AOMs) may be cost-effective for employers and may benefit employee health...

Advocating for AOM coverage with employers: the Novo Nordisk approach

Obesity is associated with health complications that result in significant costs to employers

Direct medical costs of obesity-related complications in a hypothetical health plan of 100,000 members^{1,2,a}



According to the Obesity Medicine Association, there are at least **60 comorbidities** associated with obesity.³

PMPM=per-member per-month.

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

COVID-19 has increased the importance of managing obesity

People with obesity are at risk for severe symptoms of COVID-19



People with obesity are at a **higher risk of complications** and adverse outcomes from COVID-19 and other acute illnesses due to the increased risk of chronic diseases driven by obesity⁴



The Centers for Disease Control and Prevention has stated that adults of any age with the following underlying medical conditions are at **increased risk for severe illness** from COVID-19⁵:

- Cancer
- Chronic kidney disease
- Chronic lung diseases
- Dementia
- Diabetes
- Down syndrome
- Heart conditions
- HIV
- Immunocompromised state
- Liver disease
- **Overweight (BMI ≥ 25 kg/m² to < 30 kg/m²), obesity (BMI ≥ 30 kg/m² to < 40 kg/m²), or severe obesity (BMI ≥ 40 kg/m²)**
- Pregnancy
- Sickle cell disease
- Smoking
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorders



Additionally, studies suggest that **obesity could jeopardize the effectiveness of a COVID-19 vaccine** based on evidence from other vaccines^{6,7}



Healthcare costs from COVID-19 are impacting employers⁸

According to a recent analysis,

"The rising cost of healthcare due to COVID-19 is eroding margins and forcing many organizations to consider trade-offs between workforce and future growth potential."

Obesity is associated with high indirect costs for employers



Short-term disability⁹

According to a retrospective analysis of a large, national employer database (N=89,097) of 29,699 individuals observed over 3 years,

- Employees with obesity are nearly **2x as likely** to file short-term disability claims^a
- The number of short-term disability claims can **increase by 37%** as BMI increases from 30 kg/m² to 35 kg/m² for those with diabetes, hypertension, or hyperlipidemia



Absenteeism

- According to one study of 29,699 individuals observed over 3 years using 2006-2008 survey data (N=89,097), employees with a BMI of 40 kg/m² will **miss 77% more work days^b** compared with employees with a BMI of 25 kg/m²⁹
- Obesity-related absenteeism can cost employers **\$12.8 billion** annually¹⁰



Workers' compensation¹¹

- In a 3-year study of workers' compensation claims, claims were **160% higher** for employees with obesity (BMI ≥30 kg/m²) compared with those of normal weight (BMI 18.5-25 kg/m²)^c



Presenteeism¹⁰

- Presenteeism in the workplace has been shown to be the **single largest cost driver** of poor health associated with obesity, regardless of BMI



Productivity¹²

- Increasing BMI is associated with **impaired work productivity** and indirect costs
- Obesity is shown to have the greatest impact on productivity in **construction**, followed by **arts and hospitality** occupations

Employers may not be aware of the substantial direct and indirect costs of obesity or the options that are available to treat it

^aCompared with an employee with BMI of 25 kg/m², an employee with BMI of 35 kg/m² has nearly double the risk of a short-term disability claim (3.2% vs 6%; P=.01).⁹

^bDue to sick days, short-term disability, and workers' compensation days.⁹

^cStudy specific to the Louisiana Workers' Compensation Corporation Claims Payment Database for open claims. Study included ~2300 injured employees filing workers' compensation claims.¹¹

Health plans play a leading role in offering obesity solutions, relative to PBMs and other organizations

Large employers were asked to indicate which types of organizations deliver programs to help their employees address obesity¹³

• In this study, by Gallagher Research and Insights, **64 jumbo employers** (≥5000 employees) and **7 business health coalitions** were surveyed regarding workforce obesity awareness and benefits coverage¹³



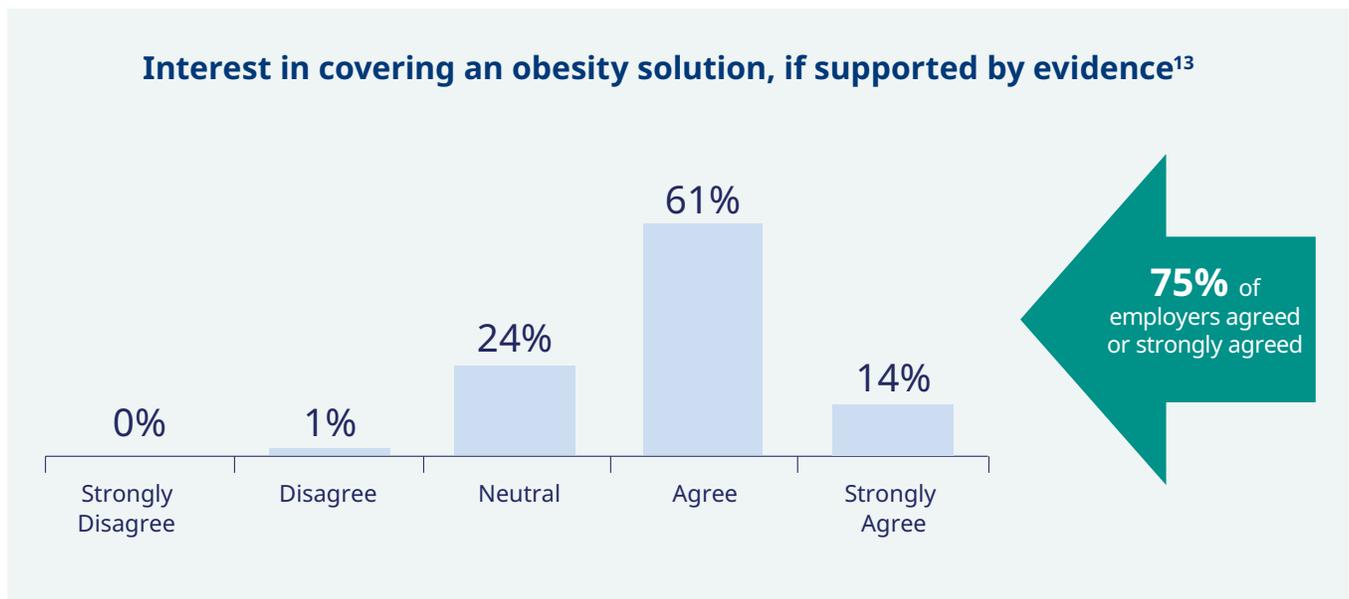
Employers may not realize that PBMs can offer obesity management options

PBM=pharmacy benefits manager.

Research shows that most employers are willing to address workforce obesity

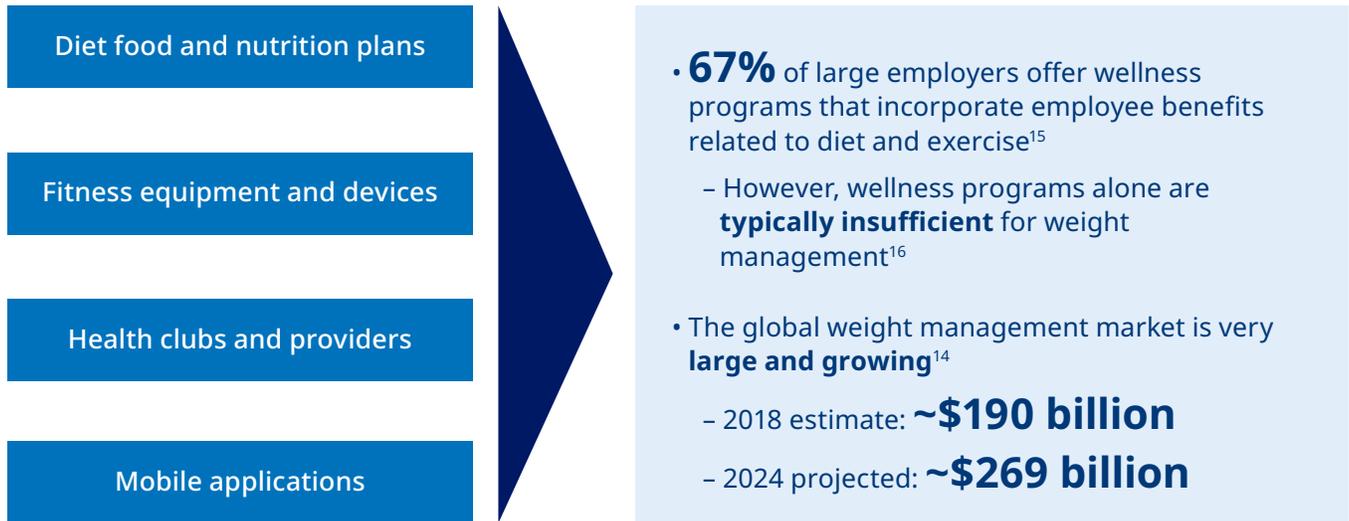
Large employers were asked whether they would provide benefits coverage for an obesity solution if compelling evidence was presented to demonstrate its effectiveness¹³

- In this study, by Gallagher Research and Insights, **64 jumbo employers** (≥5000 employees) and **7 business health coalitions** were surveyed regarding workforce obesity awareness and benefits coverage¹³



These data suggest that employers may be interested in coverage of AOMs if compelling evidence of efficacy is provided to them

Employers are investing heavily in obesity management¹⁴



Covering AOMs can help employers improve employee health and reduce downstream costs¹⁷⁻¹⁹

- As a PBM, educating employers about AOM coverage may, in turn, **benefit your organization**

Novo Nordisk has successfully engaged with employers using a targeted strategic approach

Approaches targeting specific customer groups were developed based on an analysis of employer beliefs



Three main employer groups were identified based on their beliefs regarding chronic weight management



Targeted strategies for use with each employer group were developed



Appropriate resources to be used with each employer group have also been identified



In the past, **Novo Nordisk has asked questions** of employers regarding their knowledge of obesity in order **to determine their particular beliefs**. This was necessary to be able to employ a targeted strategic approach with each customer.

Novo Nordisk has sought to understand the different employer groups to successfully engage with each group. This guide is intended to provide insight into the Novo Nordisk approach.

Three main employer groups have been identified, based on their beliefs



Group 1 employers core belief:

Obesity is a lifestyle choice and it's not my problem

These customers may require additional evidence about the burden of obesity as a complex medical condition and its associated unmet needs.



Group 2 employers core belief:

Obesity is a chronic disease that is addressed by wellness programs and bariatric surgery

These customers have coverage for AOMs but may be unsure of their current AOM coverage through their PBM (passive opt-in scenario) or how to best engage their employees in care (active opt-in scenario).



Group 3 employers core belief:

I need to do everything I can about obesity

These customers have opted in and may have cost concerns associated with increasing PMPM costs for this category.

- Novo Nordisk has sought to understand other employer characteristics, including
 - Whether they are **fully insured or self-insured**
 - This determines whether an addendum or a rider is needed to add AOM coverage
 - **When and how** they make healthcare decisions
 - During which months do they make decisions about benefits package offerings
 - Which stakeholders do they consult with in the process?
- Novo Nordisk has also sought to understand the **role of third-party influencers**, such as Employee Benefits Consultants

Understanding Group 1 employers in depth

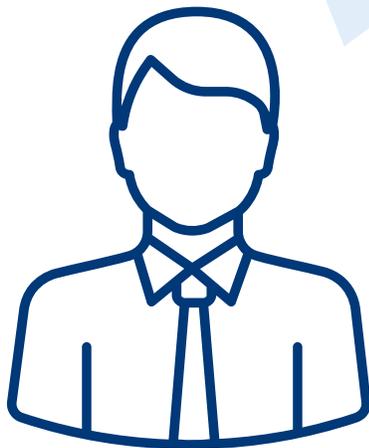
CORE BELIEF:

**Obesity is a lifestyle choice
and it's not my problem**

These customers think...

"Obesity is a lifestyle issue and an individual decision."

"Obesity is a disease that impacts my employees, not me."



- These employers **lack basic knowledge** about obesity and may not view it as a complex medical condition or a chronic disease
- They **may not recognize the impact** of obesity-related costs on their organizations
- They **may not know that AOMs are available** or how to provide access to them
- They **may only provide wellness programs** and/or coverage for bariatric surgery

[Click here](#) for an action plan Novo Nordisk has leveraged with this employer group.

Understanding Group 2 employers in depth

CORE BELIEF:

Obesity is a chronic disease that is addressed by wellness programs and bariatric surgery

These customers think...

"I don't know how or where to start to address obesity."

"I already provide resources such as wellness programs and bariatric surgery."



- These employers are **aware of the impact of obesity** on their organizations
- They **may cover AOMs**, but their use of chronic weight-management programs and AOMs is low
- They **may be unaware of how AOMs are covered** due to passive opt-in from PBM national formulary inclusion
- They **may not know how to incorporate AOMs** into an overall wellness program

[Click here](#) for an action plan Novo Nordisk has leveraged with this employer group.

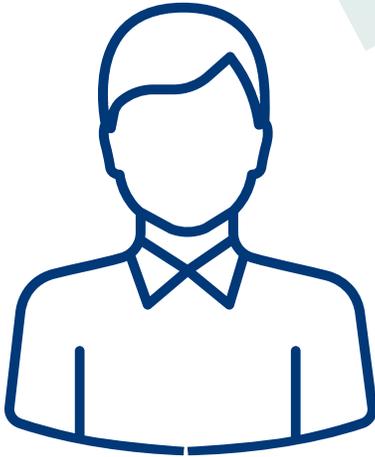
Understanding Group 3 employers in depth

CORE BELIEF:

**I need to do everything
I can about obesity**

These customers think...

“Obesity is a chronic disease that requires comprehensive solutions, including branded AOMs.”



- These employers **cover branded AOMs** on their formulary, but have **concerns about PMPM cost growth** associated with overutilization or inappropriate use of AOMs
- They **may not be convinced that covering AOMs is cost effective** for appropriate employees

[Click here](#) for an action plan Novo Nordisk has leveraged with this employer group.

Note that there may be multiple decision makers within an employer’s organization

- In these situations, Novo Nordisk has **estimated the overall mindset across stakeholders** in order to determine the employer group
- For example, if the Chief HR Officer was in Group 2, but the Benefit Analyst and Chief Medical Officer was in Group 3, the employer would have been considered Group 3 overall

Group 1 employer action plan utilized by Novo Nordisk

Group 1 core belief: Obesity is a lifestyle choice and it's not my problem

Educate employer on burden of obesity

- Emphasize indirect costs (eg, reduced productivity)
- Find out if employer has a chronic weight-management strategy
- Determine if employer contracts with outside vendors

Share information on AOMs/benefits design

- Shift focus from wellness programs to medication
- Discover if employers understand implementation of addenda/riders
- Find out if employers use their PBMs' national formulary or have customized their formulary

[Click here](#) to go back to Understanding Group 1 employers in depth.

Group 2 employer action plan utilized by Novo Nordisk

Group 2 core belief: Obesity is a chronic disease that is addressed by wellness programs and bariatric surgery

Ensure the employer is aware of the available coverage for AOMs

- Present the clinical and economic value of AOMs
- Find out if the employer understands AOM coverage and addenda/riders
- Explain various barriers to full access for AOM therapy (edits, out-of-pocket costs, etc)

Help employers identify how to structure obesity-management processes for sustainable access (eg, ensuring step therapy and prior authorizations are aligned to label)

- Help employers assess their current wellness initiatives
- Encourage employers to work with their Employer Benefits Consultant or PBM regarding reliable access to AOMs for employees

Assist employers in identifying appropriate ways to engage employees for therapy as a follow-up to the benefits design structure

- Review any available industry case studies to measure the success of obesity interventions in the workplace

[Click here](#) to go back to Understanding Group 2 employers in depth.

Group 3 employer action plan utilized by Novo Nordisk

Group 3 core belief: I need to do everything I can about obesity

Emphasize the clinical and economic value of AOMs

- Remind employers of the efficacy of AOMs compared with that of other chronic weight management options and that next-generation medications offer advances in overall efficacy, safety, and tolerability

[Click here](#) to go back to Understanding Group 3 employers in depth.

Informative resources about obesity for your reference



The Weigh Forward Program Module 1: Recognize the Impact
Explores the prevalence, risks, and costs of obesity and the benefits of effective weight management.



The Weigh Forward Program Module 3: Act Now
A step-by-step guide to help employers ensure coverage of AOMs and, if necessary, add an addendum or rider to their health plans.



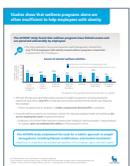
The Weigh Forward Program Module 4: Engage Your At-Risk Population
Provides information and resources to help employers raise awareness of obesity and weight management with employees.



Overview of the Impact of Obesity Brochure
A guide to help employers navigate weight management and AOM coverage options.



"The Biggest Loser" Study Brochure
Provides evidence that diet and exercise alone may not be adequate for long-term weight management.



Wellness Program Brochure
Explains why wellness programs may not be sufficient to help people lose weight and keep it off.



Educational Leave-Behinds for Employees
These resources can help inform employees about obesity and managing weight.



COVID-19 and Obesity Brochure
Explores the ways in which people with obesity are at increased risk for COVID-19.

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