



**FLORIDA ALLIANCE
FOR HEALTHCARE VALUE**

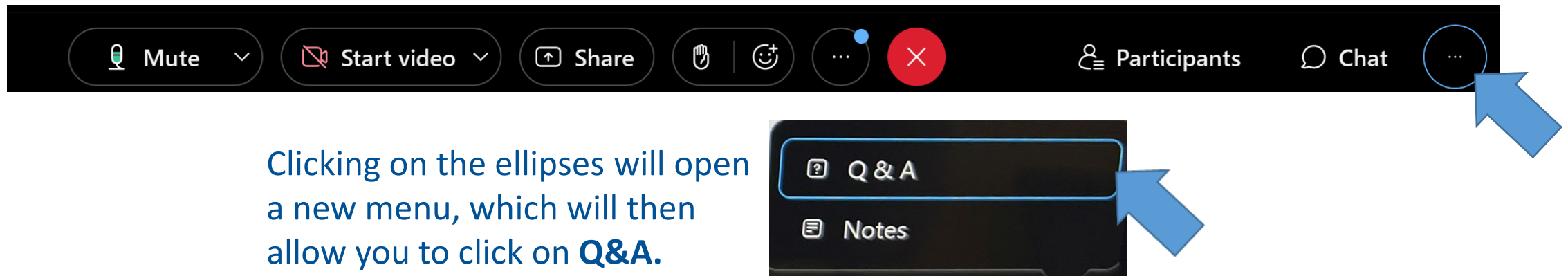
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Coverage of Anti-Obesity Medications

Thursday, August 24, 2023

To Ask Content-Related Questions use the Q&A FUNCTION

For most devices, the **Q&A function** can be found by clicking on the ellipses at the bottom of your screen on the far right.



Clicking on the ellipses will open a new menu, which will then allow you to click on **Q&A**.

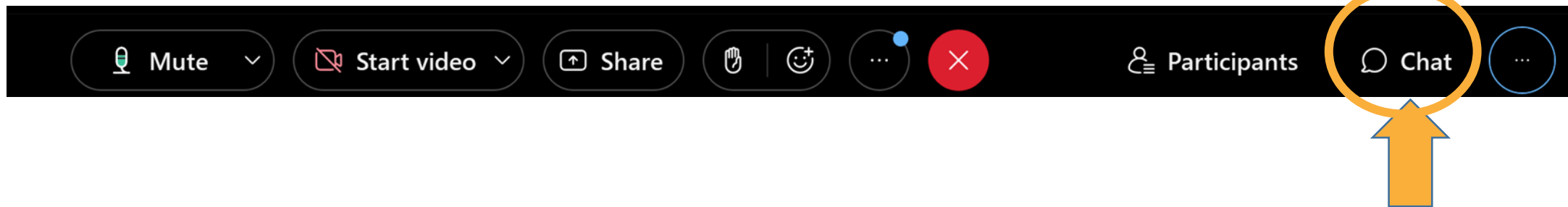
- With the **Q&A** window open, type in your question and send to **HOST** or **Ashley Tait-Dinger**.
- There is a 512-character limit for questions.
- If we are unable to address your questions during the online presentation, we will try to have the remaining questions answered following the session and posted with the follow up material.
- For participants who have called in, to mute/unmute use *6
- Please reserve the **CHAT** function for technical questions to the **HOST**.

For Questions Related to
Technical or Logistical Issues
use the **CHAT FUNCTION**



Technical Issues

We request the **Chat function** be reserved for technical or logistical issues or questions.



- With the Chat window open, type in your question and send to **Ashley Tait-Dinger (Host)**.
- There is a 512-character limit for questions.
- We will address your issue as quickly as possible.

Thank You to our Sponsor!



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Speakers



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Current Indications for GLP-1 Medications

Brand name	Trulicity	Byetta	Victoza	Ozempic / Rybelsus	Saxenda	Wegovy	Mounjaro
Active drug	dulaglutide	exenatide	liraglutide	semaglutide	liraglutide	semaglutide	tirzepatide
Typical dosing frequency	weekly	twice daily	daily	weekly / daily	daily	weekly	weekly
Approved to improve blood sugar levels in adults with type 2 diabetes?	yes	yes	yes	yes	no	no	yes
Approved to improve blood sugar levels in certain children with type 2 diabetes?	yes	no	yes	no	no	no	no
Approved to reduce the risk of serious cardiovascular problems in adults with type 2 diabetes and cardiovascular disease?	yes	no	yes	yes	no	no	no
Approved to aid in weight loss in certain people?	no	no	no	no	yes	yes	no (likely soon)

The Good News about GLP-1 Medications...



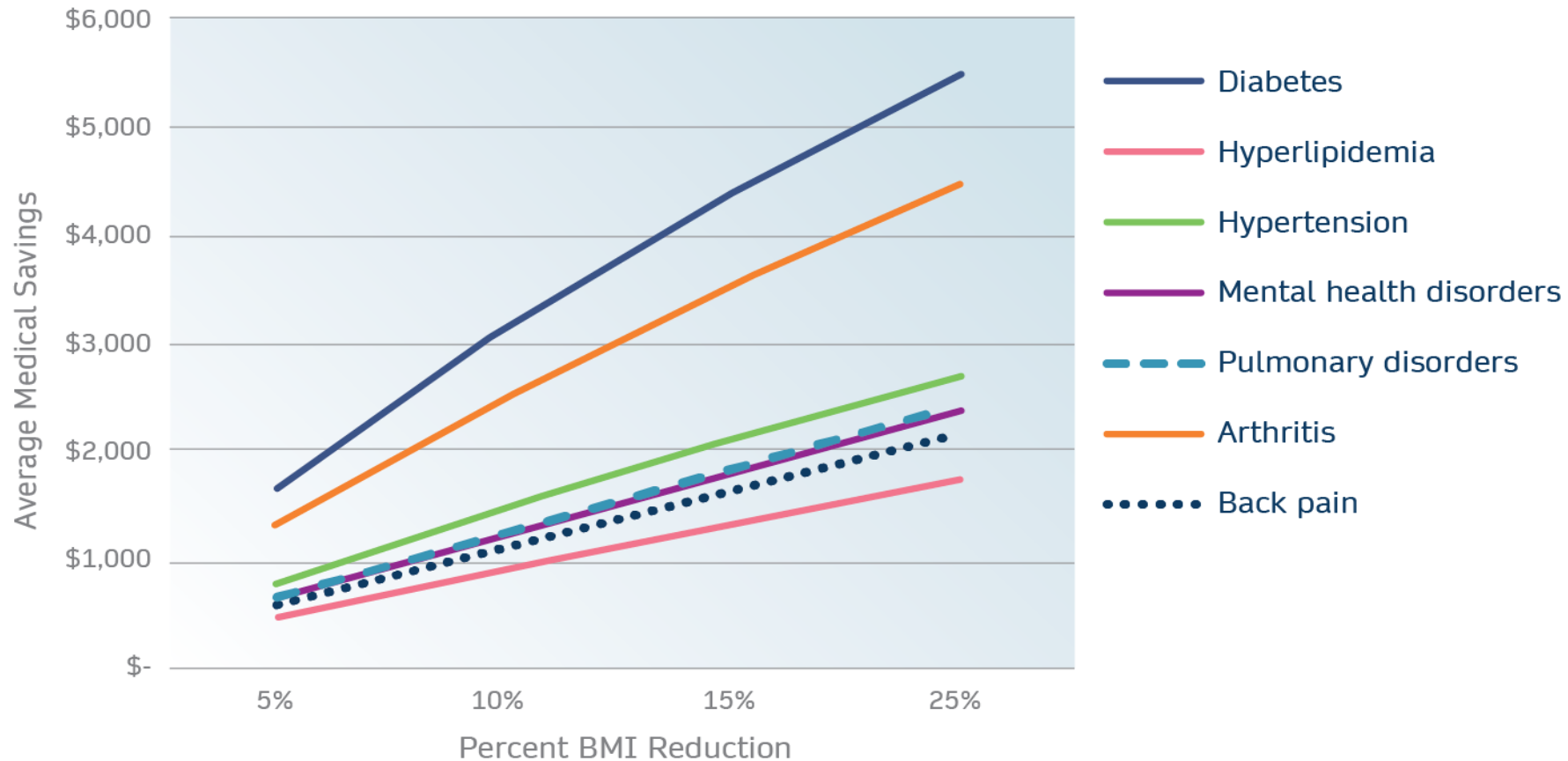
- Significant **improvements in diabetes control** (hemoglobin A1c) when added to metformin
- Demonstrated **benefit in facilitating weight loss** (86% lost at least 5% total body weight, just over half lost at least 15% or more in the 68-week semaglutide trial)¹
- Substantial **reduction in major coronary events** (20% in first year of use) among individuals with overweight/obesity and established vascular heart disease²
- Weight loss associated with **reduced healthcare costs** in obesity-related comorbid conditions³

1. Once-Weekly Semaglutide in Adults with Overweight or Obesity. N Engl J Med 2021; 384:989-1002.

2. Semaglutide SELECT trial, 2023. <https://www.novonordisk.com/content/nncorp/global/en/news-and-media/news-and-ir-materials/news-details.html?id=166301>

3. Weight Loss-Associated Decreases in Medical Care Expenditures for Commercially Insured Patients With Chronic Conditions. J Occ Environ Med 2021;63(10):847-851.

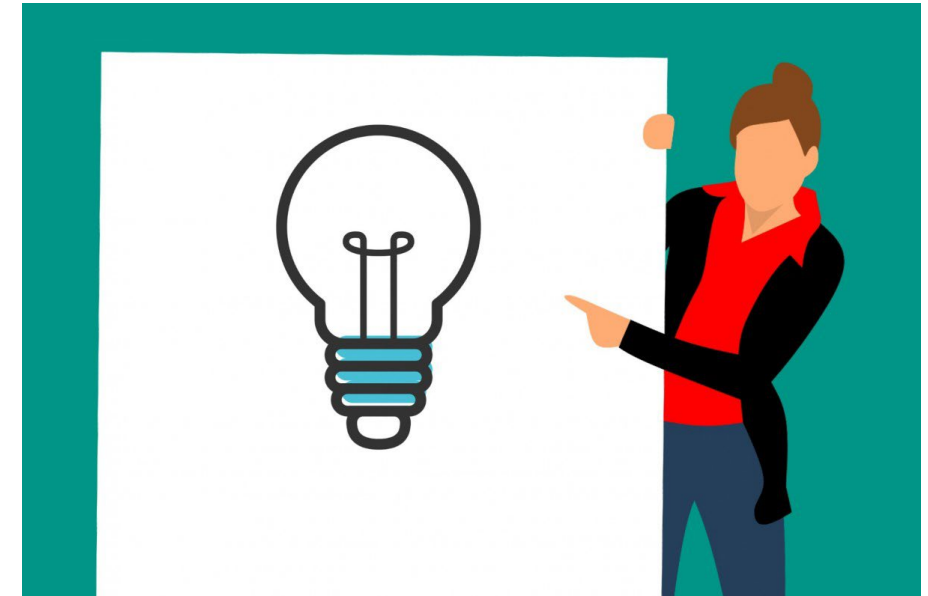
Predicted Average Annual Healthcare Cost Reductions for Chronic Conditions Following Weight Loss



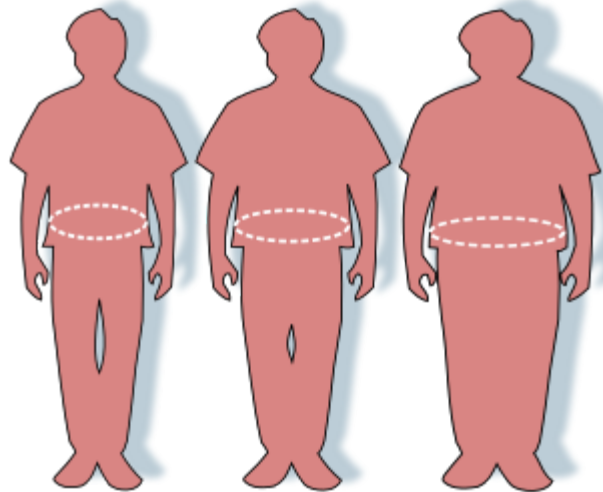
Weight Loss-Associated Decreases in Medical Care Expenditures for Commercially Insured Patients With Chronic Conditions. J Occ Environ Med 2021;63(10):847-851.

Considerations to Enhance Value of GLP-1 Use

- More strict eligibility criteria
 - Higher BMI threshold – and with obesity-related comorbidities
- More strict prescribing criteria
 - Clinicians with obesity management expertise
 - Incorporate lifestyle management programs with demonstrated success
 - Plan for deprescribing anti-obesity medications
- PBM contracting considerations
 - Utilization management
 - Rebate considerations
 - Outcomes-based contracting



Considerations: GLP-1 clinical coverage



- Implement stricter eligibility criteria (e.g., limit drug coverage for patients with BMI of ≥ 35 , or ≥ 32 with complications), to target a smaller group who are at the highest risk of disease and costly complications.

Considerations: Prescribing GLP-1s and Managing Care

- Limit prescribing to obesity management-certified clinicians
- Require active participation in intensive lifestyle management program with demonstrated outcome.
 - Not a 'usual' employer-provided well-being offering
- Consider alternative channels for weight loss programs with demonstrated long-term success
 - Digital/virtual offerings
 - Worksite clinic vendors
- Ensure care plan includes weaning anti-obesity medications



About Lifestyle Behavior Counseling...

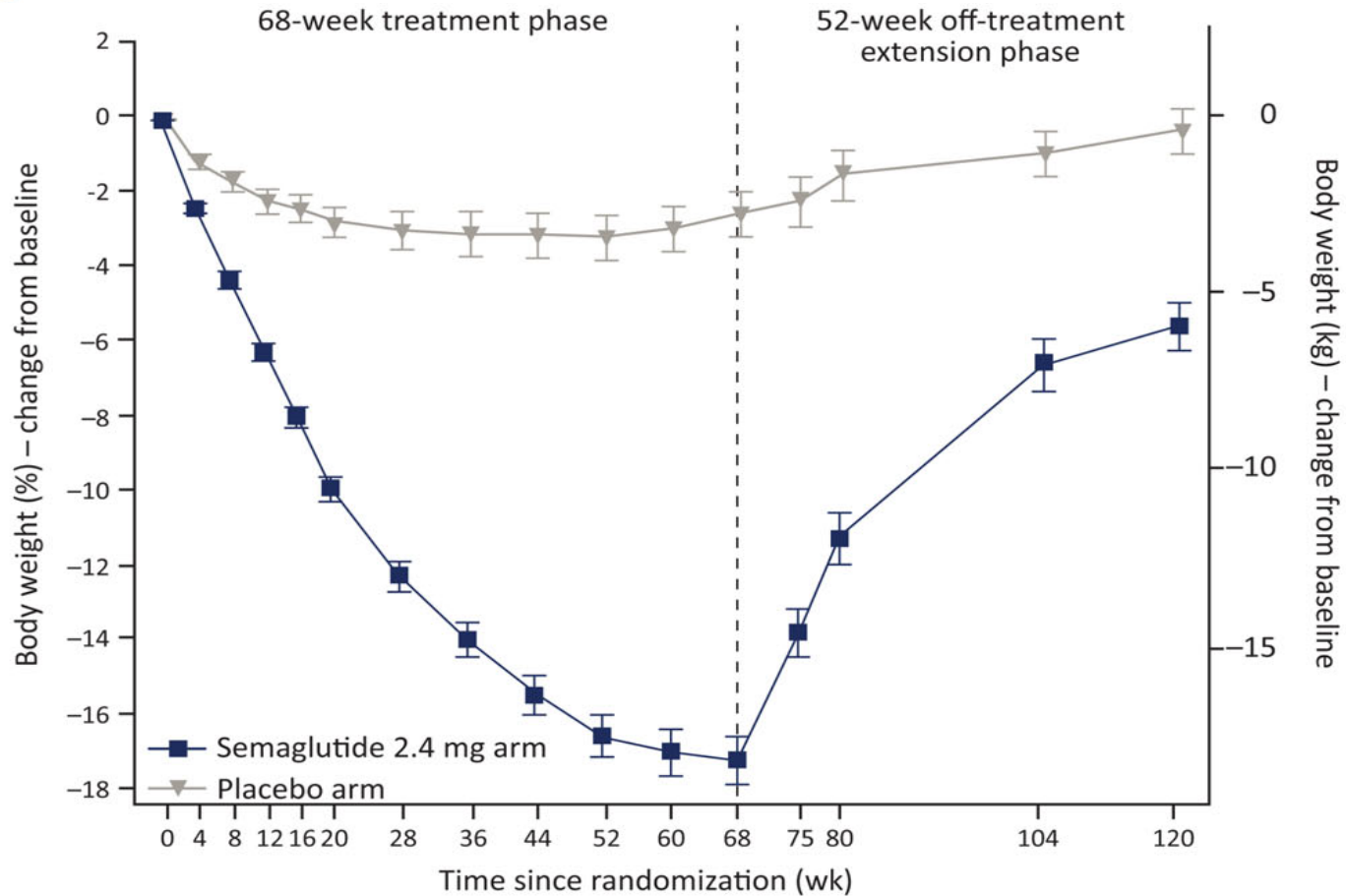


Novo Nordisk STEP 1,2 trials:

Participants received individual counseling sessions every 4 weeks to help them adhere to a reduced-calorie diet (500-kcal deficit per day relative to the energy expenditure estimated at the time they underwent randomization) and increased physical activity (with 150 minutes per week of physical activity, such as walking, encouraged). Both diet and activity were recorded daily in a diary or by use of a smartphone application or other tools and were reviewed during counseling sessions.

What is intensive lifestyle therapy – and are patients receiving it?

GLP-1 Discontinuation Concerns



Semaglutide 2.4 mg arm	207	206	207	207	205	207	207	207	207	206	207	189	160	152	176
Placebo arm	93	93	93	92	91	92	93	93	93	93	93	88	75	75	87

- Intensive lifestyle management may impact ability to maintain weight loss after GLP-1 weaning
- More data are needed

Once-Weekly Semaglutide in Adults with Overweight or Obesity. N Engl J Med 2021; 384:989-1002

Considerations: PBM Contracting



- Establish preferred brand to reduce unit costs (include rebates)
- Incorporate utilization management approach to:
 - ensure eligibility for Rx (patient and clinician)
 - ensure appropriate initial response to justify continued use (e.g., Saxenda users demonstrate $\geq 4\%$ body weight loss in first 16 weeks)
 - ensure active involvement in lifestyle management program
- Outcomes-based contracting



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Obesity Advisory Council



- Discussing current issues and challenges for employers (e.g., obesity medications)
- Learning about other coalitions efforts in obesity
- Hearing about updates on the new obesity science and determining educational activities that can support coalitions and employers
- Determining potential discussions on the current policy landscape that impact obesity (and co-morbidities such as mental health, diabetes, hypertension, etc.)
- By December, we anticipate determining a national strategy for 2024 that will coordinate efforts across several of the participating coalitions
- Develop an initial set of recommendations for employers that includes key strategies for a “smart benefits” approach (including a model for “standard benefits”)

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