



KNOWNWELL

Anti-Obesity

GLP-1 Weight  Loss Drugs and Employee Health

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DISCLOSURES

Advisory Boards

Novo Nordisk

Eli Lilly

Vivus

Jenny Craig

Sidekick Health

Speaker's Bureau

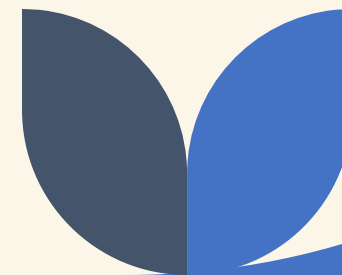
Novo Nordisk

Eli Lilly

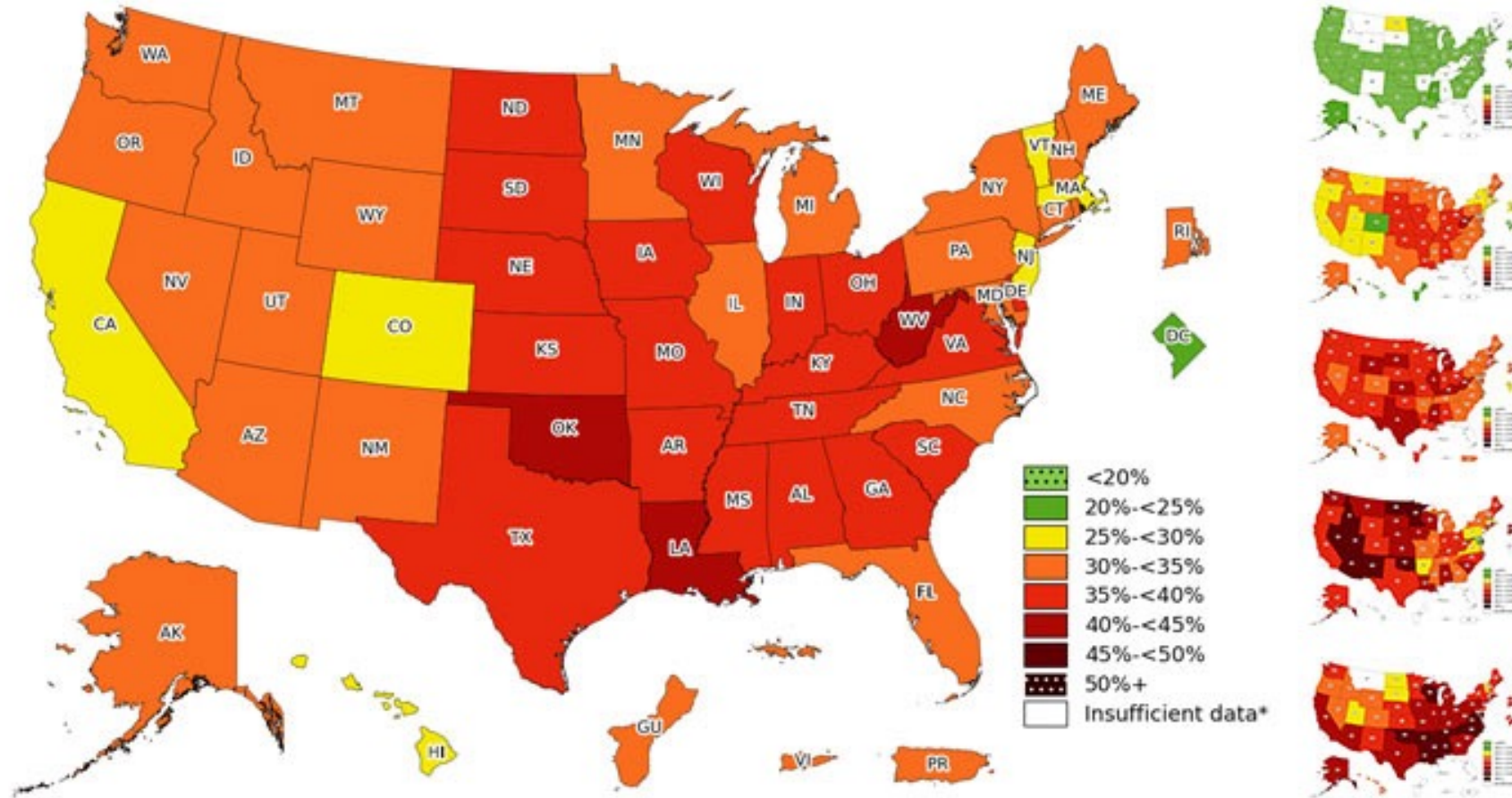
**To improve is
to change;
to be perfect is
to change often.**

Winston S. Churchill

outofstress.com

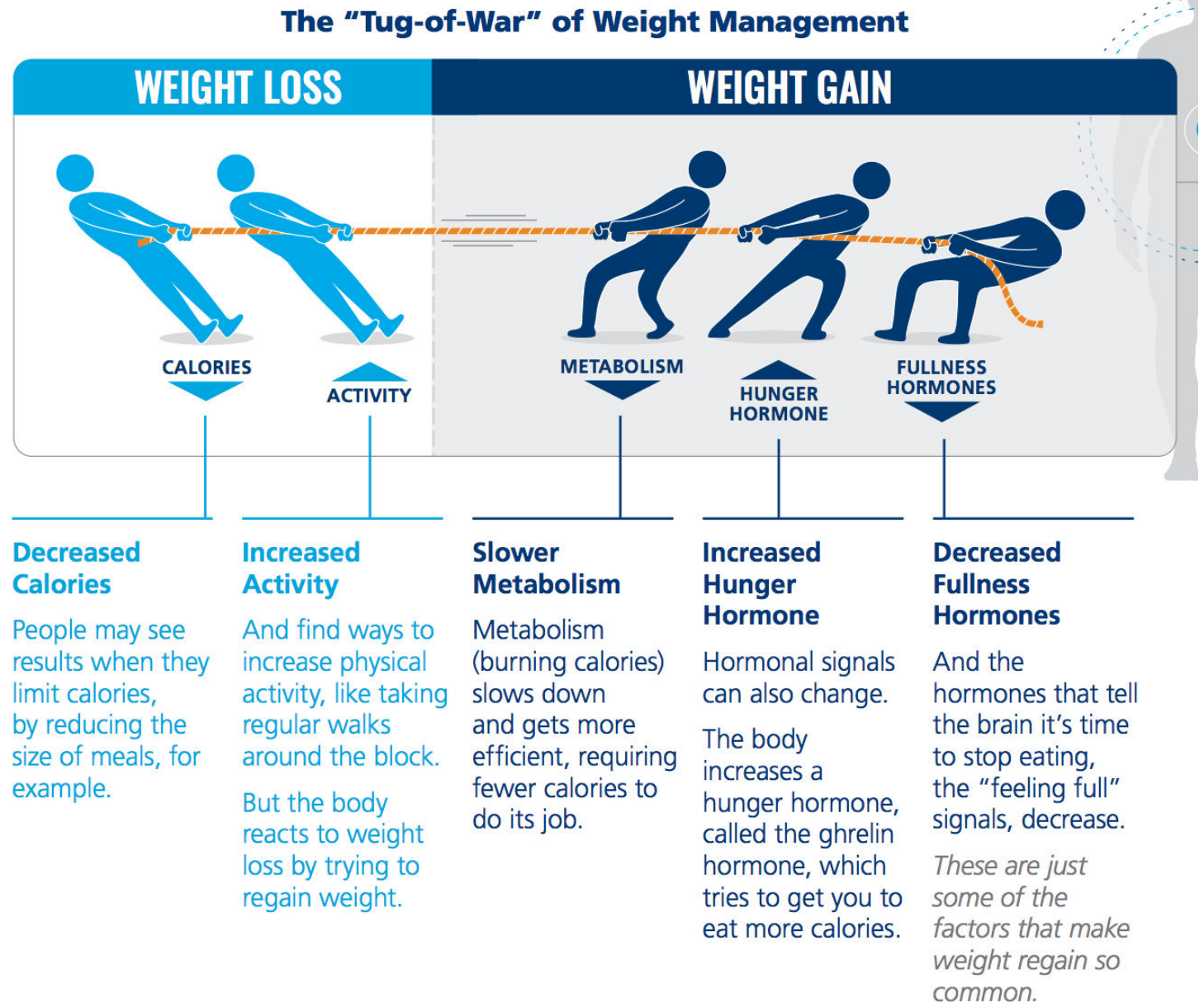


Obesity in the US 2023



Weight loss is abnormal!

<https://www.rethinkobesity.com>



Break down barriers



<https://www.obesityaction.org/action-through-advocacy/weight-bias/>

- Examples of Weight Stigma and bias
 - Making patients lose weight before getting medications
 - Not covering treatment
 - Removing treatment or not providing long term care
 - Covering GLP-1 for diabetes but not obesity
 - Requiring patients get care with one provider



OTHER SERIOUS CHRONIC DISEASES TREATED COMPREHENSIVELY IN A MEDICAL HOME MODEL

Cardiovascular disease:
primary care, cardiology,
interventional
cardiology, cardiac
surgery

Cancer: primary care,
oncology, radiation
oncology, oncology
surgery

Obesity: disjointed care
in silos, bariatric surgery,
obesity medicine,
primary care

OBESITY TREATMENT GOALS

- > 5% weight loss for diabetes prevention³
- > 10% weight loss for NAFLD resolution^{1,2}
- > 15-20% weight loss for diabetes remission⁴
- > 20% for MACE reduction and cancer risk reduction⁵

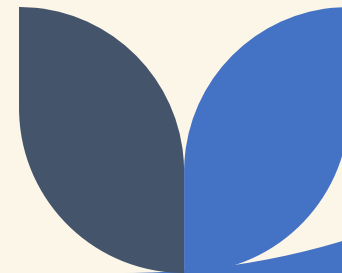
¹Wong VW et al. J Hepatol 2013; 59:536-42

²Vilar-Gomez et al. Gastroenterology 2015; 149:367-78

³ N Engl J Med 2002; 346:393-403

⁴*The Lancet* Volume 391 Issue 10120 Pages 541-551 (February 2018)

⁵Data to come from SELECT trial publication



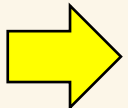


Obesity Treatment Pyramid

Increasing health risks
Increasing adiposity



BMI > 35
BMI > 30 with
comorbidity



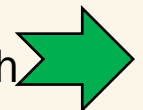
Surgery

20-40% weight loss

Endoscopic Procedures

10-20% weight loss

BMI > 30
BMI > 27 with
comorbidity



Pharmacotherapy

10-25% weight loss

Prescriptive Nutritional Intervention

5-10% weight loss

Lifestyle Modification

2-5% weight loss

1. O'Neil PM, Birkenfield AL, McGowan B, et al. A randomized, phase II, placebo-and active-controlled dose-ranging study of semaglutide for treatment of obesity in subjects without diabetes. Presented at the 100th Annual Meeting of The Endocrine Society, Chicago, Illinois; March 18, 2018. Abstract OR12-5.

2. *Lancet*. 2011 Oct 22; 378(9801): 1485-1492. 5. *Obesity (Silver Spring)*. 2019 Jan; 27(1):75-86

3. *JAMA Surg*. 2016 Nov 1; 151(11):1046-1055.

4. *Obesity (Silver Spring)*. 2011 Jan; 19(1): 110-120.

REALITY OF TREATMENT



Lifestyle



Prescriptive
Nutritional
Interventions



Pharmacotherapy

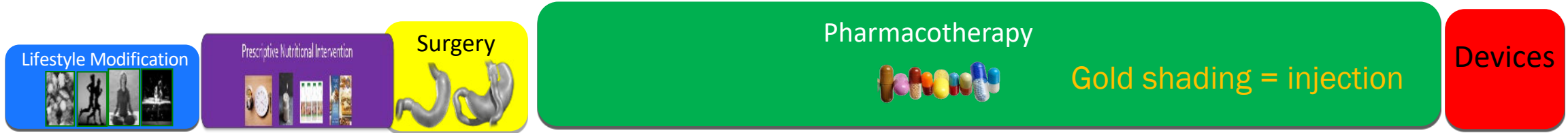


Endoscopic
Procedures/Devices



Surgery





Weight loss %	% of patients in behavior programs (WW®, IBT)	% of patients in Virta® program	% of patients with surgery at 10 years	% of patients on tirzepatide 15mg once a week	% patients on semaglutide 2.4 mg weekly	% patients on liraglutide 3 mg daily (Plus IBT)	% patients on phentermine/topiramate 15/92 mg	% patients on bupropion/naltrexone (Plus IBT)	Gelesis -100
>5%	48%	74%	96.6%	96%	90%	63% (74%)	67%	42% (66%)	58.6%
>10%	25%	49%	>80%	90%	75%	33% (52%)	47%	21% (41%)	27.2%
>15%	12%			78%	56%	(36%)	32%	10% (29%)	
>20%	10%		72%	63%	36%		15%		
>30%	4%		40%	23%					

IBT = intensive behavioral therapy.
 Wilding JPH, et al. *N Engl J Med*. 2021;384(11):989-1002. Jebb SA, et al. *Lancet*. 2011;378(9801):1485-1492. Maciejewski ML, et al. *JAMA Surg*. 2016;151(11):1046-1055. Wadden TA, et al. *Obesity* (Silver Spring). 2011;19(1):110-120. Wadden TA, et al. *Obesity* (Silver Spring). 2019;27(1):75-86. Athinarayanan et al. *Front. Endocrinol.*, 05 June 2019 | <https://doi.org/10.3389/fendo.2019.00348>; AM Jastreboff et al. *N Engl J Med* 2022. DOI: 10.1056/NEJMoa2206038



Barriers to Care

- Obesity not a standard benefit of insurance in US
- Prior Authorization Process
 - More barriers to care (documenting prior weight loss)
 - Rules are not clear or evidence based
- Supply/Demand mismatch- staying on therapy
- Cost
- Understanding insurance coverage process by patients and clinicians
- Burnout due to above barriers
- Knowledge of biology of chronic disease

Future of work: How people with obesity feel about their jobs and the workplace

Due to feeling insecure or judged by their body weight in person...

50%

would prefer to work from home.

To retain coverage for obesity treatment

51%

would stay at a job they didn't like.

To gain coverage for obesity treatment

44%

would change jobs.



Step 1 extension

What happens if treatment is stopped?

Wilding, JPH, Batterham, RL, Davies, M, et al. Weight regain and cardiometabolic effects after withdrawal of semaglutide: The STEP 1 trial extension. *Diabetes Obes Metab.* 2022; 24(8): 1553-1564. doi:[10.1111/dom.14725](https://doi.org/10.1111/dom.14725)

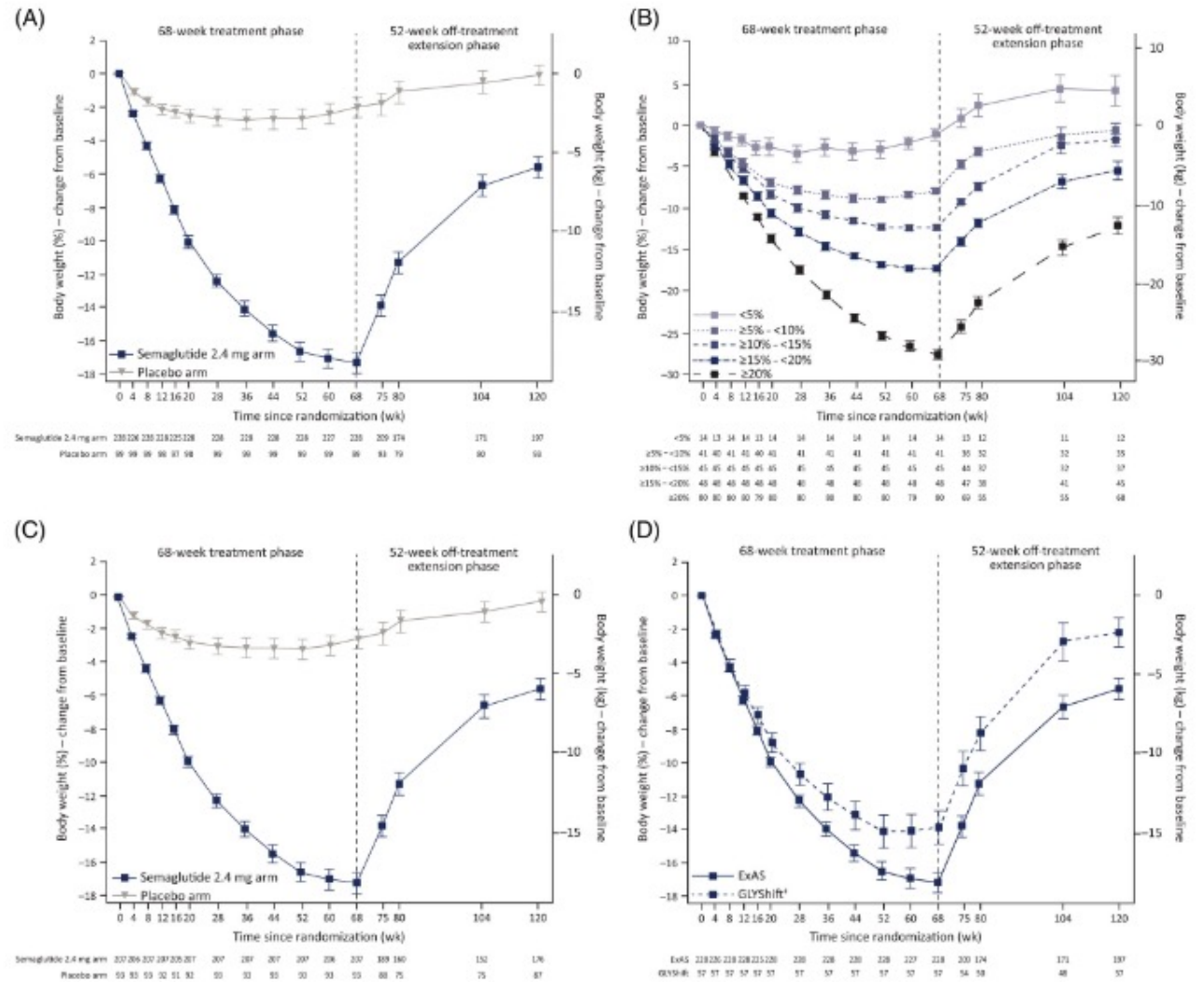


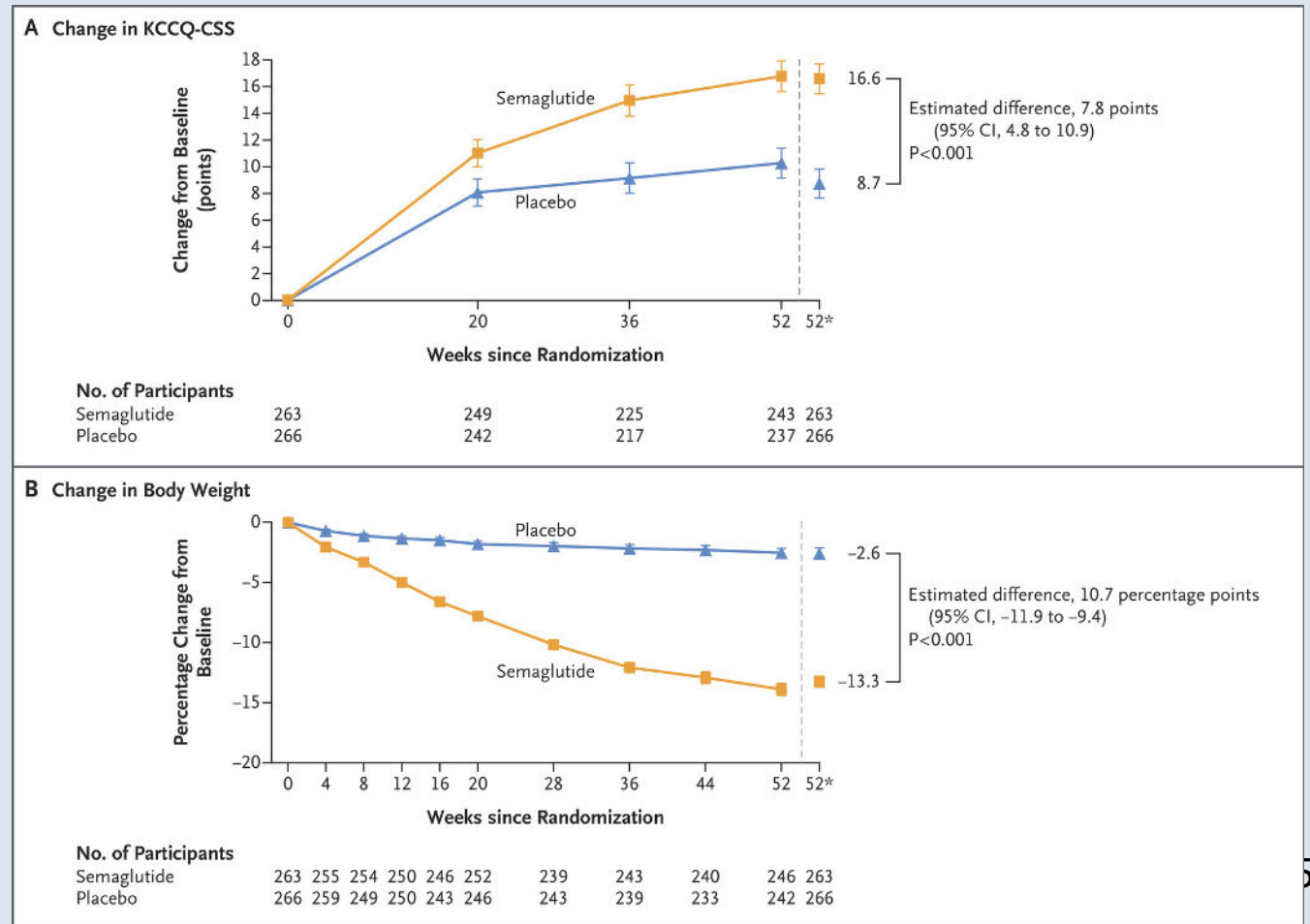
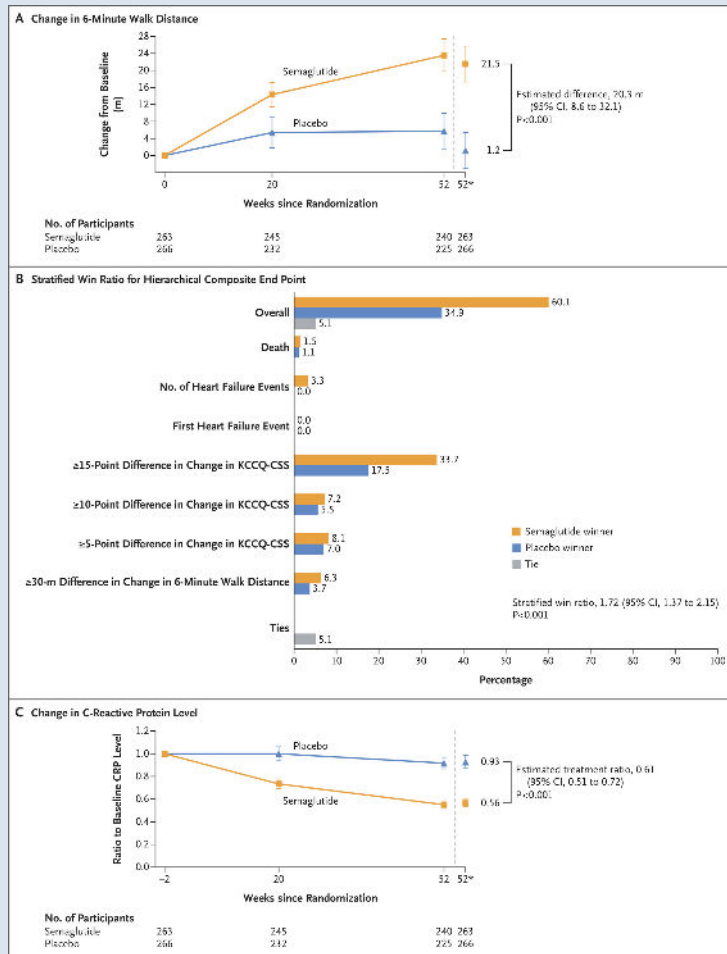
FIGURE 1 Change from baseline in body weight by week for A, All participants in the ExAS, B, Participants in the semaglutide arm, grouped by categorical weight loss from week 0 to week 68, C, Participants not using obesity pharmacotherapy during the extension[†], and D, Participants in the semaglutide arm for the full ExAS and the subgroup with prediabetes resolution at week 68 and subsequent reversion by week 120[‡]. [†]Participants who did not use obesity pharmacotherapies (investigator-assessed) during the extension phase. [‡]Participants who shifted from prediabetes at baseline to normoglycaemia at week 68 to prediabetes at week 120. Glycaemic category was determined from HbA1c assessments, as per American Diabetes Association HbA1c criteria.²¹ Normoglycaemia was defined by HbA1c < 5.7% (< 39 mmol/mol); prediabetes was defined by HbA1c 5.7%-6.4% (39-47 mmol/mol). Data are observed mean changes from baseline (\pm standard error) for the ExAS from the original protocol. The dashed vertical line at week 68 indicates the end of the main phase and start of the off-treatment extension phase. Numbers shown in the lower panels are participants contributing to the mean. ExAS, extension analysis set

SELECT trial secondary CV protection

Novo Nordisk A/S: Semaglutide 2.4 mg reduces the risk of major adverse cardiovascular events by 20% in adults with overweight or obesity in the SELECT trial

Semaglutide in Patients with Heart Failure with Preserved Ejection Fraction and Obesity

Mikhail N. Kosiborod, M.D., Steen Z. Abildstrøm, Ph.D., Barry A. Borlaug, M.D., Javed Butler, M.D., Søren Rasmussen, Ph.D., Melanie Davies, M.D., G. Kees Hovingh, M.D., Ph.D., Dalane W. Kitzman, M.D., Marie L. Lindegaard, M.D., D.M.Sc., Daniél V. Møller, M.D., Ph.D., Sanjiv J. Shah, M.D., Marianne B. Treppendahl, M.D., Ph.D., et al., for the STEP-HFpEF Trial Committees and Investigators*



25-37% lower risk of cancer with surgery which gives > 20% weight loss



ORIGINAL ARTICLE |  Free Access

Long-term cancer outcomes after bariatric surgery

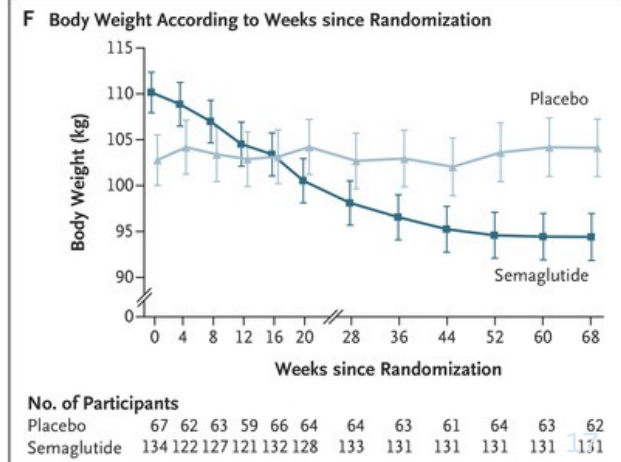
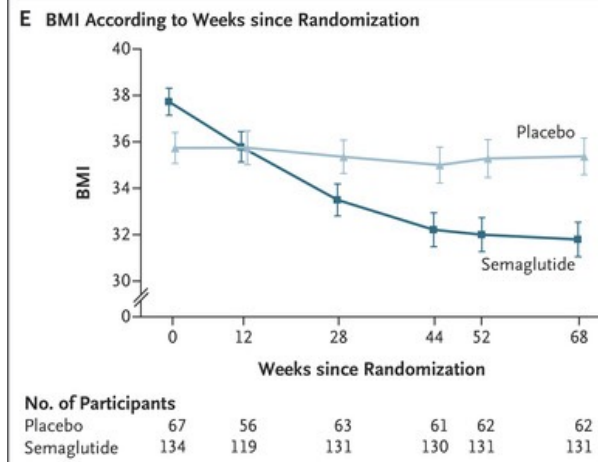
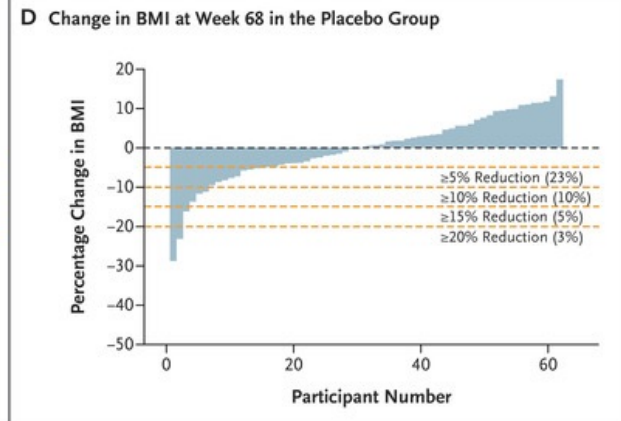
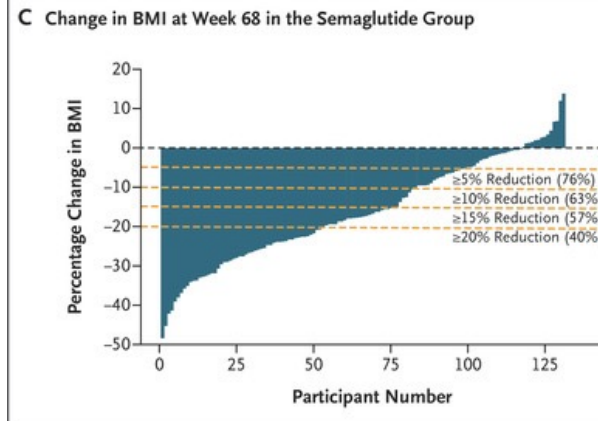
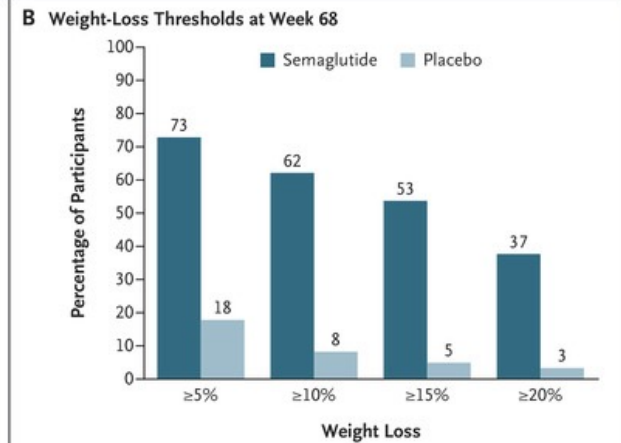
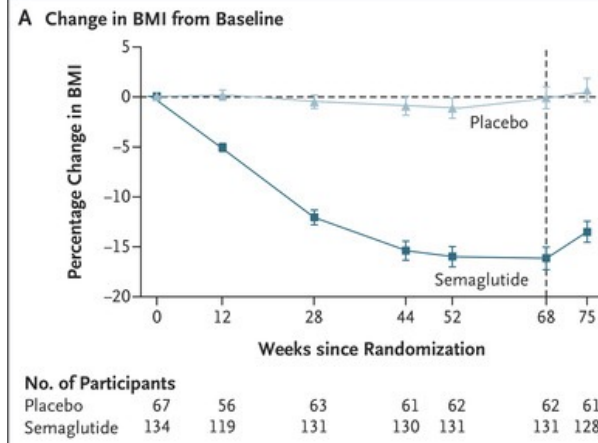
Ted D. Adams , Huong Meeks, Alison Fraser, Lance E. Davidson, John Holmen, Michael Newman, Anna R. Ibele, Mary Playdon, Sheetal Hardikar, Nathan Richards, Steven C. Hunt, Jaewhan Kim

First published: 22 August 2023 | <https://doi.org/10.1002/oby.23812>

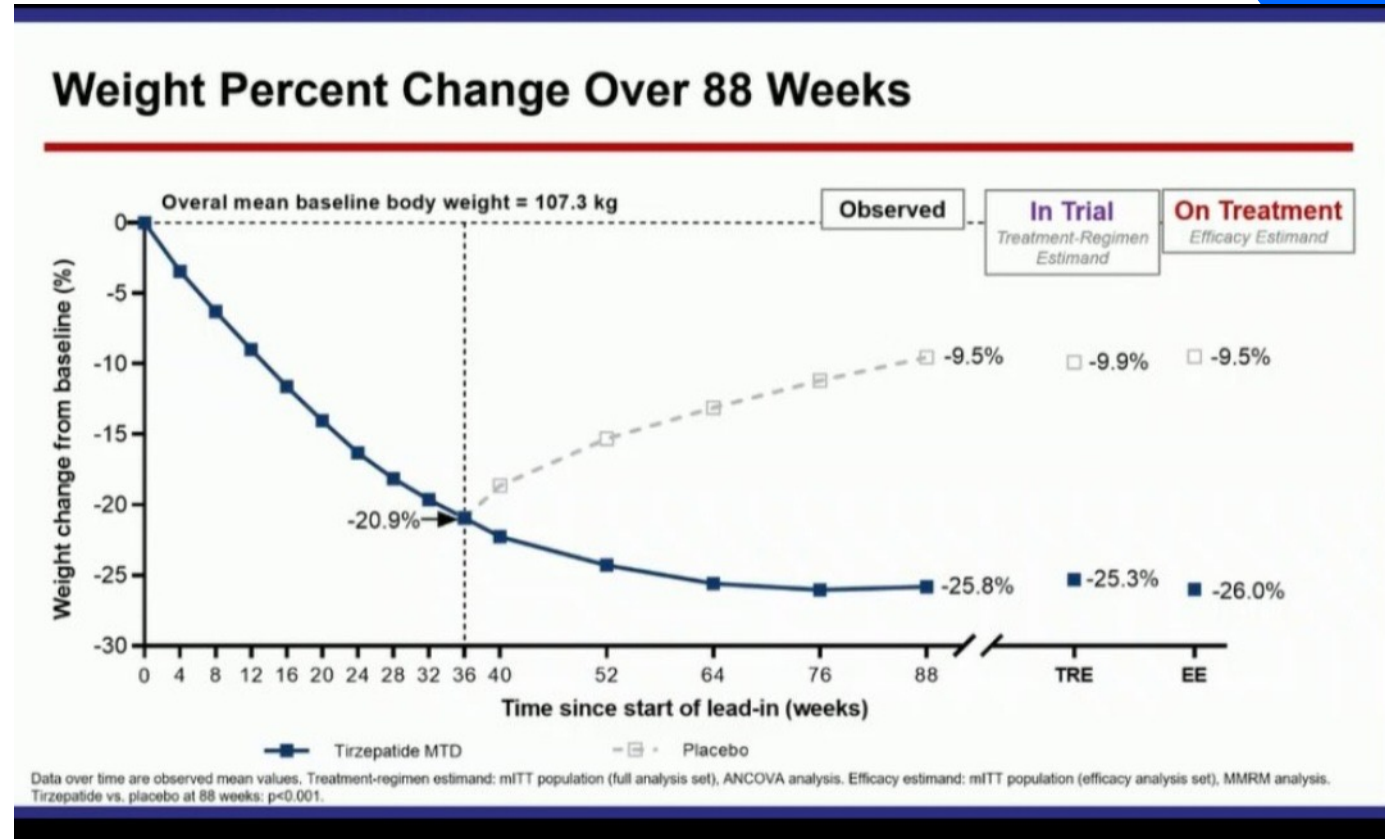
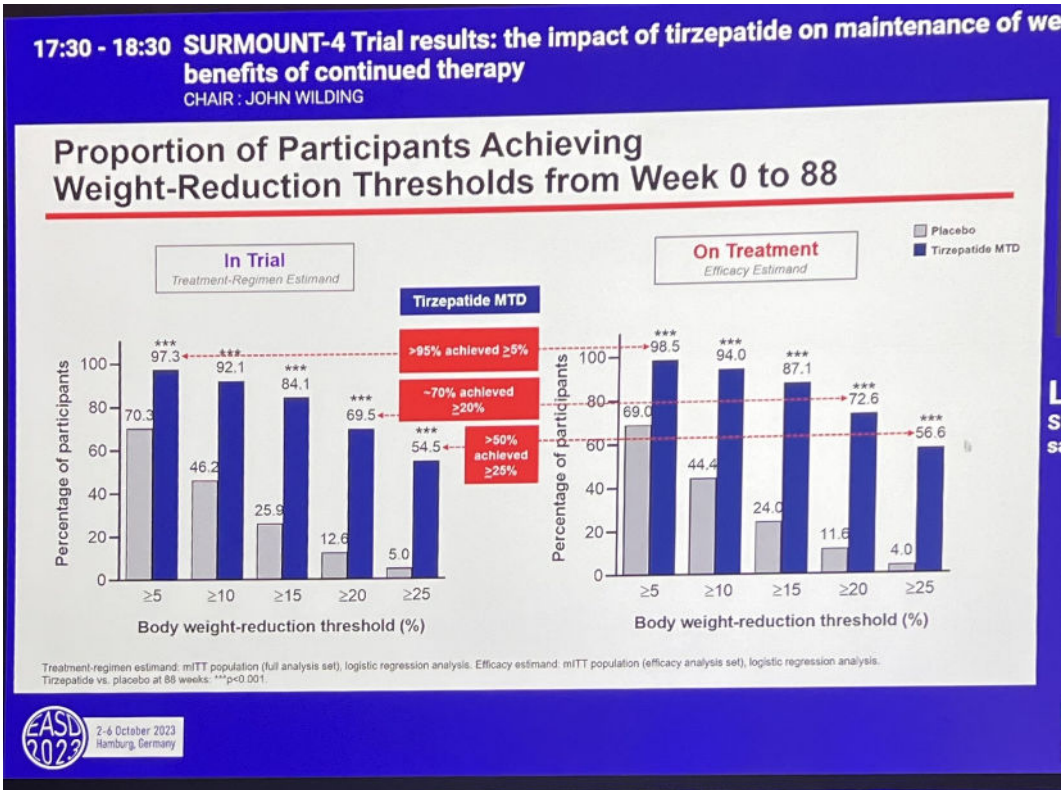
ORIGINAL ARTICLE

Once-Weekly Semaglutide in Adolescents with Obesity

Daniel Weghuber, M.D., Timothy Barrett, Ph.D., Margarita Barrientos-Pérez, M.D., Inge Gies, Ph.D., Dan Hesse, Ph.D., Ole K. Jeppesen, M.Sc., Aaron S. Kelly, Ph.D., Lucy D. Mastrandrea, M.D., Rasmus Sørrig, Ph.D., and Silva Arslanian, M.D., for the STEP TEENS Investigators*

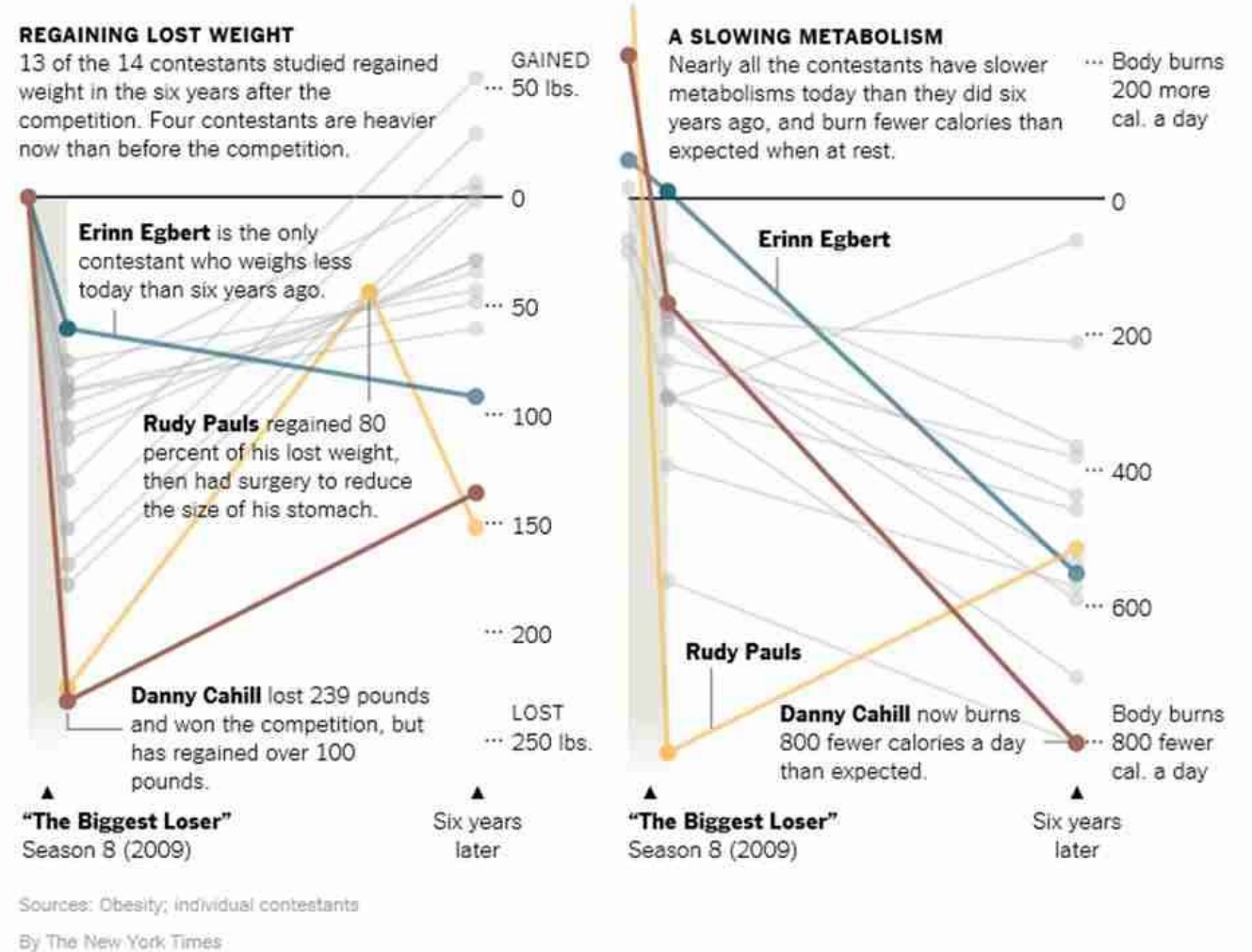


Tirzepatide: SURMOUNT-4 Trial Early Results presented at EASD 2023



Weight is harder to lose once regained

- Do not remove access to treatment once started
- If access to treatment is stopped then long term coordinated follow up is needed to prevent regain.
- Need chronic disease management programs to prevent this





Obesity Pillars

Volume 8, December 2023, 100079



Announcement

Universal Prior Authorization Template for glucagon like peptide-1 based anti-obesity medications: An Obesity Medicine Association proposal

[Harold Edward Bays](#)^a  , [Carolynn Francavilla Brown](#)^b , [Angela Fitch](#)^c 

- Remove prior auth requirements for lower cost medications
- If limiting access or requiring step therapy be sure to be clear and allow for access when clinical case supports need
- Consider continued coverage if weight reduction greater than 10-15%

Envisioning Value-based Provider Payment for Obesity Treatment and Support

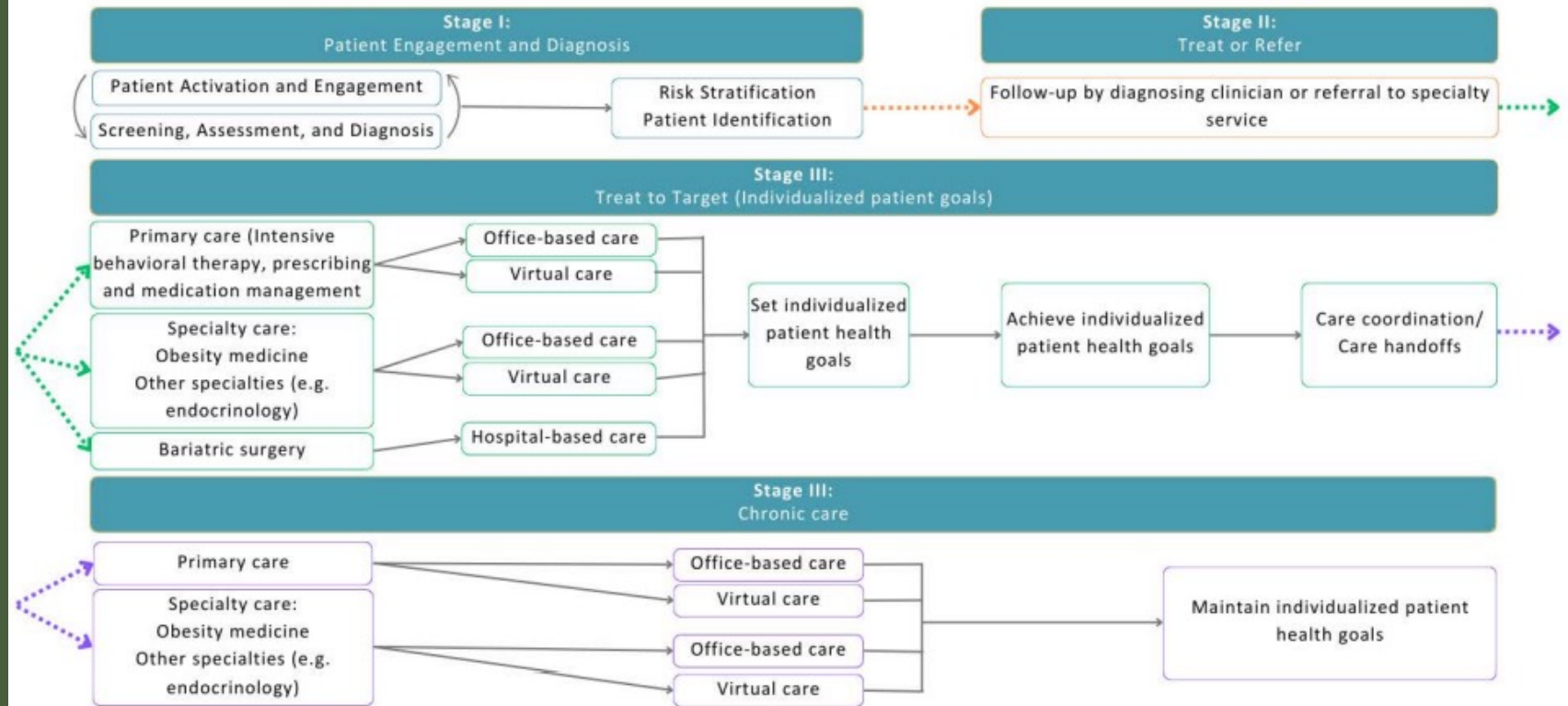
A NEHI Report

March 2023



Figure A- The Patient Clinical Journey Through Obesity Treatment and Support

Figure A - The Patient Clinical Journey Through Obesity Treatment and Support



Considerations for employers

- Cover comprehensive obesity care
- Allow for access in patient medical home
- Access to dietitian is critical
- Do not mandate lifestyle intervention or put access restrictions based on program participation
- Cover lower cost medications without a PA to encourage use
- Make PA for GLP-1 more straightforward and allow for GLP-1 for patients needing > 15-20% weight loss
- Employ a system to assure patients can titrate on care

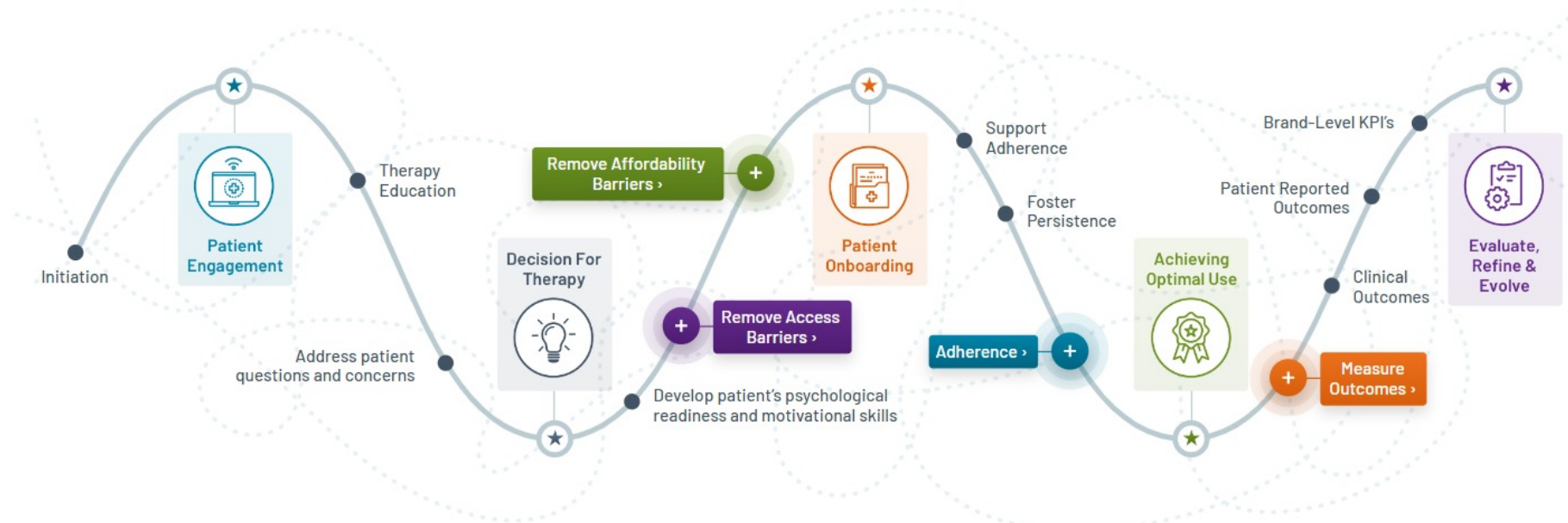
Care Coordination is critical

Biggest waste today is in care coordination.

Care coordination is going to give you the greatest return on investment.

*End the wait
for better
patient
experiences*

www.caremetex.com



The New York Times

Her Insurance Refused to Pay for Wegovy, So She Sued

Many employers and government programs won't cover costly obesity medications. A lawsuit is challenging one such policy.

<https://www.nytimes.com/2023/10/10/business/health-insurance-wegovy-lawsuit-obesity-drugs.html>



Best Guidelines



<https://obesitycanada.ca/guidelines/>

www.novonordiskworks.com



[For Employers](#) [For Payers](#) [For FDMs](#)

[rethinkobesity.com](#) | [truthaboutweight.com](#)

[Impact of Obesity](#) [Taking Action](#) [Measuring Success](#) [Resource Library](#) [FAQs](#) [Contact](#)

Time to Take on Obesity in Your Organization

Obesity and associated comorbidities are a prevalent and costly chronic condition that can impact the health of your employees and your organization. Novo Nordisk WORKS™ recognizes the challenges in the workplace created by obesity and aims to help employers understand the value of chronic weight management. In addition, Novo Nordisk WORKS™ provides resources that can help your organization improve, maintain, and monitor employee health and wellness.

Find resources to address obesity in the workplace

[Employer →](#)

[Payer](#)

[Formulary Decision Makers](#)



Quintuple Aim

Population Health Management



Summary

- Obesity is a serious chronic disease
- Treating obesity has many physical, mental and well being advantages
- Obesity treatment should be a standard benefit on insurance plans
- It is unethical and negligent to remove or not cover effective treatment.
- Lifelong treatment is needed
- We need to all work to figure out the problem not sweep it under the rug.



knownwell's mission

To be the preeminent provider of virtual and in-person, weight-inclusive comprehensive healthcare that celebrates and supports our patients' unique goals, creating healthier lives for all



Angela Fitch, M.D.
Chief Medical Officer
President, Obesity Medicine Association



Brooke Boyarsky Pratt
CEO & Passionate Patient

QUESTIONS??

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