# From Evidence to Insight: Integrating Obesity Drug Therapies in Underwriting

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# Questions



## Agenda

01

The Obesity Epidemic

02

Obesity Medication Overview

- What are they?
- When are they indicated?
- What are the risks and benefits?

03

Approach to Underwriting

04

Case Studies



# Today's Focus

# Obesity is recognized as a chronic disease state requiring treatment and prevention efforts

This presentation covers the clinical management and underwriting of obesity

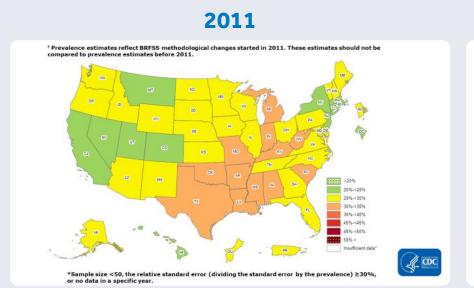
• i.e., we will not cover short term weight loss interventions

Focus on newer weight loss medications

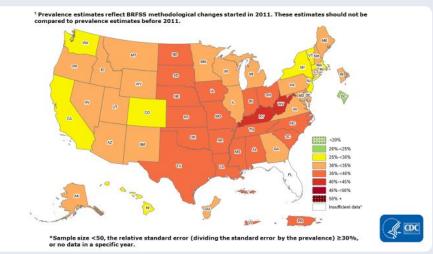


# The Obesity Epidemic

#### Prevalence<sup>¶</sup> of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS



2021



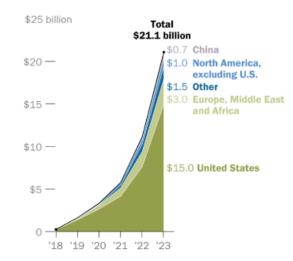




# Weight loss drug sales have ALSO significantly increased

### Weight-loss drug sales reach 5-year high

Combined annual sales for Ozempic, Rybelsus and Wegovy, in billions of U.S. dollars



Note: Figures converted from Danish kroner to U.S. dollars, at rate of 1 krone = \$0.145.

Source: Novo Nordisk annual reports, accessed through U.S. Securities and Exchange Commission's EDGAR database.

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# Continued growth in market size is expected

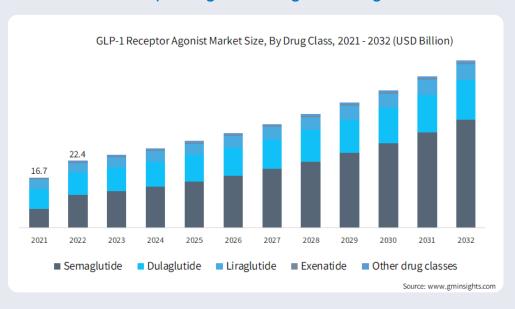


Treatment of obesity = significant increase in usage



Larger sample size for monitoring

GLP-1 T Receptor Agonist Drug Class Segmentation





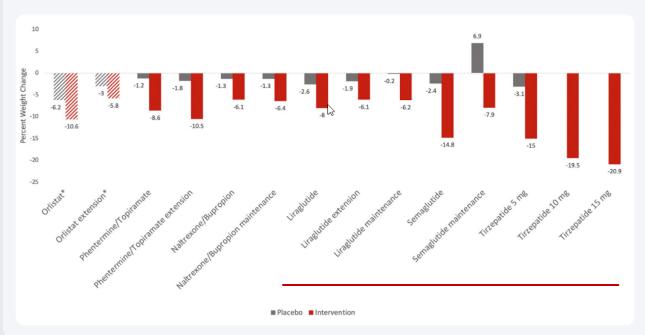
# **Obesity Medication Overview**

Brand Name (Brand approved for DM)	Drug/Guideline	FDA Approval/Guideline Release
Alli, Xenical	Orlistat	1999
Qsymia	Phentermine/topiramate	2012
	ACC/AHA/TOS guidelines	2013
Contrave	Naltrexone/bupropion	2014
Saxenda (Victoza)	Liraglutide	2014
	AACE/ACE guidelines	2016
Wegovy (Ozempic, Rybelsus)	Semaglutide	2021
	AGA guidelines	2022
Zepbound (Mounjaro)	Tirzepatide*	2023



Efficacy
Favors the
GIP/GLP-1
receptor
Agonists

Mean percent (%) weight change reported in the main phase 3 and extension trials of the FDA approved anti-obesity medications.





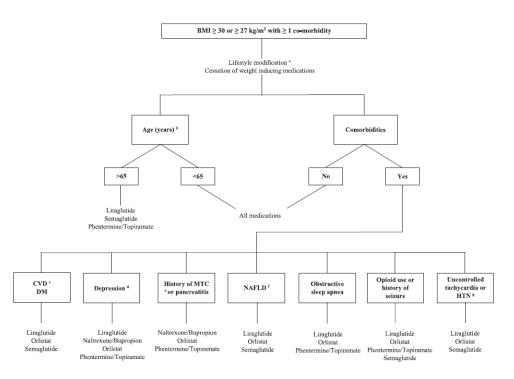


Fig. 3: Suggested algorithm for the selection of anti-obesity medications, taking into consideration the availability of drug safety, contra-indications, and preliminary efficacy data for a specific patient profile.<sup>a</sup> CVD, cardiovascular disease; DM, diabetes mellitus; HTN,



#### The OG: Glycemic control



Now we know: Weight loss



#### Makes sense: Improved lipid profiles

• Including nonalcoholic fatty liver disease & nonalcoholic steatohepatitis



#### New Indications: Cardiovascular and renal protection

• Beyond just downstream benefits of controlled blood sugar



#### **New Frontiers:**

- Dependency: Opioids, alcohol
- Parkinson's Disease



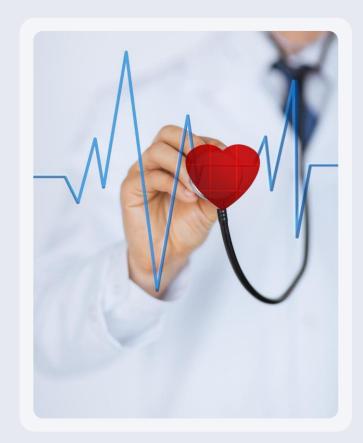
Added

Benefits

### Cardiovascular Benefits

- O Reduce Major Adverse Cardiovascular Events (MACE)
  - Cardiovascular death, nonfatal myocardial infarction, nonfatal stroke
- O Reduce All Cause Mortality
- O Reduce Blood Pressure
- O Improve Endothelial Function
- O Anti-Inflammatory Effects

	MACE in DM	All-Cause Mortality
Liraglutide*	13%	15%
Semaglutide*	26%	19%
Tirzepatide	TBD	TBD





## Renal (Kidney) Benefits

#### O Reduce risk of nephropathy

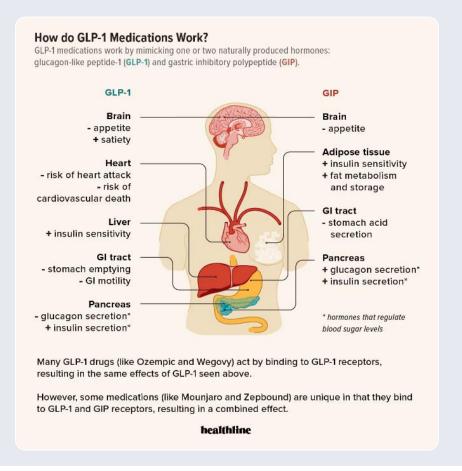
- Onset and progression of albuminuria
- Slow decline of GFR
- Less progression to CKD

#### O For Diabetics:

• + SGLT2 inhibitors = even greater nephroprotection

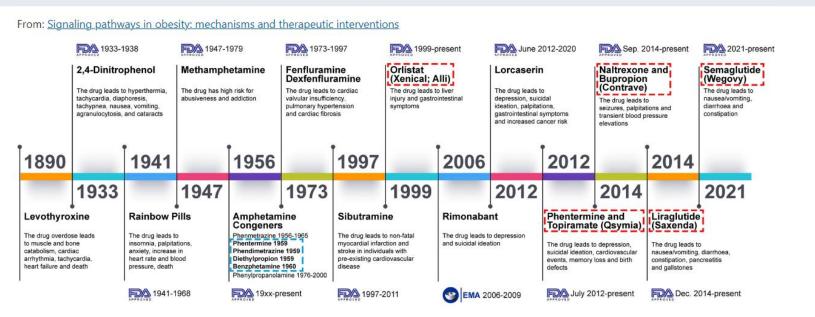
#### O Improve renal hemodynamics







### The Risks: We've been burned before....



Timeline of anti-obesity medications approved by the FDA or EMA from the late nineteenth century until today (the red dashed line indicates long-term use while the blue dashed line indicates short-term use)



## Fen-Phen Again? Why Ozempic and New Weight-Loss Drugs Are Different

Some people fear that new obesity drugs will inevitably prove to be dangerous, but there are key distinctions from the fen-phen crisis of the 1990s.







#### **What We Know**

- O Gastrointestinal
  - Nausea, vomiting, constipation, diarrhea
  - Pancreatitis, gallstone disease

- Thyroid: ↑ risk of Medullary Thyroid Cancer\*
  - Only found in rodent studies

# Adverse Effects

#### What We're Watching

- Psychiatric: ↑ risk of depression and suicidality\*
- Eyes: Nonarteritic anterior ischemic optic neuropathy\*
- Risk of using unauthorized drugs:
   Compounded/unregulated, counterfeit, out of country

#### Kate Moss' Sister Lottie Was Hospitalized After Misusing Ozempic: 'Worst Decision I Ever Made'

After getting the medication "below board" without a proper prescription, Lottie said she "never felt so sick in my life" 8y <u>harint Vaseues:</u> Nabhard on September 12, 2024 06:11764 EDT

3 COMMENTS



People





### Adverse Effects

#### U.S. FDA finds no evidence yet linking weight-loss drugs to suicidal thoughts



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#### EU regulator rules out link between weight-loss drugs and suicidal thoughts



REUTERS/Tom Little/File Photo Purchase Licensing Rights [7]





### Access



#### O Insurance coverage is limited

- Federal law prevents Medicare from covering weight loss drugs
- 25% of people who took GLP-1s in 2023 were covered by insurance
- O Spiking demand outpaced supply
- 0 \$\$\$\$



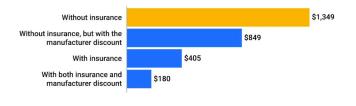
# Cost is a Major Barrier to Access

#### Wegovy costs with and without insurance

Wegovy costs \$1,349 per month if you pay full price or about \$405 per month if you have insurance coverage.

Wegovy could cost \$180 per month if you use insurance and a Wegovy coupon from the manufacturer.

#### Monthly cost of Wegovy



ValuePenguin 🗣 | lendingtree

The Wegovy coupon from the drug manufacturer can help you save \$225 to \$500 per month, whether or not your insurance covers Wegovy.



#### News Release

Lilly releases Zepbound® (tirzepatide) single-dose vials, expanding supply and access for adults living with obesity

August 27, 2024

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Distributed through LillyDirect<sup>®</sup>'s self-pay channel, Zepbound single-dose vials are at least 50% less than the list price of all other incretin medicines for obesity





# Approach to Underwriting

- O If weight loss recent, follow company guidelines for recent weight loss
- O Rate for underlying disease(s)
  - Look for related evidence (i.e. build, A1c, cholesterol)
- O When considering the medication...
  - Look at potential adverse effects
- O Consider additional favorable/unfavorable factors
  - Acquired without Rx → no monitoring
  - Circumstances around starting med
- O Surveillance is ongoing. If there is new information, guidelines will be revised.





### Case #1



- **O** 33 y.o. male
- O Disclosed
  - Nonsmoker
  - Hypertension on losartan, hctz, and amlodipine
  - Mild OSA, uses CPAP 1 night per week

- O Exam: BMI 27.98, BP & labs normal
- Medical Record: Confirms HTN and OSA.
  - Began Wegovy (semaglutide) 2 months prior to application
  - Lost 7 lbs



### Case #2



- O 43 y.o. male nonsmoker
- O Disclosed
  - Depression on Sertraline
  - Zepbound for obesity
- **O** BMI 37
- O Mild depression x 4 years, stable dose Sertraline x 2 years
- O No hospitalizations, no prior suicidal ideation
- On Zepbound (liraglutide) for 4 months: Lost 13 lbs



### Case #2b



- O Client returns for additional coverage 6 months later
- O Zepbound now out of stock
- Signed up for an online telehealth platform 5 months ago: Getting compounded semaglutide
  - Has lost additional 15 lbs.



## Case #3



- O 60 y.o. female
- O Disclosed
  - Hypertension on metoprolol
  - Hypothyroidism on Synthroid
- Prescription history notes Mounjaro since 11/2023.
- O BMI 22.8, BP normal

- Medical Record: PI requested Mounjaro (tirzepatide) to help with drinking and eating a lot. Also reports she feels she has a compulsion for shopping.
- 3 months later, she has decreased alcohol intake and compulsive buying.
  - What do you think of her risk?
  - What else would you want to know?





# **ANY QUESTIONS?**



