

# Obesity Management Program Best Practices

A guide for employers

As obesity-related health complications and spending escalate, the demand for sustainable solutions is surging.

**100 million**

**American adults are obese** and face at least 60 comorbidities

**2×**

**cost for employers** for people with obesity vs. at a healthy weight

**\$16,000**

per person a year for some GLP-1s is **financially unsustainable**

With unprecedented opportunities for medical intervention, employers and health plans face new complexity in balancing the costs of obesity with the cost of treatment. Leveraging best practice guidelines for a successful obesity management benefit program equips you to improve workforce health and wellbeing while containing costs.

## Open Formulary for Tailored Prescribing

Employers see faster workforce weight-loss results (and therefore a faster reduction in related healthcare risks and costs) with an open formulary that covers all weight-loss medications at tier 2 or lower.

An open formulary ensures that providers have the flexibility to prescribe for each person's specific needs, considering any comorbidities and weight-loss challenges. The lower tier protects employees against high copays or coinsurance, which may be a barrier to care.

With an open formulary, employers also benefit by gaining the cost controls that come with tailored prescribing.



### Best practice

Remove any weight-loss medication exclusions from both your health plan coverage and pharmacy benefit manager (PBM) contract.

# Obesity Management Program Best Practices

## Eligibility & Prior Authorization

Weight-loss medications are not appropriate for all people. A good approach is to start with the FDA guidelines and customize to fit your workforce and financial priorities.

### FDA Guidelines

- BMI of 30.0 or greater
- BMI of 27.0 or greater with a weight-related health complication such as high blood pressure, pre-diabetes, sleep apnea, etc.

**Employers can build on the FDA's guidelines with additional criteria**

For example, a step therapy requirement can be applied where employees are required to first try a lower-cost medication. For example, Sally is first prescribed Contrave—or its generic components. Only if Contrave is not effective will Sally be approved for a GLP-1 prescription. Another option is to restrict GLP-1s to employees with specific medical conditions (e.g., type 2 diabetes or a BMI  $\geq 35$ ).



### Best practice

Set eligibility criteria and leverage prior authorization requirements to ensure weight-loss medications are prescribed only as clinically indicated.

## Access to Expert Clinicians

The wide range of weight-loss medications on the market are each designed to address a particular concern—from cravings to blood sugar stabilization to satiety. No one drug works for everyone.

Lower-cost options are highly effective for many people while others need GLP-1s to achieve life-changing results.

Clinicians who specialize in obesity medicine know how to leverage the full range of weight-loss medications to address each person's relationship with food and where they are in their weight-loss journey. With improved health through weight loss, it's possible to address costly conditions such as hypertension and diabetes, which leads to savings for employers.



### Best practice

Ensure employees have access to providers who are certified by the American Board of Obesity Medicine and expert in providing the right treatment combination at the right time.

# Obesity Management Program Best Practices

## Integrated Behavior Change and Weight-loss Medication Coverage

With a disease as complex as obesity, it's critical to help people address the underlying behaviors that contribute to weight gain. With the increasingly powerful weight-loss medications on the market, integrating a behavior change program gives employers greater opportunity to maximize their investment in medication coverage.

Skill-building and coaching is essential to creating the solid foundation necessary for long-term weight-management.



**Eating habits**



**Diet/nutrition**



**Physical activity**



**Stress reduction**



**Sleep**

Fortifying these essential lifestyle practices also helps people adjust to their new bodies—both mentally and physically—and deal with social pressures. Equally beneficial, equipping employees to sustain weight loss may eliminate the need for expensive medications (e.g., insulin) and that helps balance costs over time.



### **Best practice**

Pair weight-loss medication coverage with a behavior change program to optimize both long-term weight-loss and spend.

## Engagement Requirement for Refills

Auto-prescribing can compromise both employee health and employer cost controls as it eliminates the opportunity to adjust medication as and when needed. People may lose weight too quickly and burn lean muscle mass. Others may have adverse reactions that require medication adjustment.

Participant engagement with their clinician and care team allows for fast identification of negative side effects and adjustment to the medication treatment plan. Engagement can include keeping a medication log with date and time taken, logging weight, communicating with the care team, etc.



### **Best practice**








Incorporate participant engagement as a requirement for prescription refills and to ensure patient safety.

# Obesity Management Program Best Practices

## Monitoring & Reporting

When planning a weight-loss management program, it is important to determine how patients will be monitored and the program evaluated. Patient-level data allows the clinical team to ensure safety and titrate prescriptions to ensure the right balance for long-term weight loss.

**At a workforce experience level, program reporting should measure impact in these key areas:**

-  **Weight loss history:** pounds and percentage lost over time; changes in BMI
-  **Behavior change program** engagement and skill building
-  **Clinical adherence** as measured by interaction with the care team (visits, messaging, coaching etc.)
-  **Clinical outcomes:** reduction in diabetes risk, reversal of hypertension, diabetes, and other weight-related conditions, improved blood pressure and cardiovascular health, glycemic control, etc.
-  **Medical and pharmacy utilization** and cost savings
-  **Quality of life:** less stress and musculoskeletal pain and improved sleep, energy, mood, and self-confidence
-  **Medication cost savings:** diversification of weight-loss medication prescribing and percentage savings on weight-loss medication spend



### Best practice

Require quarterly reporting that covers both behavior change engagement and medication utilization. For clinical outcomes that require longer-term data (post 18 months), require semi-annual reporting.

# Obesity Management Program Best Practices

## Choosing a Weight Management Partner

Weight-loss medications are evolving rapidly, and new trials are informing usage and impact. Whether you already offer coverage for weight-loss medication or are considering opening access, having a partner that specializes in behavior change and obesity medication management can be a game-changer.

### Use this checklist to find the right fit:

- ☐ **Behavior change program** that combines weight management, mindfulness, and movement tools, and provides participants with on-demand coaching, personalized content, and community support
- ☐ **1:1 treatment** from certified obesity experts
- ☐ **Tailored medication management**, including blended use of weight-loss medications and others (e.g., Metformin to address insulin resistance) as clinically indicated
- ☐ **Skills and tools** to support whole person health (nutrition, lean muscle mass, etc.)
- ☐ **A multi-disciplinary care team** of doctors certified by the American Board of Obesity Management, nurse practitioners, registered dietitian nutritionists, and certified health coaches
- ☐ **Seamless care coordination** with PCPs and specialists
- ☐ **Customized content, prompts, and reminders** to support behavior change and medication adherence
- ☐ **Ongoing monitoring** for patient safety and health outcomes, and cost control
- ☐ **Quarterly reporting** to monitor impact and cost controls
- ☐ **Options for billing** services as a medical claim
- ☐ **Performance guarantees** and data-backed claims about results
- ☐ **Experience working with employers** and organizations similar in size and composition

These best practice guidelines are brought to you by Wondr Health, the proven leader in digital behavior transformation. For over 15 years, Wondr Health has helped employers of all sizes overcome the cost and complexity of obesity management in the workplace. We can help you, too.

**Schedule a free consult at [connect@wondrhealth.com](mailto:connect@wondrhealth.com) or visit us at [wondrhealth.com](https://wondrhealth.com).**