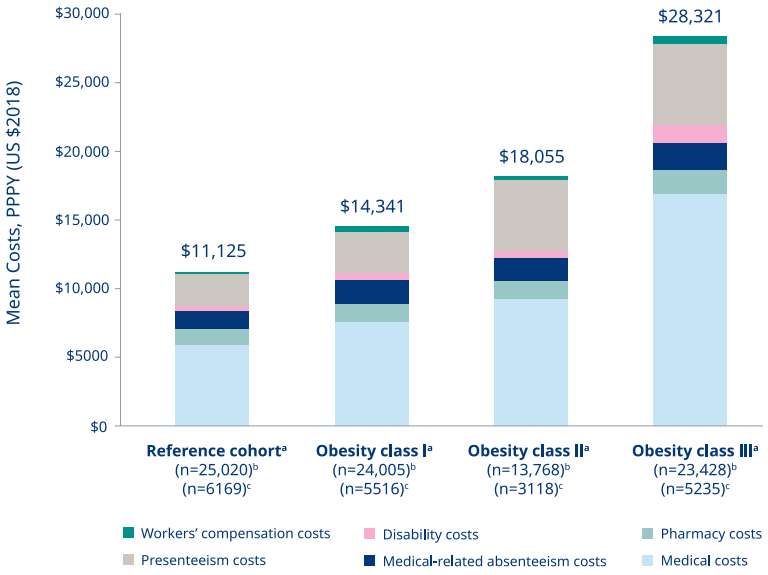
The challenge of obesity and Novo Nordisk's approach to employee weight management

Obesity is a chronic disease with a high cost impact

Obesity is considered a chronic disease and a **serious threat to health** by leading organizations, including the American Association of Clinical Endocrinology, the American College of Endocrinology Obesity Task Force, and the American Medical Association.[1,2]

Obesity may be costing employers more than they know. In a retrospective study of major US industries, obesity was **a strong predictor** of high direct (healthcare) and indirect costs among privately insured employees.[3]

Direct and indirect costs of obesity increase with rising BMI[3]



All costs increased with increasing body mass index (BMI)[3]:

- Medical and pharmacy costs
- Disability costs
- Presenteeism and absenteeism costs
- Workers' compensation costs

PPPY=per patient per year.

[a]Reference cohort refers to the normal-weight population (randomly selected group of patients without overweight,obesity or underweight BMI codes and without overweight or obesity term ICD codes). Obesity class I is defined as a BMI between 30.0 kg/m^2 and 34.9 kg/m^2); obesity class II is defined as a BMI between 35.0 kg/m^2 and 39.9 kg/m^2; obesity class III is defined as a BMI of ≥40 kg/m^2 or more.

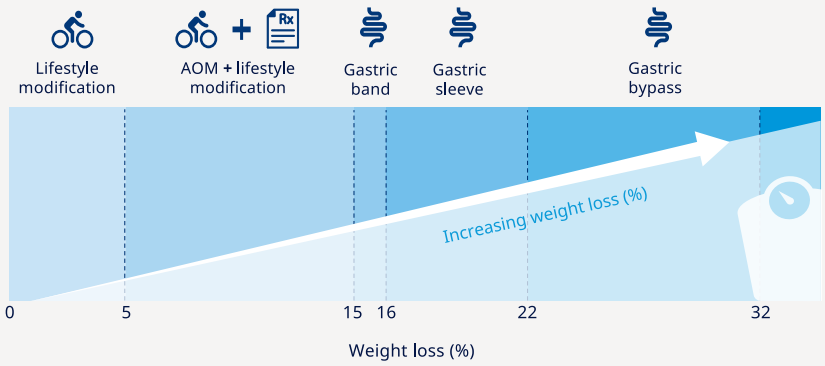
[b]Total sample size for direct costs (ie, medical and pharmacy costs).[3]

[c]Sample size for indirect costs (ie, medical-related absenteeism, disability, presenteeism, and workers' compensation), representing the number of employees with work-loss coverage.[3]

How obesity is managed

According to medical literature, it is important that each individual with obesity receives a **medically appropriate intervention**. Current approaches to obesity include lifestyle modification (diet and exercise), anti-obesity medications (AOMs), and, for more severe obesity, bariatric surgery.[4]

AOMs can help bridge the gap between lifestyle modification and bariatric surgery[5-8]



As shown in the graphic, AOMs, when added to lifestyle modification, can help people achieve **greater weight loss** than lifestyle modification alone. For many people, AOMs can help bridge the gap between lifestyle modification and surgical approaches.

Novo Nordisk supports a "culture of health" in the workplace[9]

As part of a global healthcare company with 95 years of leadership in diabetes care and other therapeutic areas, including obesity, an essential part of our culture is providing a healthy and engaging work environment for our employees. We believe that providing people with a workplace that supports their physical, emotional, and financial well-being is **critical to our success** as a business.

While some solutions are delivered through our medical plan, we provide extensive support and resources to all employees regardless of **whether or not** they are enrolled in our medical plan.

100% of our employees have access to our health and wellness programs.

Novo Nordisk offers health plan coverage for weight-management options[9]

As part of our holistic approach to health management, we understand that appropriate intervention into obesity **varies by individual** and can have a significant impact on employee health, well-being, productivity, and healthcare costs. We also understand that pharmaceutical approaches can be an effective add-on to lifestyle modification.

For this reason, we offer a **full continuum of care** under our medical/prescription drug plan for treatment of excess weight that includes coverage of nutritional and behavioral health counseling, exercise therapy, all AOMs approved by the US Food and Drug Administration, and bariatric surgery.

Obesity threatens employee health and may be costly to your organization. **Consider approaching your health plan or pharmacy benefits manager** to discuss coverage of obesity management options, including AOMs.

Novo Nordisk offers additional programs that may benefit employee health and well-being, including programs related to obesity and weight management[9]

Subsidized Healthy Cafeteria Options

- **~65% of cafeteria sales** are consistently healthy options
- We work to promote **appetizing and healthy options** in the cafeteria
- Including healthy offerings can help make unhealthy options seem less appealing

Weight-Management Programs

- **Subsidized Weight Watchers™** program with in-person and virtual meeting options
- **Omada digital lifestyle change** program with smart device integration
- Discounts on other top-ranked weight loss programs like Jenny Craig®
- **Onsite gym** and discounts on a network of local and national fitness centers

A Robust Medical Accommodations Process

- Helps keep employees at work and helps them return to work safely and productively
- This process has helped more than 100 employees **avoid more than 2000 lost workdays** annually
- We have made **workspaces safer and more comfortable**, including
  - Innovative workspaces designed by employees for employees
  - Electric adjustable-height desks on wheels for everyone

NovoHealth North American Operations (NAO)

- Our wellness program **uses gamification to drive engagement**; we have 89% employee participation
- Individuals earn points for completing challenges online and earn gift cards for each level achieved
- Challenges **drive healthy behaviors** and help improve wellness (financial, physical, emotional, etc)
- For example, the "Plan Your Vacation" challenge emphasizes taking time off and provides links to help get employees started (eg, travel discounts, concierge services)

References: 1. Mechanick JI, Garber AJ, Handelsman Y, Garvey WT. American Association of Clinical Endocrinologists' position statement on obesity and obesity medicine. *Endocr Pract.* 2012;18(5):642-648. **2.** Recognition of obesity as a disease H-440.842. American Medical Association website. https://policysearch.ama-assn.org/policyfinder/detail/obesity?uri=%2FAMADoc%2FHOD.xml-0-3858.xml. Accessed March 21, 2022. **3.** Ramasamy A, Laliberté F, Aktavoukian SA, et al. Direct and indirect cost of obesity among the privately insured in the United States: a focus on the impact by type of industry. *J Occup Environ Med.* 2019;61(11):877-886. **4.** Garvey WT, Mechanick JI, Brett EM, et al; Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22(suppl 3):1-203. **5.** Jensen MD, Ryan DH, Apovian CM, et al; American College of Cardiology/American Heart Association Task Force on Practice Guidelines; The Obesity Society. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation.* 2014;24(25 suppl 2):S102-S138. **6.** Wilding JP, Batterham RL, Calanna S, et al. Once weekly semaglutide in adults with overweight or obesity. *N Engl J Med.* 2021;384(11):989. **7.** Courcoulas AP, Christian NJ, Belle SH, et al. Weight change and health outcomes at three years after bariatric surgery among patients with severe obesity. *JAMA.* 2013;310(22):2416-2425. **8.** Berry MA, Urrutia L, Lamoza P, et al. Sleeve gastrectomy outcomes in patients with BMI between 30 and 35—3 years of follow-up. *Obes Surg.* 2018;28:649-655. **9.** Data on file, Novo Nordisk, Inc.

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