

The Future of Lifestyle Medications

Monday, October 23rd | 1:00 PM

The Future of Lifestyle Medications

A focus on obesity

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Agenda

Introduction

What is Obesity?

Disease Prevalence & Burden

Marketplace Trends

Pipeline & Considerations

Q&A



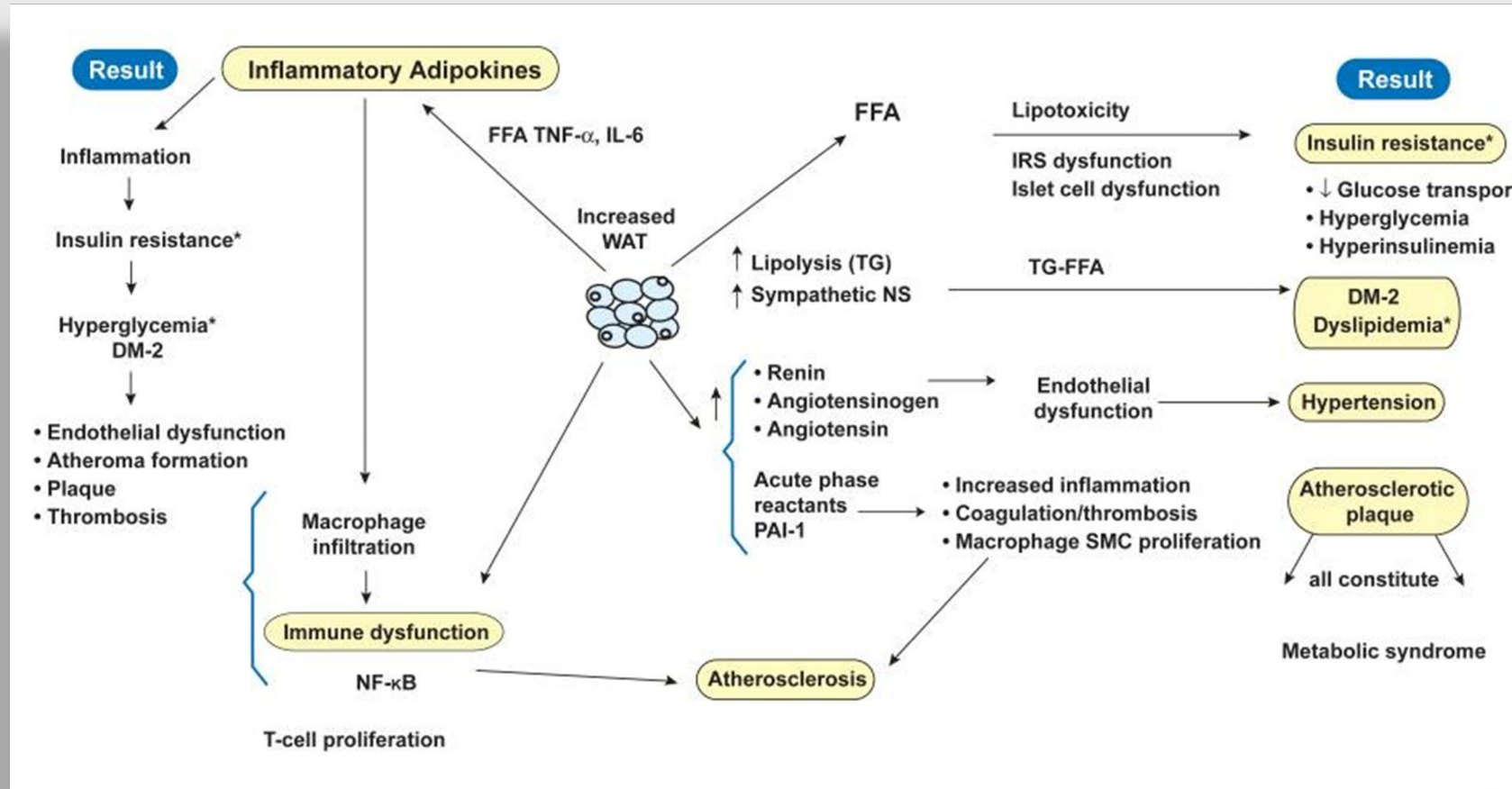
What is Obesity?

The World Health Organization (WHO) definition and classification:

“An abnormal or excessive fat accumulation that presents a risk to health.”

BMI	Classification
25-29 kg/m ²	Overweight
30-39.9 kg/m ²	Obese
≥ 40 kg/m ²	Morbid Obesity

The pathophysiology of obesity and its clinical manifestations



“Normal” body fat mass is constantly reset throughout life

Loss of **baby fat**

Fat changes with **puberty**

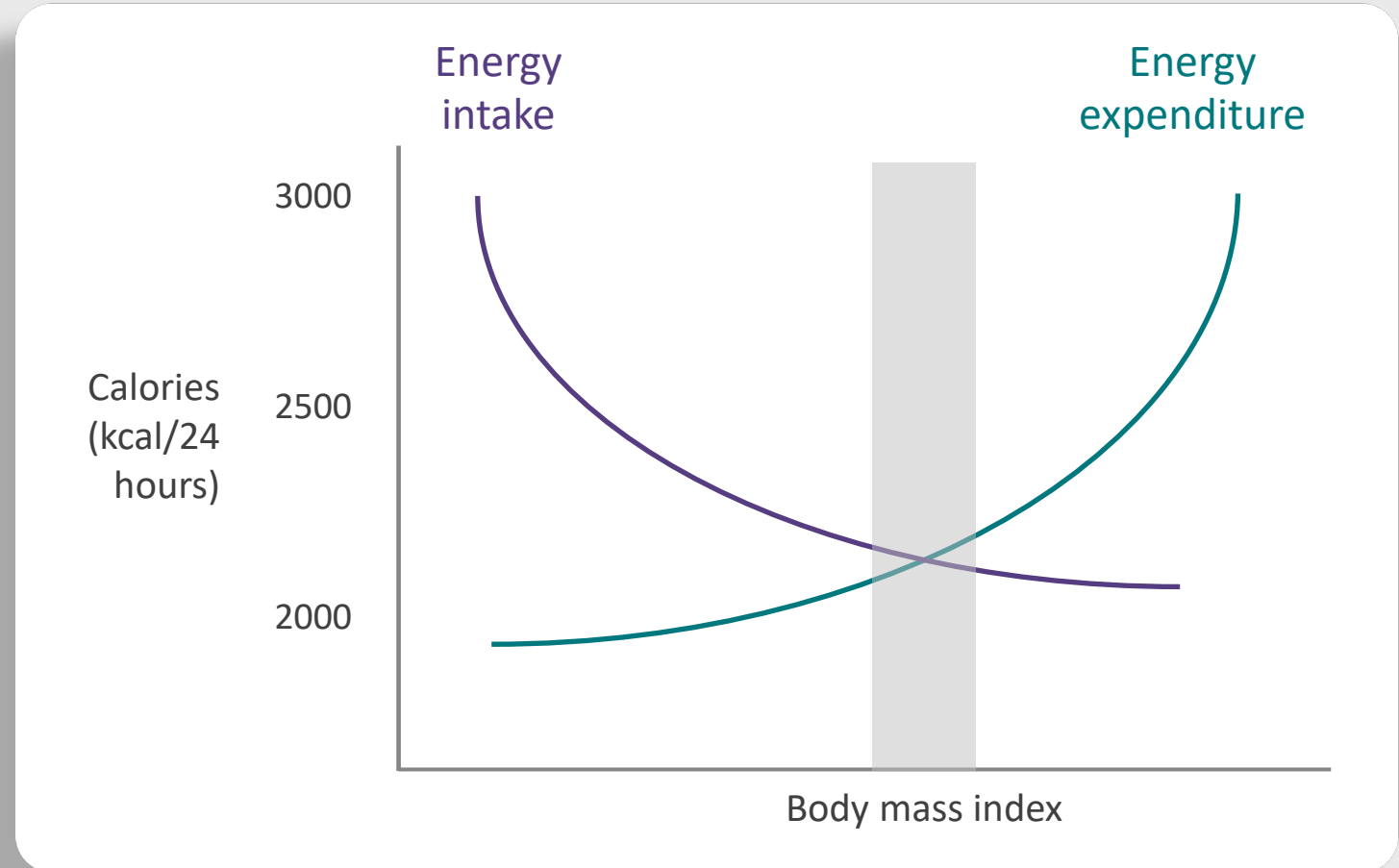
Fat changes with **aging**

Fat changes with **menopause**

During and after **pregnancy**

This occurs regardless of our intentions

Ultimately, obesity is inappropriate regulation of our setpoint



We now better understand the causes of obesity than years past

**Complex physical, mental
and environmental causes**



Metabolism
Genetic factors
Nutrition
Neurochemical
Environment

A blue-tinted photograph of a healthcare professional in a white lab coat with a stethoscope around their neck, measuring a patient's waist with a measuring tape. The patient is wearing a grey long-sleeved shirt. The word "Statistics" is overlaid in white text in the center of the image, flanked by two short horizontal white lines.

Statistics



Obesity is a common, serious and costly disease

~40%

prevalence of obesity
in the U.S. 2017-2020¹

1 in 2

adults will be
obese by 2030²

>200

diseases are associated
with obesity³

\$1,861

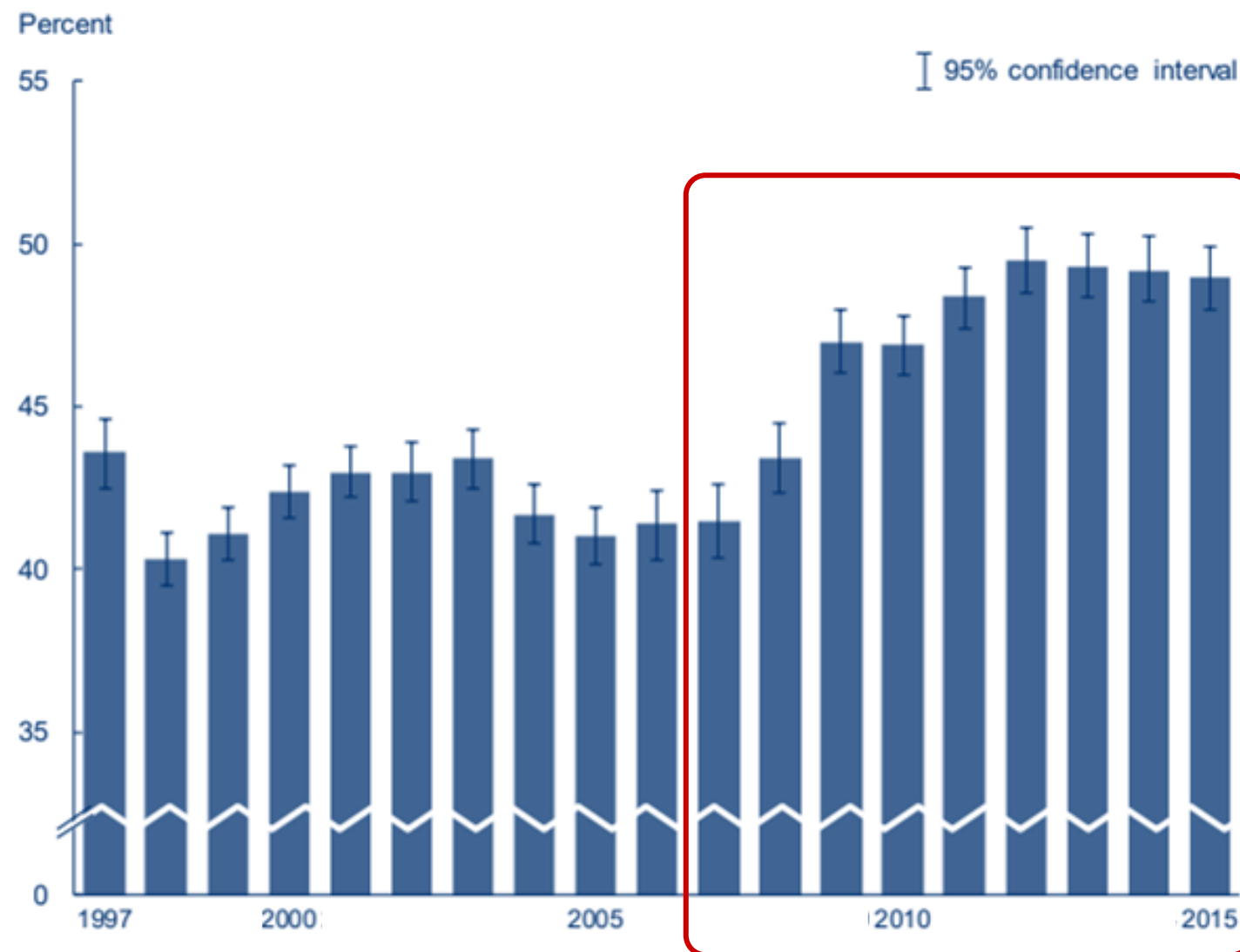
excess annual medical
costs per person with
obesity⁴

1. www.cdc.gov. 2. www.nejm.org. 3. www.medicaleconomics.com. 4. journals.plos.org.

U.S. has continually missed its Healthy People targets for obesity



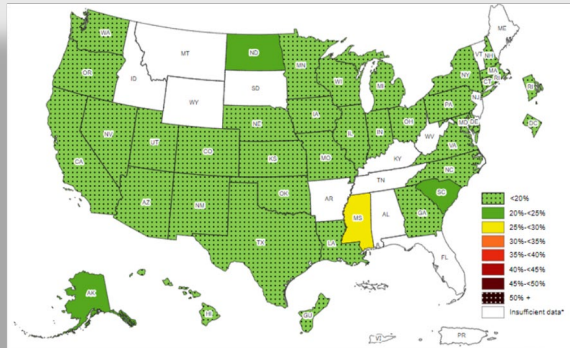
Americans are
exercising
more than
ever before



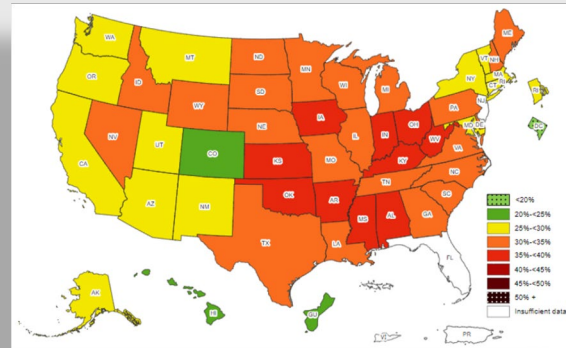
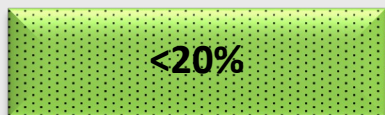
Source: www.cdc.gov.

Prevalence of adult obesity by race/ethnicity

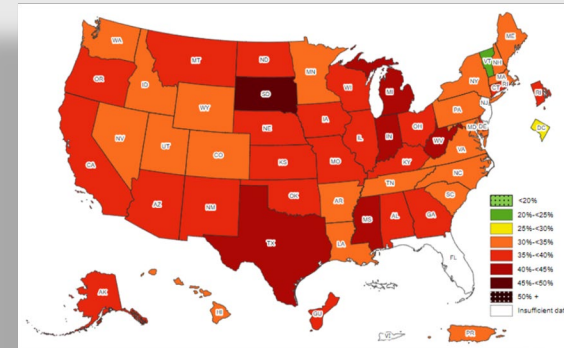
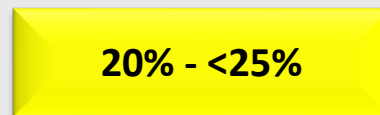
NHANES; 2017 – March 2020



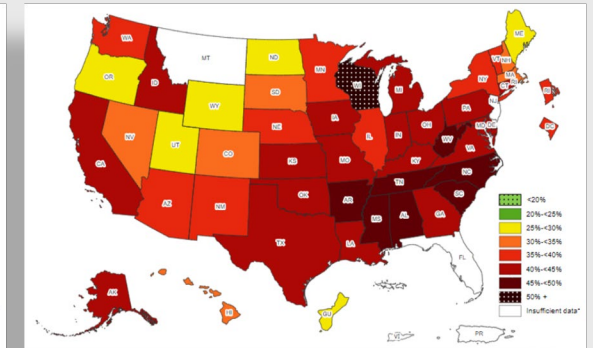
Asian



White



Hispanic



Black



SDoH influence among U.S. adults with obesity

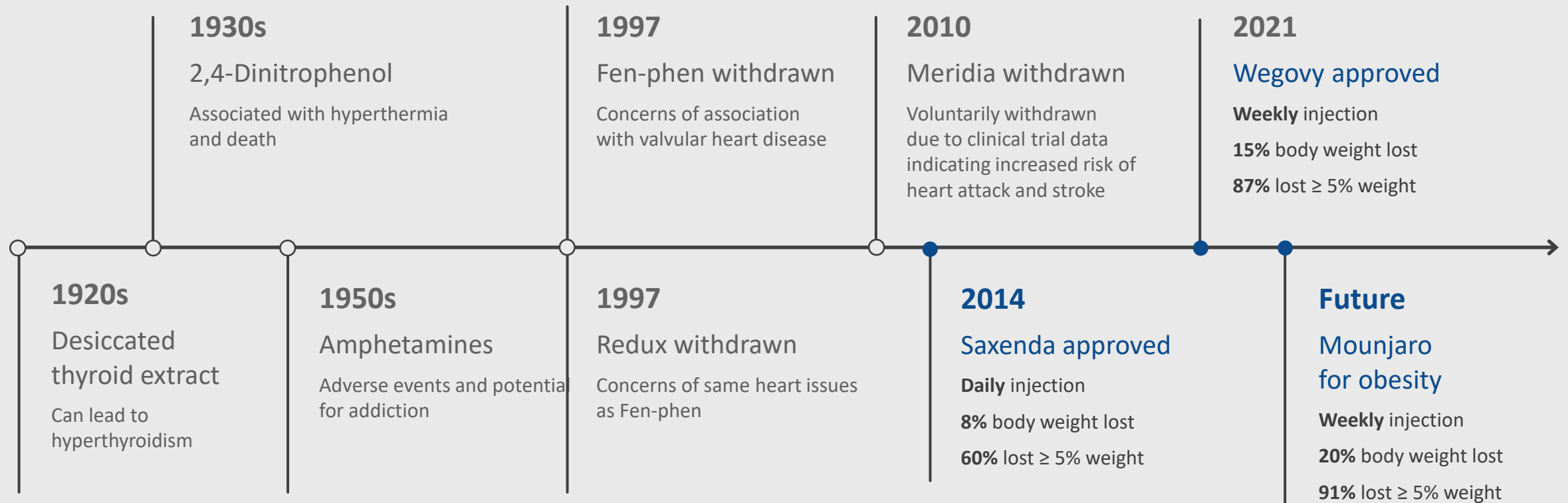
CDC; 2019 - 2021

- **Education:** Obesity prevalence decreased by level of education.
 - Adults without a high school degree or equivalent had the highest self-reported obesity (37.8%), followed by high school graduates/some college (35.5%), and then by college graduates (26.3%).
- **Age:** Young adults were half as likely to have obesity as middle-aged adults.
 - Adults aged 18–24 years had the lowest self-reported obesity (20.7%) compared to adults aged 45–54 years who had the highest prevalence (39.3%).
- **Income:** Among White women, prevalence was highest in the lowest income group. Among White and Hispanic men, prevalence was highest in the middle income group.
 - For Black men, prevalence was higher in the highest income group.
 - For Black women, there was no difference in prevalence among the income groups.
- **Location:** The South (36.3%) had the highest prevalence of obesity,
 - Followed by the Midwest (35.4%), the Northeast (29.9%), and the West (28.7%).
 - 40% or more adults had obesity in 2 states – Kentucky and West Virginia.

A woman with long grey hair and glasses is looking down at a smartphone she is holding with both hands. She is wearing a light-colored button-down shirt. The background is a blurred outdoor path with trees and foliage. The entire image has a blue tint.

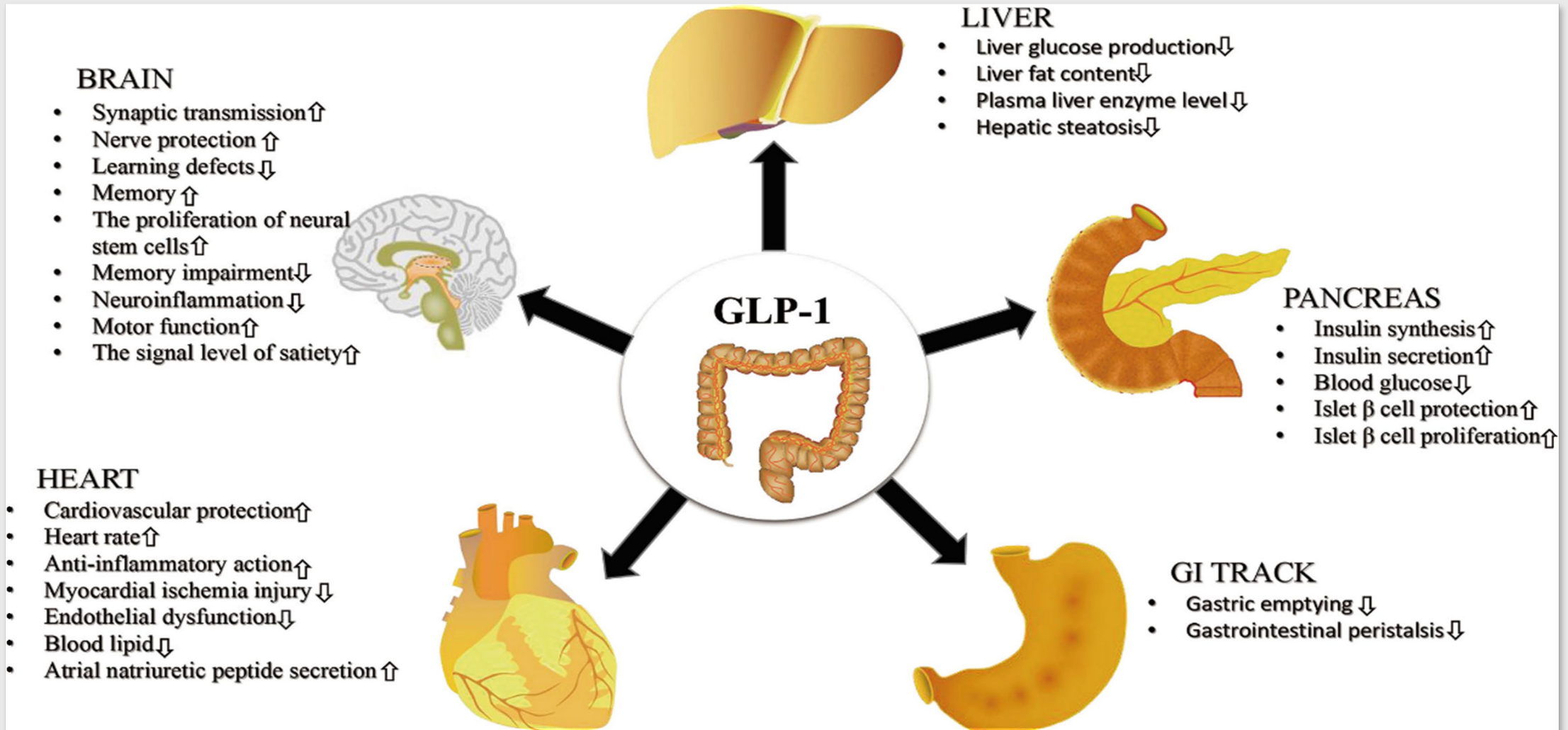
Marketplace Trends

New drugs are promising and effective at treating obesity












Source: Nature Reviews | Drug Discovery Reviews.

The effects of Glucagon Like Peptide-1 (GLP-1) agonists



GLP-1 medications available today

	Dosage	Dosage form	Approved for	Who?	Cost/Month
Bydureon BCise (Exenatide)	1 weekly		Type 2 diabetes	Kids 10+ Adults	\$975
Byetta (Exenatide)	1 daily		Type 2 diabetes	Adults	\$990
Ozempic (Semaglutide)	1 weekly		Type 2 diabetes	Adults	\$1,100
Rybelsus (Semaglutide)	1 daily		Type 2 diabetes	Adults	\$1,100
Trulicity (Dulaglutide)	1 weekly		Type 2 diabetes	Kids 10+ Adults	\$1,100
Victoza (Liraglutide)	1 daily		Type 2 diabetes	Kids 10+ Adults	\$1,300
Mounjaro (Tirzepatide)	1 weekly		Type 2 diabetes	Adults	\$1,200
Wegovy (Semaglutide)	1 weekly		Weight management	Kids 12+ Adults	\$1,600
Saxenda (Liraglutide)	1 daily		Weight management	Kids 12+ Adults	\$1,600

GLP-1 (Glucagon-like peptide-1).

Wegovy shown to cut risk of stroke and heart attacks, company says

The findings are the first to demonstrate that a weight-loss drug has medical benefits beyond weight reduction.

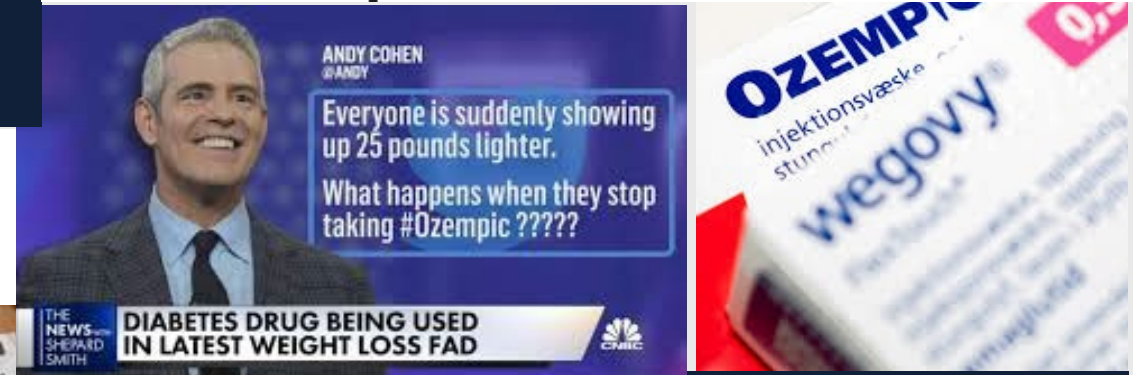
Semaglutide: The First New FDA-Approved Weight Loss Medication Since 2014



KAISER HEALTH NEWS

Social Media Is Boosting a Billion-Dollar Market for Weight Loss Drugs

Could New Weight-Loss Drugs like Ozempic Treat Addiction?



As weight loss drugs soar in popularity, many who could benefit can't get them

Most health insurance companies won't cover the cost of Ozempic and Wegovy, leaving groups with the highest rates of obesity without access.

The Washington Post
Democracy Dies in Darkness

BUSINESS

New Weight-Loss Drugs Work, But Who's Paying?

Analysis by Lisa Jarvis | Bloomberg
November 10, 2022 at 5:32 a.m. EST

GLP-1s are most effective when combined with lifestyle intervention and recommended dosing

**Lifestyle and
nutrition
support**

+

**Proper
dosing**

=

15%

weight loss achieved on GLP-1 with the support of lifestyle intervention and counseling^{1,2}

1. www.nejm.org. 2. www.nejm.org.



Emerging anti-obesity medications like GLP-1s* while highly effective
are expensive and use is on the rise

*Approved for weight loss.

1. www.fiercepharma.com. 2. www.ncbi.nlm.nih.gov.



5X

increase in utilization of anti-obesity medications (AOM) expected over the next few years¹

\$20K

annual cost of Wegovy²

55%

patients seeking care for obesity will be prescribed anti-obesity therapies¹



Pipeline & Considerations

A robust pipeline of **diabetes and weight management** medications



Obesity and Type 2 Diabetes

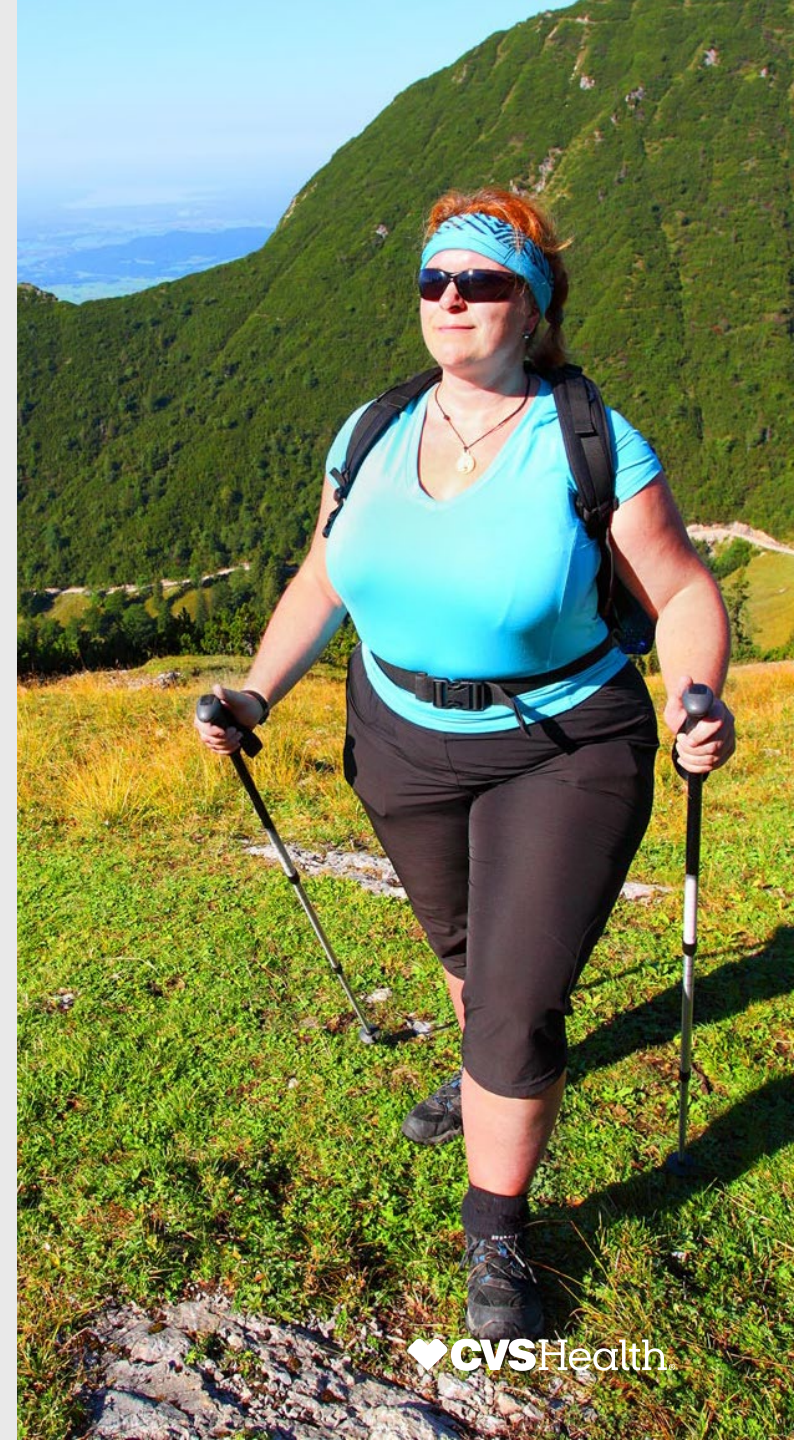
- **Danuglipron** – Phase 2 oral GLP-1; Q3 2024
- **Orforglipron** – Phase 3 oral GLP-1; 2026
- **Retatrutide** – Phase 3 GLP-1/GIP/Glucagon tri-agonist; 2026



Obesity without Diabetes

- **Tirzepatide** – FDA fast track review; 2nd half 2023
- **AMG133** – Phase 2 GLP-1 with monthly dosing frequency
- **Pemvidutide** – Phase 2 GLP-1/Glucagon agonist
- **Survodutide** – Phase 3 GLP-1/Glucagon agonist
- **Imcivree** – Phase 3 for the treatment of hypothalamic obesity; 2Q 2026

Multiple new drugs and expanding indications make it critical to proactively manage this class



Ongoing considerations

Which patients do or do not benefit?

How long do you need to take these drugs?

What are the long-term side effects?

What approach will payors take to coverage?

How do health disparities influence outcomes?

How do we couple drug therapy with lifestyle support?

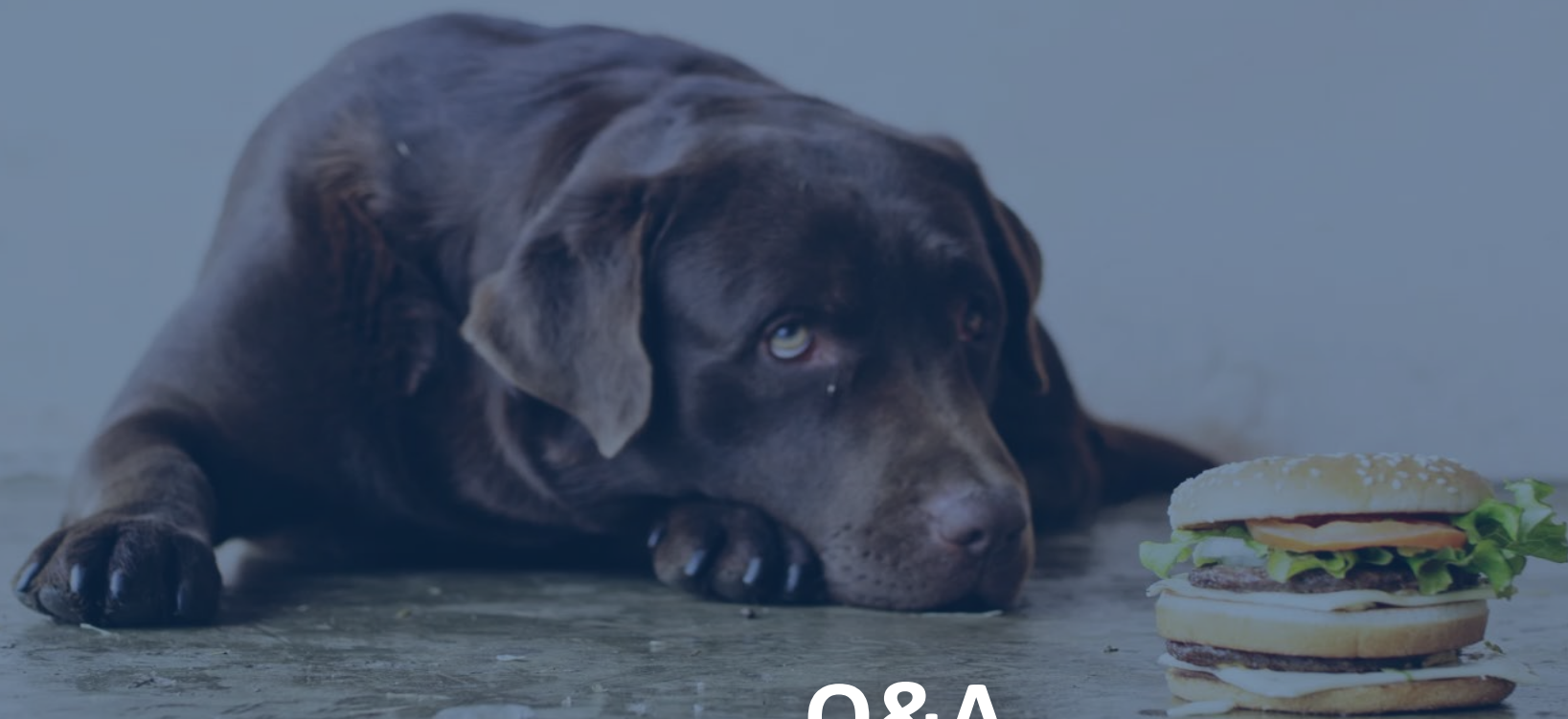
What is the impact on total healthcare spend?

Plan sponsors will need a comprehensive approach

Cost Management

Care Management





Q&A



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