

Customizable weight management solutions

A flexible approach to coverage, cost and care

Improve the health and well-being of your plan member population.

Glucagon-like peptide 1 receptor agonists, or GLP-1s, have changed the way obesity and its frequently co-occurring condition, diabetes, are treated. These therapies are highly effective.



However, they are also costly. A multifaceted approach can help plan sponsors control spend and trend while providing members with the support they need to live longer, healthier lives.



Our approach to transforming metabolic health is differentiated by:

- A deep understanding of your population
- Effective levers to deliver an integrated experience, informed by advanced analytics
- Our extensive track record of managing trend and staying ahead of market events

Three Keys:

-  **Coverage**
-  **Cost**
-  **Care**

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The relationship between diabetes and obesity

Diabetes and obesity, both conditions caused by suboptimal metabolic health, are highly prevalent; obesity affects 70 million U.S. adults, while more than 37 million U.S. adults have diabetes.^{1,2}

Being overweight increases risk for type 2 diabetes, heart disease, and stroke. In 2011, researchers warned of “the epidemic of obesity and diabetes,” noting that both are risk factors for cardiovascular disease, the leading cause of death in the U.S.^{3,4}

People with obesity are up to 80 times more likely to develop type 2 diabetes than those with a BMI of less than 22.⁵ However, losing just 7 percent of body weight can reduce the risk of developing diabetes by almost 60 percent.⁶ Both diabetes and obesity are treated with GLP-1s.

Considerations for payors

The use of GLP-1s has skyrocketed over the past few years, and the upward curve shows no sign of slowing: The category could reach more than \$77 billion in global sales by 2030.⁷ Plan sponsors will want to craft an approach to GLP-1s that includes three key elements: coverage, cost, and care.

We are committed to supporting you in developing thoughtful, data-driven approaches to metabolic health. We provide a comprehensive spectrum of options and available modeling to inform coverage decisions, including medical cost avoidance and pharmacy spend savings.



As the metabolic health landscape evolves, we can help grow your strategy as part of your overall pharmacy benefit design.

**The keys to transforming metabolic health?
Coverage, cost, and care.**



1

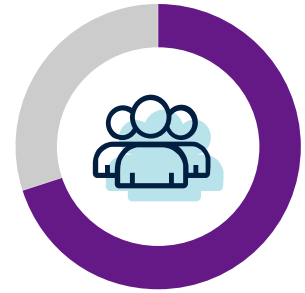


Coverage

Coverage approaches to GLP-1s are not one-size-fits-all. Some plan sponsors may choose to offer coverage that fully aligns with U.S. Food and Drug Administration (FDA)-approved labeling and clinical compendia-supported uses. Others may want to exclude coverage of GLP-1s for weight management or put in place more stringent coverage requirements for the weight management class.

Coverage decisions should take into account the health outcomes and total cost of care impact that weight management can have in preventing chronic condition onset or progression. Treating obesity can help reduce downstream pharmacy and medical spend. Pharmacy benefits can also be an important talent attraction and retention tool in today's competitive labor market.

Plan sponsors may assess their coverage options depending on the nature of their employee population. For example, those in industries that experience high turnover may have lower vested interest in long-term outcomes and may opt for a more stringent coverage approach, with rigorous utilization management (UM) levers in place.



68%
**savings from
low net cost +
UM strategies⁸**

We can support your preferred plan design that addresses your needs and optimizes the impact to your bottom line, including the potential effect to rebates and overall drug spend.



2 Cost

Our multifaceted approach to cost management includes leveraging our scale and market expertise to negotiate low net cost and using formulary design to prefer low net cost products. Plan sponsors can choose plan design and formulary levers that align with plan goals. Select formularies also include new-to-market review, which evaluates appropriate use of drugs according to FDA-labeled indication and encourages use of comparable formulary drugs.

Utilization management strategies

If your plan design includes coverage for GLP-1s, we can help ensure appropriate utilization through intelligent controls, including:



Prior authorization (PA)

to help ensure utilization is clinically appropriate at the onset of therapy and throughout treatment



Step therapy

requiring members with type 2 diabetes to try metformin before progressing to a GLP-1



Quantity limits

to help ensure dosing does not exceed recommendations



Weight Management UM Bundle

that allows for comprehensive drug class management by automatically updating and/or adding new UM criteria, when available



Smart logic PA

to help prevent coverage of off-label utilization while minimizing member impact*

Smart logic PA helped one client reduce net spend by

11%

in just two months⁹



Tailor coverage of new weight management drugs from day one

The Weight Management UM Bundle helps ensure clinically appropriate and cost-effective coverage for weight management medications. Once you establish UM criteria for weight management, it can be applied automatically to new agents as they become available.**

The bundle currently includes criteria for:

- Contrave
- Wegovy
- Additional weight management agents†
- Qsymia
- Xenical
- Saxenda
- Zepbound

UM criteria are supported by medical evidence and require documentation and drug-specific quantity limits.

Curb off-label coverage of GLP-1s approved to treat type 2 diabetes

Off-label prescribing of GLP-1s approved to treat type 2 diabetes for weight management can be costly. Our smart logic PA helps ensure coverage for these medications is clinically appropriate, with minimal impact to members who have type 2 diabetes.

The process allows seamless claims adjudications based on sophisticated clinical rules and information we already have about the member, such as prescription claims history or diagnosis codes associated with a prescription.

A two-year lookback can identify if a member's records include:

- An ICD code indicating a type 2 diabetes diagnosis
- Previous use of a non-GLP-1 type 2 diabetes medication, such as metformin
- Previous use of diabetes supplies

If the smart logic criteria are met, the medication is covered with no member or physician disruption. If the criteria are not met, further information and review is needed.



How does our smart logic PA work?



Claim received



Member record review



Two-year lookback



Claim approved or sent for further review



3



Care management

Comprehensive care management can help accelerate savings and promote better metabolic health outcomes. A lifestyle-first approach to help members manage their weight and reduce their risk for diabetes without medication, when possible, can efficiently manage the dynamic GLP-1 category.

For members already on GLP-1, nutrition and clinical support may help increase the clinical efficacy of the medication, as these drugs work best when paired with lifestyle interventions.

Weight management

Lifestyle changes are essential to achieving and maintaining a healthy weight — even for those on weight management medications — and reducing the risk for diabetes.

Our CVS Weight Management program offers clinical and nutrition support to members to support them wherever they are in their journey, including:



Easy self-enrollment with screening questions about weight goals, health history, general well-being, and behavioral health — with referrals for additional services, if appropriate



Lifestyle and intervention support, including personalized nutrition planning, from a dedicated registered dietitian in a virtual setting



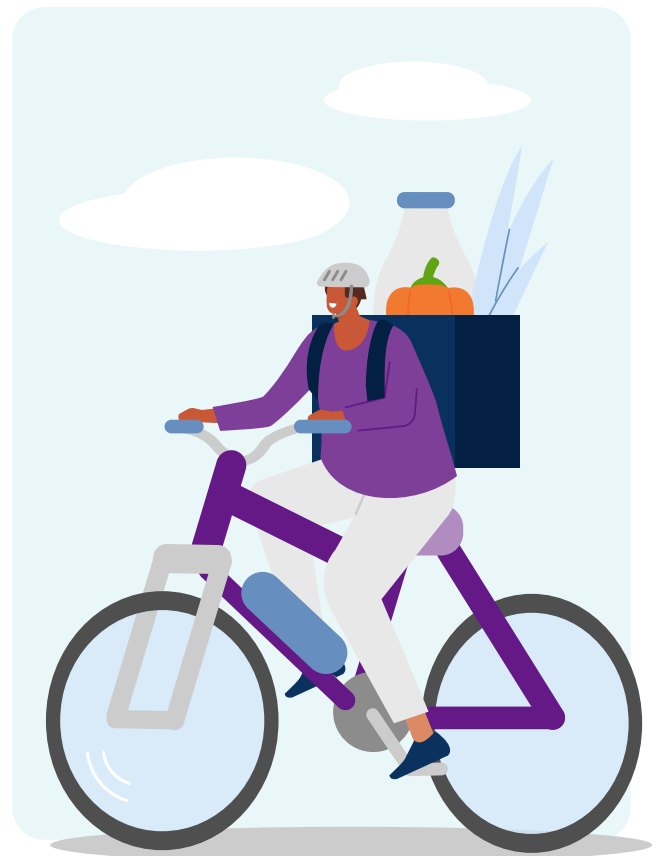
Clinical dosing and oversight from board-certified providers who address concerns with medication success, tolerability, adherence, compliance, and cost



Notification of the member's primary care provider, so progress can be discussed during regular visits



Use of the Health Optimizer digital app, which allows for direct messaging with a dietitian, plus convenient tools for meal-planning, calorie- and macro-tracking, a personalized menu, 400+ recipes, a restaurant helper tool, and more



Participation can be integrated as a prerequisite for GLP-1 coverage and, for some members, may even prove an alternative to starting drug therapy.

Depending on your philosophy and approach, you may elect to:



Implement a voluntary prevention program that targets members who qualify for a weight management medication but do not yet have a prescription, providing those members with the clinical and nutrition support to potentially avoid using GLP-1s or explore other medical alternatives



Require participation for coverage of weight management medication, to support optimal and sustainable results, including clinically appropriate medication adjustments and helping members titrate down or off medication, if requested

CASE STUDY

Our weight management solutions at work

A national employer with 50K members saw GLP-1 costs climbing month over month in 2023. They wanted to continue to cover weight management medications but needed to manage spend.

We helped them implement a weight management program that integrated with their existing prescription benefit plan.

The program included:



Cost management strategies to help ensure coverage of GLP-1s was clinically appropriate and cost-effective



A requirement for members to participate in weight management and nutritional counseling prior to medication coverage

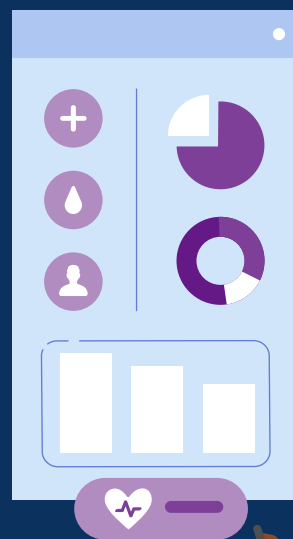


Virtual, personalized support including digital coaching, real-time access to a registered dietitian, and the ability to track biometrics

RESULT

\$5.5M

estimated annual savings^{††}



An integrated approach to weight management

The use of GLP-1s is likely to continue to rise, so plan sponsors must develop a strategy that fits their population, culture and bottom line. When thinking about your organization's approach, be sure to consider these questions:



Coverage

Do you want to include coverage for GLP-1s for weight management? Should you put in extra requirements? Will plan members have access to a wide range of providers for weight management? How will having a weight management solution help prevent other chronic conditions? What impact will that have on total cost of care (medical and pharmacy)?

Develop a plan design that's tailored to your needs.



Cost

How will you ensure appropriate spending? What sorts of controls should you put in place? Does the plan include utilization management and things like smart logic prior authorization?

Consider the total cost of care and be sure your plan optimizes the impact to your bottom line.



Care

Does the plan promote lifestyle changes as a first line of therapy? Are personalized clinical and nutrition support available? Does the plan pair a weight management program with medications to support members?

Support members and promote better health outcomes with a plan that includes comprehensive care management.

With select Aetna integrated pharmacy plans, members working to achieve a healthy weight will have a seamless experience that combines weight management medications with clinical support, promoting overall member satisfaction.

Members will have access to registered dietitians and endocrinologists, who can notify and consult with their primary care providers. Additionally, you would maintain a complete view of their care, enabling identification of care opportunities that can help improve overall health outcomes and save money. This can be lost with a fragmented solution.



A spectrum of solutions

Balancing cost and coverage for GLP-1s will remain a priority for plan sponsors. Comprehensive GLP-1 management from a single provider offers you program flexibility, clinical effectiveness, and data-driven individualized support. Blunt costs with a range of management strategies: Our spectrum of coverage, cost control, and care management options offers varying levels of stringency.

| | Less restrictive, lower savings → More restrictive, higher savings | | | |
|-------------------------------|---|------------------------------------|--|----------------------------|
| Coverage | | | | |
| Formulary + plan design | Formulary encourages use of preferred low cost drug in category | 100% member copay option | Plan benefit design with category exclusion | |
| Cost | | | | |
| Utilization management | Quantity limits | Smart logic (diabetes only) | Step therapy (diabetes only) | Prior authorization |
| Care | | | | |
| CVS Weight Management program | Voluntary (no benefit integration) | | Mandatory clinical engagement (co-therapy) | |

Through continued innovation, we will continue to advance GLP-1 strategies while improving member care.

We can help you develop a comprehensive, cost-effective strategy that meets your business needs and supports your members in transforming their metabolic health.



Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

*Off-label use defined as uses not supported in FDA-approved labeling or recognized in clinical compendia or evidence-based guidelines.

**The Weight Management UM Bundle is available to clients utilizing the following template formularies: Advanced Control Formulary, Advanced Control Formulary Chart, Advanced Control Choice Formulary, Basic Control Formulary, Basic Control Formulary Chart, Standard Control Formulary, Standard Control Formulary Chart, Standard Control Choice Formulary, Standard Opt-Out, and Standard Opt-Out Chart. There may be rebate impact to adopting the Weight Management UM Bundle. There are no additional charges to implement the Weight Management UM Bundle. Clients will pay the appropriate PA and appeals fees depending on their respective contracts.

† Includes select non-GLP-1 weight management agents: benzphetamine, diethylpropion, phendimetrazine, phentermine.

†† Savings projections are based on CVS Health data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan, and other factors. Client-specific modeling available upon request.

1. <https://www.cdc.gov/obesity/data/adult.html>
2. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm#lpa>.
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3066828>.
4. <https://www.cdc.gov/heartdisease/facts.htm>.
5. <https://www.diabetes.co.uk/diabetes-and-obesity.html>.
6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1762038>.
7. <https://www.morganstanley.com/ideas/obesity-drugs-investment-opportunity>.
8. Savings in the GLP-1 weight management class from low net cost and UM strategies. CVS Health Analytics, July 2023. PBM claims data for CVS Health Book of Business, Commercial Clients (health plan + employer). Claims data for restricted clients excluded. UM savings sourced from PA episode summary data. Rebates through actual spend computed using claim level rebates. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors.
9. <https://insightslp.cvshealth.com/smart-logic-pa-in-action.html>.
10. CVS Health Analytics, 2023. PBM claims data for CVS Health Book of Business, Commercial Clients (Health Plan + Employer), April 15 – November 30, 2023. Claims data for restricted clients excluded. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors.

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