



Proposal for
State of North Carolina

GLP-1 Solutions RFI
RFI NO. 270-20240419GLP

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Carley Hamann
Regional Vice President



Executive Summary

State of North Carolina
GLP-1 Solutions RFI

We thank you for the opportunity to respond to your Request for Information for GLP-1 solutions for the State of North Carolina.

Castlight has had the exceptional privilege of working with the State Health Plan for the past year and a half on a pilot aimed at increasing predictability in medical and pharmaceutical spend and, ultimately, reducing total cost of care for our pilot population. Our unique position has allowed us to hear and participate in discussions around the difficult decision The Plan has had to make in eliminating coverage for GLP-1s. For the 30,000 members Castlight is responsible for, we have seen through claims data that obesity rates among Health Plan beneficiaries are up 5% year-over-year. We have heard both the Treasurer and Sam Watts say that they neither deny the effectiveness or the value of these medications—instead, their cost is simply unsustainable. Rising obesity rates, without alternatives in either medication and/or lifestyle changes, will very likely impact The Plan’s population in the not-so-distant future.

In the fall of 2023, as the conversation around GLP-1 coverage intensified, Castlight took the initiative to develop a solution that would allow The Plan to better serve this population. *This program was designed expressly for the State Health Plan based on conversations we have had with Sam Watts over the last six months.* You will see programmatic design directly reflecting those conversations including the inclusion of a stepwise program that is aligned to FDA recommendations for GLP-1s, differentiated unit cost and medication dispensing, and an emphasis on behavior and lifestyle changes for sustained impact.

Our pilot had a very successful first year of operation increasing engagement to primary care by 15%. A relationship with primary care will be fundamental to any program The State seeks to implement to support members in GLP-1 utilization. *Our ability to communicate and influence primary care engagement will make us more successful in this program.* Our team is so confident that we will be able to impact this population that we are willing to put fees at-risk – if we do not make the impact we promise, we will pay back a portion of our revenue.

We hope that the national conversation that the Plan has raised changes the trajectory of these medications. While we hope to be selected as your partner of choice, given our existing relationship and deep knowledge of the State Health Plan, our ultimate hope is that there is a sustainable path forward for you and your membership.

Signed and submitted on behalf of Castlight Health,



Carley J. Hamann
Regional Vice President, Castlight | President of Wilmington Coordinated Care

Section A

Permit the Plan to provide benefit coverage to Plan members to use GLP-1, GIP-GLP-1 agonists, and other similar new molecular entities, for the purpose of weight loss.

Our proposed solution is to offer a ***tiered approach*** to coverage for GLP-1 medications, GIP-GLP-1 agonists, and other similar new molecular entities, for the purpose of weight loss. This approach takes into consideration:

- the individual's health history,
- the potential benefits and risks of the medication, and
- the cost of the medication.

Tier 1 - Medical Management:

Qualification criteria:

- Meets FDA guidelines for use of GLP-1/GIP-GLP-1 medications for weight loss, including BMI of 30 or higher, *or* a BMI of 27 or higher with a weight-related condition.

Engagement conditions:

- Must engage in program per both attendance and measurement requirements (to be stipulated to member at time of individual program initiation and through verbal agreement) in order to receive GLP-1 prescription and continued refills.
- Acknowledge their continued engagement in the program as a condition of receiving ongoing prescribing of the drug.
- Complete the recommended biometric measurements and labs/tests upon initiation of the program and ongoing to inform appropriate medication prescribing, plans of care, and progress.

Using FDA guidelines, this allows both Castlight and The State Health Plan to have evidence-based responses for membership and objective criteria for prescribing a GLP-1.

Tier 2 - Modified Medical Management:

Qualification criteria:

- BMI of 30 or higher, *or* a BMI of 27 or higher with a weight-related condition,
- and is prescribed a non-GLP-1/GIP-GLP-1 medication for weight loss due to clinical appropriateness or contraindication for use of a GLP-1 agonist for weight loss.

Engagement conditions:

- No engagement conditions as it relates to medication prescribing
- Must engage in program per both attendance and measurement requirements (to be stipulated to member at time of individual program initiation and through verbal agreement) in order to receive and continue receiving coverage by The State Health Plan.

Tier 3 - Lifestyle Management:

Qualification criteria:

- Do not meet the criteria for Tier 1 or Tier 2 Coverage, but who are willing to participate in a weight loss program and meet certain weight loss goals.

Engagement conditions:

- Must engage in program per both attendance and measurement requirements (to be stipulated to member at time of individual program initiation and through verbal agreement) in order to receive and continue receiving coverage by The State Health Plan.

This ***tiered approach*** allows us to provide coverage for GLP-1 medications, GIP-GLP-1 agonists, and other similar new molecular entities for the purpose of weight loss, while also ***ensuring that the coverage is cost-effective and medically necessary***. Castlight's tiered solution is delivered by members of an integrated care team, including:

- Certified Health Coaches,
- Registered Dietitians (RD),
- RN Care Managers, and
- Certified Diabetes Care and Education Specialists (CDCES), who work together with the member to develop care plans specific to the individual with the overarching goal to achieve sustainable, lifelong weight management in a way that is cost effective and accounts for medication management and adherence.

Section B

Establish a pricing framework that would permit the Plan to provide such benefit coverage in a fiscally responsible manner in order to maintain financial sustainability. For example, the Plan seeks the ability to:

- Pay for varying percentages of the unit cost according to medical necessity considerations.

We can accommodate the need to pay for varying percentages of a GLP-1 based on medical necessity. To ensure The Plan can provide GLP-1 coverage in a financially sustainable way, we propose a dynamic pricing framework based on medical necessity:

Tier 1 (Highest Priority): Full or near-full coverage for members with the highest medical need (e.g., those with obesity and serious comorbidities like type 2 diabetes or cardiovascular disease). This tier aligns with the strongest evidence for GLP-1 efficacy and potential cost savings through avoided complications.

Tier 2 (Moderate Priority): Partial coverage for members with demonstrated medical need, but potentially fewer comorbidities or lower risk profiles. This tier offers a balance between access and cost containment.

- Receive the same effective net price if the Plan only chooses to pay for a medication for an additional FDA indication without paying for it for all other indications.

We understand the Plan's desire to maintain cost-effectiveness while providing coverage for specific FDA indications of GLP-1 medications. Assuming we can find the right manufacturing partner, or work with the PBM, we can accommodate this. To that end, we propose a tailored approach that allows The Plan to:

- **Select Indications:** The Plan would have the flexibility to choose the specific FDA-approved indication(s) for which it will provide coverage. This could be based on factors such as:
 - **Prevalence of the condition within the Plan's population**
 - **Potential cost savings associated with managing the condition**
 - **Alignment with the Plan's overall health management goals**
- **Negotiate Indication-Specific Pricing:** We would work collaboratively with the Plan to negotiate pricing that reflects the selected indication(s) only. This ensures the Plan receives an effective net price that aligns with the value it derives from covering the medication for the chosen purpose.
- **Potential Mechanisms:** This could be achieved through various mechanisms, such as:

- **Rebates or discounts** tied to the specific indication(s)
- **Outcomes-based agreements** where pricing is adjusted based on the medication's effectiveness in managing the selected condition(s)
- **Alternative contracting models** that focus on value-based pricing

Additional Considerations

- **Clarity in Contracts:** Clear contractual language would be essential to define the selected indication(s) and associated pricing terms.
- **Monitoring and Evaluation:** A system to track utilization and outcomes for the selected indication(s) would be valuable to assess the impact and cost-effectiveness of the coverage.

We believe this approach offers a balanced solution that addresses the Plan's need for fiscal responsibility while ensuring access to necessary medications for its members. We are open to discussing further refinements or alternative mechanisms to best meet the Plan's specific requirements.

- [Audit claims, rebates, and prior authorizations for accuracy and compliance with applicable laws and regulations.](#)

To ensure the Plan's financial sustainability and adherence to regulations, we propose conducting routine audits of claims, rebates, and prior authorizations related to GLP-1 medications. This includes verifying:

- Accuracy of coding and billing
- Eligibility of members for coverage
- Appropriate utilization of medications based on medical necessity criteria
- Adherence to contractual terms and pricing agreements

Section C

Potential for establishing a program outlining certain eligibility requirements, parameters, or other prerequisites for Plan members to follow in order to receive benefit coverage of GLP-1, GIP-GLP-1 agonists, and other similar new molecular entities, for weight loss. As a result, the Plan seeks the ability to:

1. Require that an approved weight loss program or nutrition classes be completed before approval of payment for the medication.

After a member, who meets clinical criteria, has been triaged as clinically appropriate and meeting clinical criteria to engage in the program and/or meets FDA guidelines for prescription of a GLP-1/GIP-GLP-1 agonist, the member must complete at minimum one Nutrition session with a Registered Dietitian before filling their first prescription. The member must continue to engage in the Program to continue receiving prescription refills for the GLP-1/GIP-GLP-1 agonist.

The initial assessment conducted by a RN Care Manager contains the following elements:

- program eligibility and pathway designation (pathway determines need and appropriateness for prescribing and care team involvement)
- confirm clinical appropriateness for GLP-1 agonist prescribing (no presence of contraindicated medical conditions, medical history, family history or risk factors)
- validate current and historical GLP-1/GIP-GLP-1/similar new molecular entities and other weight loss medications prescribed or over the counter
- screened for mental or behavioral health needs
- prior or current weight loss program enrollment or efforts
- labs and tests to be completed prior to further assess clinical appropriateness to engage in the program and receive coverage/prescribing of GLP-1/GIP-GLP-1/ similar new molecular entities and other weight loss medications

The Castlight care team requires the member to acknowledge their participation and continued engagement in the program as a condition of medication prescribing. The member's PCP or prescribing provider is consistently kept up to date through plan of care notes sent by the Castlight care team, which includes the member's program participation status.

Studies show that to achieve sustainable weight loss and the impact of medications for the purposes of weight loss, behavioral interventions, or lifestyle modifications, are an essential cornerstone of treatment. Fundamental to Castlight's GLP-1 and weight management program are our lifestyle modification and behavior change solution offering in conjunction with appropriate medication prescribing, medication management and adherence. Castlight's Registered Dietitians, Certified Diabetes Care and Education Specialists, and Certified Health Coaches work with the member to develop care plans involving nutrition components, including Medical Nutrition Therapy when appropriate.

2. Develop step therapies involving lower cost medications.

Castlight's program does not focus only on GLP-1 usage but can work with the member on management of other weight loss drugs and the comprehensive behavior changes needed to sustain impact as they relate to those medications.

The Castlight program focuses on lifestyle modification and behavior change as a first step to addressing sustainable weight management. Engagement with our program is a prerequisite before a patient is eligible to receive ongoing GLP-1 medications.

While there is not a clear GLP-1 replacement, there are other weight loss drugs and lifestyle intervention mechanisms that our program currently provides as part of our broader diabetes and nutrition management program. As new medications come to market, our clinicians will reevaluate the patient's course of treatment if there are more clinically or cost-effective medications become available.

3. Require that medications be prescribed by a practitioner with appropriate levels of expertise.

Prescribing by a practitioner with appropriate levels of expertise is evaluated and considered during initial triage into the program and ongoing. This includes that the prescribing provider is in good standing with all medical boards and governing bodies and is up to date with all continuing education requirements.

If a primary care provider is prescribing a GLP-1, they will need a good understanding of the mechanisms of action, indications, contraindications, and side effects of GLP-1 medications. They will also need to be able to monitor patients for efficacy, safety, and potential complications. And they will need to support patients and encourage lifestyle modifications (diet, exercise) as an integral part of GLP-1 therapy.

An endocrinologist should be consulted for patients with complex medical conditions or those who do not respond adequately to initial GLP-1 therapy.

We will make a pharmacist available to prescribing providers for assistance in complex medication management or additional support when prescribing these medications.

4. Prohibit Body mass index (BMI) measurements from being estimated via telehealth visit to ensure accuracy and accountability, while enabling a data collection process that supports the successful implementation of the benefit.

We require that initial BMI measurements for program eligibility will be conducted in-person by the member's primary care provider. We recognize that the use of in person equipment will minimize errors and ensure accuracy of BMI reporting. Prescribed medications will be based on BMI documented in an Electronic Health Record after an in person visit with the member's PCP.

For subsequent BMI measurements, the member is connected back to their PCP and encouraged to follow-up in-office for ongoing check-ins, including BMI measurement (and other weight-related condition management like BP measurement), through the following: after every visit the Castlight clinician's note and plan of care is sent to the PCP/prescribing provider to encourage PCP follow-up and ensure the PCP receives all objective data to inform continued, appropriate prescribing, Care Guides support the member in facilitating in-person follow-ups local to the member to measure biometrics as the member progresses through the program.

Section D

Potential for establishing a program wherein the Plan has the flexibility to establish parameters for utilization management of GLP-1, GIP-GLP-1 agonists, and other similar new molecular entities for weight loss, which may include considerations such as, but not limited to:

Castlight recognizes that this is an emerging field and that there are likely to be additional indications for the medications. The Plan should have the flexibility to establish or modify parameters for utilization management as those considerations in this prompt. The following is how we approach the criteria to date:

1. BMI;

BMI measurement is a program requirement to determine the level of care needed for the individual member, including FDA-approved BMI parameters for utilization and management of GLP-1 receptor agonist drugs.

BMI is measured, in person, with the member's prescribing provider and supplied to Castlight.

2. Current weight;

Required as it relates to BMI measurement. Current weight is also a key input to determine their baseline and goal weights as part of the member's targeted, personalized care plan.

3. Documented history of lifestyle modifications, which may include reduced calorie intake and increased physical activity;

As part of the member's initial intake, the Castlight RN Care Manager will evaluate the member's current lifestyle modifications to achieve their weight loss goal as well as any historical attempts to document what has or hasn't worked. These inputs will inform the treatment approaches by the RN, the RD / CDCES and the Health Coach.

Intakes are stored in a HIPAA-compliant system and can be used to facilitate program inclusion.

4. Documented enrollment and measurable participation in other nutritional or dietary programs;

Enrollment and participation in other (non-Castlight) nutritional or dietary programs is documented and included in the member's initial intake into Castlight's program and ongoing evaluation of the member's participation in and progress as it relates to their participation.

5. Consideration of evidence for one or more comorbid conditions or other obesity- related medical conditions;

Member activation into the program track related to GLP-1/GIP-GLP-1/similar new molecular entities for weight loss requires that the member, when they have a BMI of 27-30, also have evidence of one or more obesity-related comorbid/medical conditions. The BMI 27-30 parameter is in alignment with the FDA-approved use of GLP-1 receptor agonists for weight loss. We will utilize Electronic Health Record data supplied by the PCP as well as any available claims data to understand their comorbid conditions.

6. Data analytics and reporting tools supporting successful claims adjudication and program evaluation;

Castlight has the data analytics and reporting capabilities to support program evaluation and claims adjudication.

7. Requirements for in-person treatment visits to verify efficacy of medications for individuals; or

Members participating in the program are strongly encouraged to maintain in-person treatment visits with their primary care provider throughout their time in the program to verify efficacy of medications and check-in on other condition management or tests. If this becomes a required element, we will facilitate insurance of this.

8. Any other considerations or parameters that would support a program to achieve the Plan's objectives of serving the members who need these medications the most.

Castlight is well-versed in facilitating effective member engagement and management using a *conversion funneling approach* in which we translate available membership data to insights to most effectively "Know" your population—understanding their care gaps, current and prospective clinical risk, and their current utilization across sites of care and attribution to primary care. "Knowing" your membership allows us to more effectively create curated and configured engagement tactics to engage with them and ultimately attribute them to care and deliver other appropriate needed services like this proposed GLP-1 Solution.

Our engagement tactic suite of services offers multiple modalities—targeted social media ads, emails, mail to home, live telephonic outreach, app-based messages and notifications, in-provider office and at worksite setting flyers/posters/brochures/table tents, at-worksite live presentations and engagement events. Once patients are engaged, attributed to cost-effective care, and managed, ongoing management efficacy monitoring is in place to evaluate cost of care and clinical quality performance, in addition to monitoring how individual programs like this one are performing against cost of care savings goals.

Section E

Provide cost, price structures, or other relevant expense information related to the recommendations and potential solutions submitted.

Castlight provides competitive, straightforward pricing structure, allowing the State Health Plan of North Carolina to consolidate programs and save money.

The GLP-1 and weight management program pricing structure is based on the program’s staffing model and clinical model, both of which are structured on evidence-based, clinical approaches to weight management, chronic condition management, medication management and GLP-1/GIP-GLP-1 usage and adherence.



| Castlight Pricing | Employees | Pricing (PUPM) | Annual Investment |
|------------------------|------------|----------------|-------------------|
| GLP-1 Program | 5000-7,500 | █ | █ |
| Implementation Fee | - | - | Included |
| File feed / Data setup | - | - | Included |
| TOTAL | - | - | █ |

Fees at risk: Fees at risk are based upon selected performance guarantee (PG) measurement and performance, including coaching success, diabetes A1C outcomes, and screening for depression and SDOH.

Proposal Terms Include:

- Includes spouses and adult dependent children 18-26
- Custom program fees and integrations may apply
- Pricing is valid through 01/01/2025

Your Support Team Includes:

- Client Services Team
- Customer Success Manager
- Implementation Manager
- Engagement Strategy Manager
- Executive Sponsorship

GLP-1 and Weight Management

Program Overview

At a Glance

apree health's comprehensive GLP-1 and Weight Management Program delivers an **unfragmented and differentiated solution** that addresses the rising costs in GLP-1 utilization and the individual challenges associated with weight by leveraging our integrated model grounded in advanced primary care.

The **multidisciplinary team** centers around the member to develop a personalized, evidence based care plan that addresses appropriate medication usage and adherence in conjunction with lifestyle modification and behavior change.

By deploying our high-tech, high-touch enabled integrated model in order to know, engage and manage members, our program achieves appropriate GLP-1 usage, **long-term weight loss**, improvement in weight-related comorbid conditions, improved clinical outcomes, and **reduction in total cost of care**.

Services

- A member enters one of three program pathways based on clinical criteria and active GLP-1 usage.
- Each pathway provides lifestyle intervention and behavior modification with support from a health coach, registered dietitian, and RN care manager.
- Depending on clinical need, members have the option to engage with a certified diabetes educator as well.
- All members stay connected to their PCP, who will receive notes and plans of care from the apree care team.

Benefit for you and your members:

- Reduced total cost of care through decreased pharmacy spend and improved clinical outcomes.
- Decreased waste in drug spend through clinically appropriate prescription of GLP-1 medications.
- Increased cost avoidance by providing evidence-based, multidisciplinary care that creates long term behavior change resulting in sustained impact.
- Reduced inappropriate care utilization including decreasing the chance for a medical emergency related to obesity-related comorbid conditions that result in ED visits, avoidable hospital admissions and high cost specialty visits.
- Improved quality outcomes related to obesity-related comorbid conditions such as type 2 diabetes and cardiovascular disease.
- Differentiated patient experience through a comprehensive, integrated approach that focuses on multiple target areas rather than a singularly focused point solution.

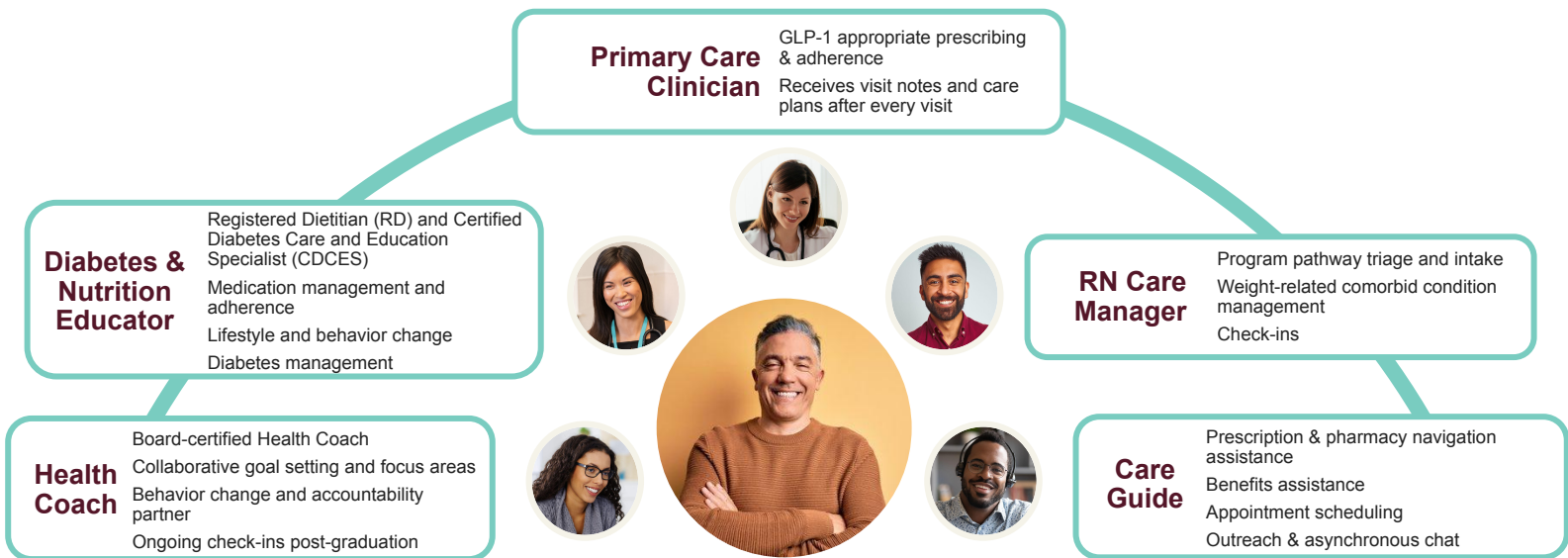
Contact us at
apreehealth.com to learn more.

How the program works...

Each pathway provides lifestyle intervention and behavior modification.
 A member enters one of three program pathways based on clinical criteria and active GLP-1 usage.

| | Eligibility | Engagement Conditions |
|-----------------------------|--|--|
| Medical Management | On or clinically appropriate for GLP-1 and: BMI ≥30, or BMI 27-30 + weight-related condition | Must engage in program to receive GLP-1 prescription and continued refills |
| Diabetes Education (DSMES)* | On or clinically appropriate for GLP-1 and: T2DM (with or without obesity) | No engagement conditions. |
| Lifestyle Management | GLP-1 denied and/or do not meet evidence-based clinical criteria Interested in weight loss and no GLP-1 usage or prescription | No engagement conditions. |

*apree health's nationally accredited Diabetes Self-Management Education & Support (DSMES) Program



A full care team to defragment the care journey.

If mental health needs are identified, a referral will be made to an appropriate specialist or BHC if available