

Intellihealth Overview

Intellihealth can successfully treat patients with obesity by combining lifestyle and behavioral intervention with a broad pharmacotherapy formulary. In other words, our clinicians achieve significant weight loss with the use of GLP-1 and generic (non-GLP-1) medications.

By incorporating less expensive medications we are able to save an employer a substantial amount on their Rx spend. Weight management programs utilizing lifestyle interventions alone (without medical intervention or the use of pharmacotherapy) are generally associated with 3%-5% total body weight loss, and long-term maintenance of weight loss is poor, with a recent meta-analysis showing that 80% of weight lost across participants in 29 studies was regained within 2 years.

By incorporating non-GLP-1 medications we are able to achieve significant weight loss of over 10% and maintain that weight loss long term (with a mean follow up of 4.4 years). With access to GLP-1 medications we achieve over 15% weight loss, and often much more with access to the newer GLP-1s on the market.

At Intellihealth, our interdisciplinary team is deeply rooted in medical science, and thus our treatments are informed by the gold-standard, evidence-based interventions for weight loss. Our interventions have been published in numerous peer-reviewed journals. (We can share under separate cover).

Clinical Oversight

Intellihealth employs a team of clinicians (MD, NP, RDs) who are experts in the field of obesity and diabetes. Their expertise and knowledge are what differentiate them from most providers. We treat patients at the highest level. Our treatment plans combine clinical support, lifestyle and behavioral approaches, and access to evidence-based pharmacotherapy using medicines ranging from widely available generics (non-GLP-1) to new injectable GLP-1s. Each fully individualized plan is based on a comprehensive intake including a lab panel; thorough health risk assessment that includes health, medication, and family history; and information about previous attempts to lose weight.

Our custom software platform provides critical integration among patient-provider communication, clinical decision support, care team coordination and self-directed lifestyle activity. Obesity is complex and chronic, and the weight-loss journey is not linear. Our clinical and operational teams are with employees at every step of their weight loss journey to offer encouragement, monitor overall health, and adjust medications to ensure successful treatment and long-term, sustainable weight maintenance

Our patient mobile application allows patients to track medications and dosage, log meals, log exercise, and log weight through the application. Our application provides integration with cellular connected weight scales and blood pressure cuffs with a heart rate monitor. (Intellihealth provides all enrolled patients a cellular connected weight scale and blood pressure cuff with a heart rate monitor).

Our patient application provides patient educational content including recipes, information on weight loss, information on their medication being prescribed, behavioral lifestyle modifications, and exercise. Additionally, our technology enables employers to track health biomarker outcomes, user engagement, medication adherence, and other important key metrics associated with their employee population.

The State of Connecticut chose Intellihealth to manage its employee population (over 325,000 lives) for obesity care. In order for any state employee to receive obesity care and access to use a GLP-1 medication, an employee must download the Intellihealth patient application and then be seen by one of Intellihealth's clinicians to diagnosis if they qualify for care and use of a GLP-1 medication as a sole form of treatment. The State of Connecticut chose Intellihealth to deliver obesity care because it was confident its employees received consistent and effective care by experts in the obesity field who used consistent guidelines to their approach to pharmacotherapy and supporting intensive lifestyle behavioral management.

Below is a link to an opinion article from the State of Connecticut, Comptroller sharing details on our program with the state.

https://www.statnews.com/2023/10/10/state-employee-health-plans-glp1s-wegovy-ozempic-connecticut/?utm_campaign=pharmalot&utm_medium=email&hsmi=277792123&utm_content=277792123&utm_source=hs_email

The State of North Carolina Plan's Objective

The Plan is seeking responses outlining detailed solutions that would address the following:

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.

Yes, our clinicians prescribe a variety of medications to treat patients for obesity. This may include non-GLP-1 and GLP-1 medications. Please see above for additional details.

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:

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

All enrolled patients have access to our medical doctors, nurse practitioners, and registered dietitians.



2. 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.

[REDACTED] We treat to the manufacturer's printed guidelines and will work directly with the Plan's PBM to focus on the best approach to pre-authorization for access and delivery of medications to patients. With several of our customers, our clinician's NPIs are automatically recognized by the PBM's ordering system in order for medications to be immediately approved based upon our formulary which we also share with the PBM.

3. Audit claims, rebates, and prior authorizations for accuracy and compliance with applicable laws and regulations.

As long as there are no HIPAA or legal concerns related to sharing PHI, Intellihealth will make any requested information available to the State for their review. Our reporting to customer's details the following items regarding patient health outcomes and engagement

- Weight: RPM Device or Patient or NPI reported
- BMI: Patient or NPI reported
- Blood Pressure: Patient or RPM Device or NPI reported
- Heart Rate: Patient or RPM Device or NPI reported
- HbA1c: Labs or NPI reported
- Blood Glucose: Labs or NPI reported
- Total Cholesterol: Labs or NPI reported
- HDL: Labs or NPI reported
- LDL: Labs or NPI reported
- Triglycerides: Labs or NPI reported
- Charges Paid \$ Amount: PEMPM
- Filled Medication Orders (type and brand) by each NPI
- Filled Medication Pricing (type and brand) by each NPI
- EHR Appointments completed by each NPI
- CCDA from each State Employee to other clinical specialists supporting State plan members

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.

We do not typically recommend requiring nutrition only counseling prior to introducing pharmacotherapy intervention. The vast majority of individuals have tried behavioral only programs and unfortunately the data overwhelming shows individuals lose under 5% of their body. Intellihealth believes providing patients with a stepped therapy approach that introduces low cost generic (non-GLP-1) medications which often times cost less than \$10 per month is a more sustainable and appropriate treatment intervention which supports complementing intensive behavioral programs for nutrition, exercise, and sleep.

2. Develop step therapies involving lower cost medications.

Yes, this is an important component to our program. Rarely will our clinicians begin treating patients with costly GLP-1 medications.

Our providers fully acknowledge the responsibility they have as gatekeepers for prescribed weight loss medications. Our top priority is to provide cost-effective medication options to maximize patients' access to pharmacological weight loss interventions. This approach helps to reduce healthcare expenses for our customers

[REDACTED]

[REDACTED]

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

All of our clinicians are experts and board certified in the field of obesity. The foundation of how we treat is based on evidence-based medicine and intervention. Here is [a link](#) to the bios of our key clinicians and medical founders of Intellihealth.

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.

[REDACTED]

Program Parameters

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:

1. BMI;
2. Current weight;

[REDACTED]

[REDACTED]

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

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

Our program requires patients to engage in our application and meet with medical clinicians on a regular basis. This includes partaking in our behavioral and lifestyle intervention programs. If patients do not actively participate, they will no longer be enrolled and will lose access to care. The State would not be charged for these 'inactive' patients.

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

[REDACTED]

[REDACTED]

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

Intellihealth can share specific visual samples of analytics and reporting with the State under separate cover. The answers in question Section D5 and Section B3 demonstrate examples of what is visually reported with back up data of number of participants in analysis group. Additional data includes, weight change outcomes, BMI change outcomes Rx adherence, number of prescriptions by medication being prescribed, cost of medications (generic, branded AOMs, and GLP-1s). We would also propose enablement of shared claims data per enrolled employee to analyze total cost of care, shift of cost per care, and avoidance of cost of care.

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

Within other accounts, we partner with other specialist groups (e.g., GI, cardiovascular, ob/gyn, mental health, etc.) and facilities (e.g., health systems) to enable them to use our patient application software to monitor in-person visits and track these provider group treatment outcomes. When other specialist groups or facilities use our patient application, Intellihealth will present these back to the State within our same reporting and monthly/quarterly/annual analyses (answers within questions Section D5, D6 and Section B3) from these clinical practice's outcomes. We encourage our customers to enable our patient and provider facing software and treating algorithms to be leveraged by other provider groups and health systems contracted with the State to enable a wholistic approach to obesity care and weight management for their employees.

Pharmacotherapy adherence is important to the success of our program, which is why we require regular virtual check-ins with our clinicians and regular activity with our application.

[REDACTED]

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.

[REDACTED]

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

[REDACTED]

This PEMPM fee includes the access:

- Our proprietary software and mobile app, which includes a gold standard behavioral and lifestyle intervention program
- Cellular connected weight scale
- Cellular connected blood pressure cuff and heart rate monitor
- [REDACTED]
- Comprehensive reporting (outcomes, adherence, etc.)