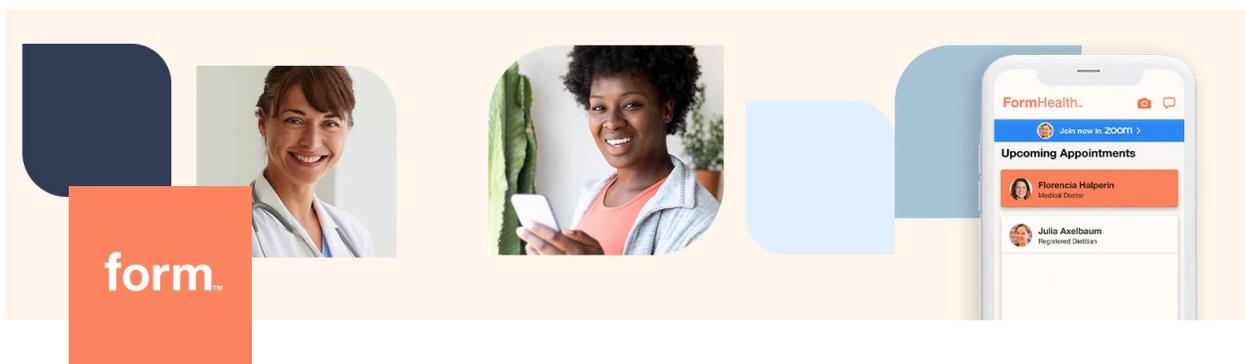


**May 28, 2024**

**RFI NO. 270-20240419GLP (GLP-1 Solutions)**  
**NC Department of State Treasurer**  
**State Health Plan Division**  
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## INTRODUCTION

The North Carolina State Health Plan for Teachers and State Employees (“Plan”) is leading the way in solving one of the most urgent challenges public and private self-funded plan sponsors are facing today—finding a sustainable way to combat the disease of obesity. Form Health (“FORM”) has been closely following the Plan’s benefits adjustments since 2023, and we are excited to share our approach as a way to enable the resumption of benefit coverage to Plan members to use GLP-1s, GIP-GLP-1s and other anti-obesity medications (“AOMs”) for weight loss and management in a financially sustainable way for the Plan.

## EXECUTIVE SUMMARY

FORM wants to become the Plan’s Center of Excellence (“COE”) for obesity care. Our evidence-based, physician-led model has already been implemented by other large commercial employers who work with CVS Caremark. FORM’s approach enables carefully managed, severity-based prescribing of AOMs, while minimizing impact on manufacturer rebates, paired with intensive lifestyle and behavioral intervention to optimize patient outcomes and ROI. FORM delivers its care virtually so all Plan members will have equal access to expert obesity care regardless of where they live and work in North Carolina.

We expect that Plan staff may struggle differentiating one vendor from another as you review RFI responses. FORM will strive to articulate our unique capabilities as clearly as possible throughout, but for quick reference, our clients find unique value in FORM through the following:

- Obesity specialist physician-led, 100% science based care model
- Five years experience delivering patient level, individualized care virtually
- Severity-adjusted prescribing (physician choice) keeps FORM on label: manufacturers have confirmed *no impact on their rebates*
- Strongest experience with Transition of Care (TOC) populations, those members who are - or were - utilizing a GLP-1
- 100% claimable services (meets standards of care for medical claims)

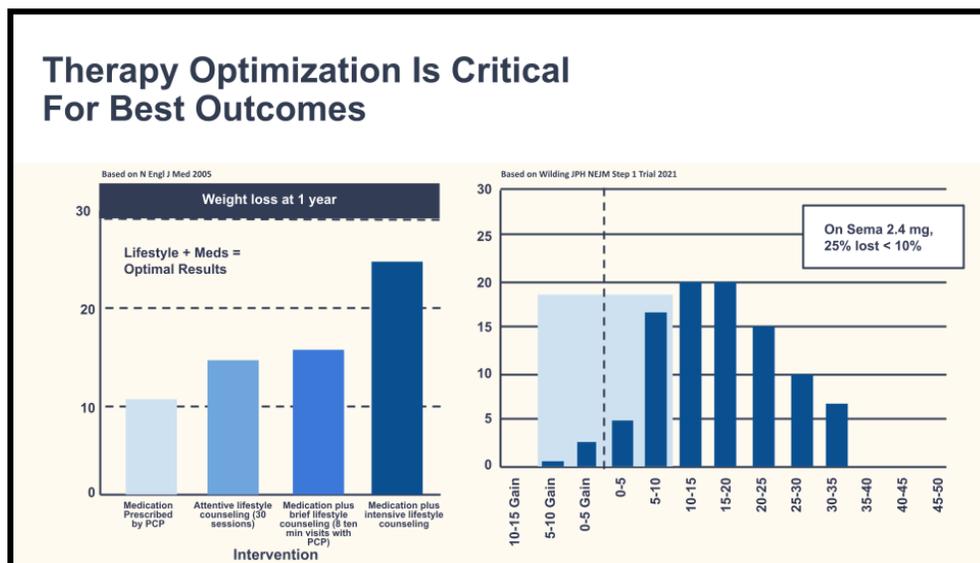
Finally, FORM’s COE for obesity is built to mitigate the Plan’s risk around the growing costs of AOMs, especially as we see a burgeoning pipeline of new pharmacotherapies in obesity and cardiometabolic conditions on the horizon over the coming years. Our focus is twofold: ensuring positive outcomes for those with obesity while curbing rising spend.

## ABOUT FORM

FORM was founded in 2019 and has been serving patients since 2020—long before social media fueled the popularity of using GLP-1s for weight loss. FORM is headquartered in Boston, MA, and currently 10% of our clinical staff lives and works in North Carolina. FORM is venture backed and is led by a veteran executive team that has built other large virtual healthcare companies. Perhaps most notably, FORM’s Chief Medical Officer, Dr. Florencia Halperin, co-founded and co-directed Brigham & Women’s Hospital Center for Weight Management & Metabolic Surgery in 2012 prior to joining FORM in 2019. Dr. Halperin has transferred the in-person care model she developed at Brigham & Womens to create FORM’s virtual care delivery model. Her vision is to make the level of care that has historically been available only at institutions like Brigham & Womens, UNC, Wake Forest Baptist and Duke, accessible to all via technology-enabled, specialized telemedicine.

## FORM’s CLINICAL FOUNDATION

Science supports that obesity is not a choice. Up to 70% of obesity risk is attributed to genetics, further complicated by our increasingly obesogenic environment. We now understand that obesity is a spectrum of disease and drives multiple comorbidities including type 2 diabetes, heart disease, obstructive sleep apnoea, high blood pressure, cholesterol levels, osteoarthritis, infertility and more. In fact, obesity is a root cause of many of the top conditions where the Plan is likely investing a significant budget today. Science has also demonstrated that intensive lifestyle counseling paired with medication drives optimal results. Additionally, while GLP-1s have demonstrated impressive results for weight reduction, not everyone benefits. Studies have shown that ~25% of individuals do not respond meaningfully, so expert oversight is critical. These science-based factors all contribute to the foundational design of FORM’s clinical approach.



## FORM'S OBESITY SOLUTION OVERVIEW

FORM'S approach is unique in (1) depth of clinical expertise, (2) intensity of care, and (3) appropriateness of prescribing GLP-1s / AOMs. The Plan can have confidence knowing that its adult (18+) members with obesity (30+ BMI or 27+ with a weight related comorbidity) are receiving world class care, doing their share of the work, and that Rx and care delivery costs are being carefully managed. Here is more information on each:

1. **FORM's clinical expertise.** Every patient is matched with their own dedicated clinical care team composed of an American Board of Obesity Medicine (ABOM) Physician and a Certified Specialist in Obesity & Weight Management (CSOWM) Registered Dietitian (RD). These experts in obesity care stay with the patient throughout their weight loss and weight management journey to help create and make continual adjustments to a plan personalized for them specifically. ***The rest of the marketplace falls distantly short of FORM in its commitment to providing patients with this level of personalized, obesity care expertise.***

2. **FORM's intensity of care.** A patient's first meeting with their FORM physician lasts 40 minutes. This allows time to review medical and weight history (medical records are collected prior to first visit from patient's PCP) and discuss patient mindset, goals, cultural and religious requirements as well as Social Determinants of Health (SDoH) factors prior to determining an appropriate treatment plan. The patient sees their same physician monthly for 20 minutes per visit thereafter during the weight loss period, and quarterly during ongoing weight maintenance. Patients spend even more time with their FORM RD. They start with a 45 minute first visit to develop a tailored nutrition, activity and mindset plan, followed by two 30 minute visits per month during the weight loss period, and twice quarterly during ongoing weight maintenance. Importantly, patients have access to a 24x7 FORM physician-staffed phone line for urgent

**FORM takes an evidence-based, physician-led approach**

- **Dedicated clinical Care Team**
  - ABOM Physician
  - CSOWM Registered Dietitian (Certified Specialist in Obesity & Weight Management)
- **Intensive care**
  - Frequent video visits (MD monthly, RD twice monthly)
  - Messaging between visits; 24x7 physician-staffed phone line
  - Tracking tools (photo food journaling, connected scale, BP cuff)
  - Group classes
- **Coordinated care with PCP, relevant specialists, bariatrics, and behavioral health**
- **In-network as medical claims**

**Unmatched experience & clinical expertise**

**Individualized Comprehensive Clinical Obesity Care**

**Intensive lifestyle intervention**

- Personalized plans address nutrition, physical activity, and behavior change support
- Supported by frequent 1:1 interactions with clinicians who are obesity specialists

**Medication (as appropriate)**

- Proprietary FORMfit algorithm sets GLP-1 severity thresholds to achieve client goals

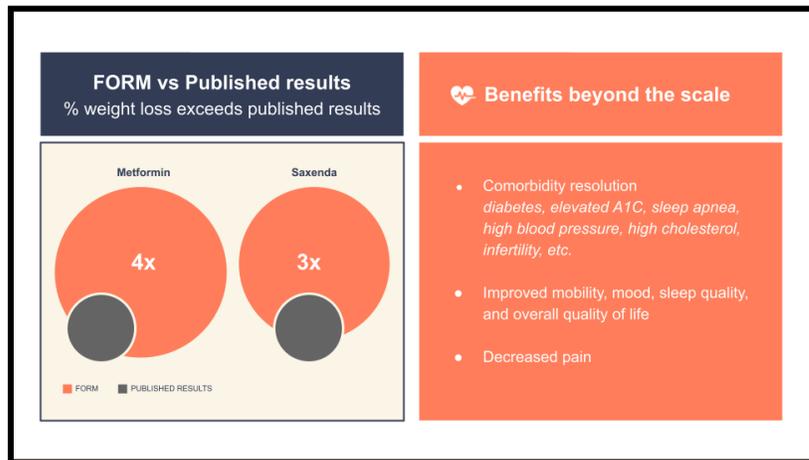
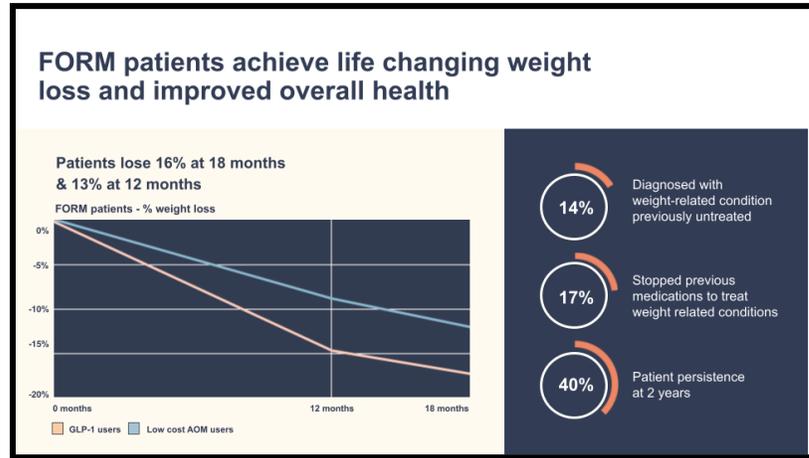


## FORM's RESULTS

The results FORM delivers for its patients and plan sponsors reaffirm that coupling AOMs with intensive clinical care and lifestyle support is critical to driving superior patient outcomes and ROI. Across FORM's patient panel, we are driving 13% weight loss at 12 months and 16% at 18 months.

FORM is also routinely identifying other weight related conditions that were previously untreated and helping patients come off of other medications once their weight is managed. FORM also has a +85 NPS for patient satisfaction.

FORM's expert, intensive lifestyle intervention model is achieving impressive results leveraging low cost AOMs and GLP-1s/GIPs. For example, Metformin is a low cost AOM commonly used for clinical obesity care and published studies have shown ~2% weight loss, whereas FORM is achieving 8%, or 4X using Metformin combined with our intensive lifestyle intervention model. FORM is delivering 3X weight loss results using Saxenda (GLP-1) versus published results.



\*Note that FORM also offers an Overweight Program (25+ BMI but under thresholds for Obesity Program). More information is available upon request.

## CENTER OF EXCELLENCE SOLUTION OVERVIEW

FORM believes that our Center of Excellence Model is an ideal solution for the Plan to achieve its goals of making GLP-1s available to its members, most in need, in a sustainable manner while offering alternative, less expensive treatment pathways for those with lower severity obesity. FORM physicians will assume the responsibility of making all AOM prescribing decisions and FORM's RDs will hold patients accountable for doing the hard work required to make necessary lifestyle

changes. This will be accomplished in partnership with the Plan's PBM and medical plan – as all of FORM's fees are typically run as in-network medical claims. FORM is already in network with both BCBS of NC and Aetna. FORM will place fees at risk for delivering outcomes.



**FORTUNE 10  
TO BE ANNOUNCED  
COMPANY**

### Carve-out virtual Obesity Center of Excellence

**Only FORM** providers can prescribe and manage GLP-1s

All fees run as in-network medical claims

Medication coverage requires active participation

Executed in collaboration with PBM

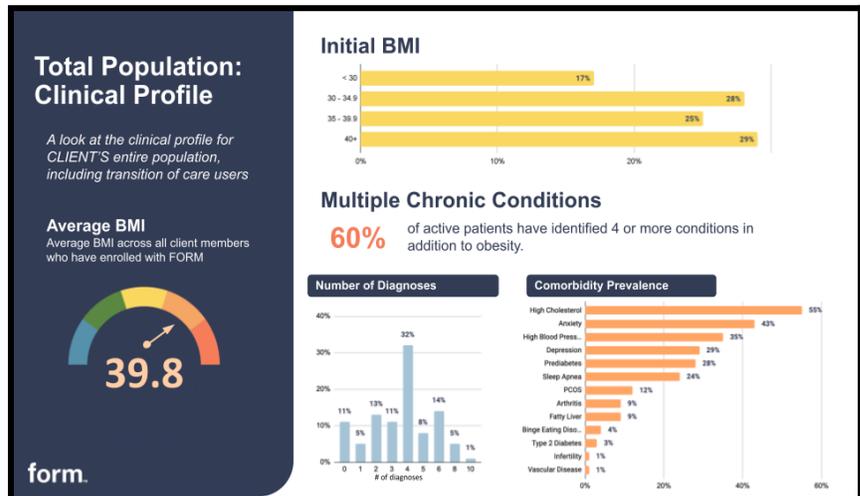
Physician-led, severity-aware prescribing

Risk mitigation via value-based payments

## PLAN STAFF SUPPORT / REPORTING

The Plan staff will have a dedicated FORM Senior Client Success resource to support implementation and ongoing account management. They will be responsible for working with CVS Caremark and Aetna to establish the technical integrations and process workflows. They will also be responsible for supporting the Plan's preferred communication strategy and program reporting needs.

Progress will be monitored daily/weekly during initial months to identify early trends, make adjustments and ensure success. Following the initial period, FORM will provide quarterly reviews, an annual review and strategy discussion and ad hoc reporting as needed.



## SUPPORTING TRANSITION OF CARE (TOC) POPULATION

[Redacted text block]

### White Glove Service for Transition of Care Members

- **Experience** ensuring a smooth and meaningful transition with proactive outreach and support
- **Grace period** typically 60-90 days
- Refined messaging to emphasize **unique value of working with specialized team** and additional support alongside PCP
- Collaboration with **CVS Caremark** in messaging members and integrating processes

The flowchart illustrates the transition process. It begins with 'CVS Caremark' where 'Prior AQM GLP-1 users receives notice to transition to FORM before deadline'. This leads to 'form' where 'Prior AQM GLP-1 user receives letter with additional details and reminder to transition before deadline'. The next steps are 'User registers with FORM', 'Eligibility verified', and 'FORM patient intake process completed'. The process then moves to the 'form Clinical Model' where 'FORM MD & RD visits/ develops patient's plan', 'GLP-1 Appropriate\*', 'AQM auth', and 'Medication filed locally'. A final step shows 'Patient's local physician is kept updated'.

## INVESTMENT AND COST SAVINGS PROJECTION

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## SUMMARY

Thank you for the opportunity to share our approach for helping the Plan combat the disease of obesity within your population. FORM's science-based, physician-led specialty care model - with five years practical experience - and track record of successfully supporting TOC populations is uniquely positioned to handle the scale of the Plan's challenge. You can have confidence knowing that all of your members in need will receive world-class obesity care alongside prescribing decisions that will be carefully managed so that these benefits can be offered sustainably. To demonstrate our commitment to supporting your unique needs, FORM will make additional investments in North Carolina to grow our clinical and administrative team to support your members and staff.

We welcome the opportunity to share more of our expertise in obesity care and experience working with large self-funded plans if invited to continue in your RFI process. Please feel free to reach out to Tom Kahl at [tom.kahl@formhealth.co](mailto:tom.kahl@formhealth.co) or 925-997-1549 with any questions.