Ozempic Overreaction: Spotlight on GLP-1s



Investors weighing their appetite for medical device and healthcare products companies following a surge in GLP-1 prescriptions



20%

A recent surge in the use of glucagon-like peptide-1 agonists ("GLP-1") for weight loss has caused investors to rethink their appetite for healthcare investments, particularly across medical devices and healthcare products commonly used to treat obesity and associated weight-related conditions, given uncertainty around the long-term

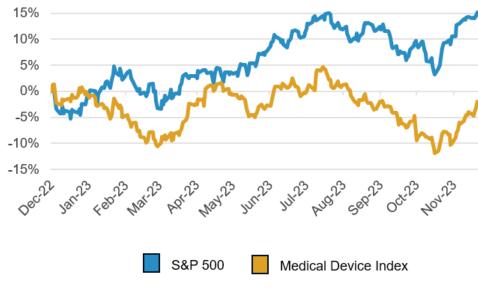
dampening effect these drugs may have on demand. Originally developed to manage symptoms of type 2 diabetes and obesity, GLP-1s such as semaglutide (Ozempic and

Wegovy) and tirzepatide (Mounjaro and the recently approved Zepbound) are increasingly being used off-label for cosmetic weight loss, including for non-diabetic & non-obese patients. While these drugs will undoubtedly enable many patients to better manage weight in the short term, we believe there are meaningful barriers to widespread long-term adoption and remain skeptical they'll serve as a panacea for many of the chronic conditions impacting global population health. While public markets have demonstrated a knee-jerk reaction to the proliferation of GLP-1s (see graph below), we

believe longer-term trends remain favorable for medical device / technology companies and the broader healthcare market given persistent adverse trends in public health and chronic disease. With that in mind, this may be an opportune time for thoughtful private company acquirors to capitalize on ongoing market disruptions driven by GLP-1s.

PUBLIC MEDICAL DEVICE COMPANIES HAVE MEANINGFULLY UNDERPERFORMED¹





obesity (e.g., continuous glucose monitors, insulin pumps and knee-replacement products), overstates potential long-

SHORT-TERM CHALLENGES TO WIDESPREAD GLP-1 ADOPTION

term impacts from GLP-1s. Obesity and excess weight are well-established contributors to a multitude of chronic health conditions (including diabetes, kidney disease, and cardiovascular diseases) which have proven difficult to effectively manage long-term. While GLP-1s represent a powerful "arrow in the quiver" for patients seeking to lose weight, we note that a reduction in bodyweight does not necessarily correlate to an increase in overall health. Further, we believe there are meaningful barriers which will moderate sustained and widespread adoption of GLP-1s: Cost - list prices for GLP-1s average ~\$1,000 per month, with many patients forced to pay out-of-pocket for off-label use

We believe recent negative market reaction, particularly for makers of products whose demand is driven in part by

Payor coverage - most insurance providers do not cover GLP-1s for off-label weight loss, although this may change over time as payors focus on "preventative" weight management to reduce long-term expenses

related to obesity; regardless, payors are likely to struggle balancing these potential benefits with their

high associated cost Availability - Novo Nordisk has had widely publicized challenges meeting growing consumer demand for semaglutide, leading to shortages and supply constraints (particularly in "starting doses" for patients just beginning their regimen)

Patient adherence - drug administration currently requires regular self-administered injections (although a pill-based format is currently under development), and long-term adherence is a serious challenge across the healthcare system **Impacts of discontinuation -** GLP-1s require ongoing usage to suppress appetite and facilitate weight

loss; patients often regain weight quickly once usage is discontinued

some patients have experienced adverse gastrointestinal or other side effects

RAPIDLY GROWING U.S. OBESITY PHARMACEUTICALS MARKET² (prescription sales in billions)

\$44.0

Side effects - the long-term impacts of GLP-1 usage for cosmetic weight loss are still unknown, although

~9x Increase



PRODUCTS REMAIN INTACT We believe GLP-1s may moderately reduce long-term growth in certain healthcare sub-sectors (assuming forecasts around GLP-1 adoption are to be believed), particularly if (i) problems of cost and patient adherence are addressed, and (ii) additional clinical evidence validates GLP-1s' efficacy beyond weight loss (e.g., reduction in heart attacks, strokes and cardiovascular deaths).

However, persistent underlying factors driving demand remain strong - including an aging and overweight population (with over 40% of the U.S. population characterized as obese). We believe only a portion of these individuals would be eligible for (or interested in obtaining and adhering to) GLP-1 prescriptions, further limited by their high cost and

inconvenience (J.P. Morgan estimates that ~9% of the U.S. population will take such medications by 2030²).

LONG-TERM DEMAND DRIVERS FOR ESSENTIAL HEALTHCARE

42% 36% 9% 31% 7% 33%

30%

26%

OBESITY PREVALENCE HAS STEADILY INCREASED³

(percentage of U.S. adults)



CONCLUSION

We believe the long-term impact of GLP-1s on medical device and healthcare product demand will be less dramatic than conventional wisdom would suggest, notwithstanding negative market sentiment. In many of our recent discussions, private equity and strategic acquirers are raising thoughtful questions around the long-term prospects for healthcare

2020

2030

2040

56.1

40.2

2010

35.0

2000

and whether GLP-1s will precipitate a "seismic shift" in demand for medical devices and other essential healthcare products. In our view, recent market reactions are overdone, creating opportunities for knowledgeable investors with conviction around the powerful macro population health trends that continue to support the attractiveness of healthcare investing. (1) Per Capital IQ; index includes Abbott Laboratories, Baxter, Becton Dickinson, Boston Scientific, Intuitive Surgical, Johnson & Johnson, Siemens Healthineers, Smith & Nephew, Stryker Corporation; data (2) J.P. Morgan Global Research, https://www.jpmorgan.com/insights/global-research/current-events/obesity-drugs (3) CDC; obesity defined as body mass index ("BMI") >30.0; severe obesity includes BMI of 40.0 or higher (4) U.S. Census Bureau

The information and opinions in this report were prepared by TM Capital LLC ("TM"). The information herein is believed by TM to be reliable but TM makes no representation as to the accuracy or completeness of such information. There is no guarantee that the views and opinions expressed in this communication will come to pass. TM may provide, may have provided or may seek to provide advisory services to one or more companies mentioned herein. In addition, employees of TM may have purchased or may purchase securities in one or more companies mentioned in this report. Opinions, estimates and analyses in this report constitute the current judgment of the author as of the date of this report. They do not necessarily reflect the opinions of TM and are subject to change without notice. TM has no obligation to update, modify or amend this report or to otherwise notify a reader thereof in the event that any matter stated herein, or any opinion, estimate, forecast or analysis set forth herein, changes or subsequently becomes inaccurate. This report is provided for informational purposes only. It is not to be construed as an offer to buy or sell or a solicitation of an offer to buy or sell any financial

TM CAPITAL'S HEALTHCARE TEAM

instruments or to participate in any particular trading strategy in any jurisdiction.





Michael Goldman Managing Director mgoldman@tmcapital.com 212.809.1419

