

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** GLP-1 Agonists for Weight Loss  
**Date:** Thursday, February 16, 2023 11:00:02 AM  
**Attachments:** [image001.png](#)

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Good Morning,

I am writing a note to you this morning requesting consideration of covering GLP-1 agonists with prior authorization for use in chronic weight loss and weight management of obese individuals. These medications may commonly be recognized by their brand names Ozempic, Wegovy, Saxenda, Trulicity or Mounjaro, etc. and are utilized wide-spread to treat type two diabetes. Although Mounjaro is not yet approved by the FDA for use as a chronic weight loss or weight management aide, it is being considered now and may likely get approved spring 2023. Most prescription medications for weight loss are only recommended for people with a BMI higher than 30 or higher than 27 with other risk factors. GLP-1 agonists are long-acting medications which mirror hormones the body already produces to better respond to the presence of food, delaying the stomach emptying and promoting a feeling of fullness longer after eating. Overall, they may decrease an individual's appetite so that they eat less.

Healthcare providers have endorsed these medications as a way to treat obesity without surgery or surgical after care. As part of a chronic weight loss or management program, these medicines have proved to increase an individuals weight loss over time and also allowed individuals to decrease or even cease the use of other medications they have to use to combat the side-effects of chronic obesity. Studies show that as weight decreases, so does the prevalence of diabetes, chronic heart disease, high-blood pressure, high-cholesterol and joint issues. Thus, the usage of other medications and other healthcare services also reduces not only producing a better quality of life, but also less expense to the individual and their employer/insurance plan.

In addition, healthcare institutions are challenged with high volumes of very acutely ill patients who need services immediately coupled with a workforce shortage. Often times it may be difficult to schedule a bariatric surgery as it may be considered elective in nature. The allowance of a non-surgical resolution to chronic obesity, such as GLP-1 agonists, would allow individuals an option in this regard when coupled with routine visits to their primary care practitioner. Likewise, the cost of the medication, even over time, may be less expensive than a bariatric surgery, after care and even additional surgeries needed to remove skin or due to complications. While etf does offer Well Wisconsin as a benefit, is this program successful in helping individuals achieve weight loss or weight management in the chronically obese?

Allowing these medications with prior authorization to be covered by etf medical insurance plans not only offers an affordable, convenient option for individuals needing to lose weight and manage their chronic disease, but also would show members that the State of Wisconsin is progressive and

contemporary in their benefit plan designs. The optics on this from a workforce management perspective may be very positive.

Thank you for your consideration on this matter and allowing me to advocate on behalf of our covered team members.

Jenny

Jenny Derks  
Director Total Rewards  
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February 23, 2023

Jenny Derks  
[REDACTED]

Dear Ms. Derks,

Thank you for your email requesting coverage with prior authorization of [REDACTED]  
[REDACTED]

As you noted in your letter, some drugs currently being used for weight loss are not yet FDA-approved for this purpose. The Group Insurance Board (Board) and the Board's Pharmacy Benefit Manager, Navitus Health Solutions (Navitus), embrace the generally accepted insurance industry standard of not covering drugs for off-label usage.

The Board also faces limitations on adding coverage for benefits that are not mandated by law, unless either savings can be demonstrated or benefits are reduced (see [Wis. Stats. § 40.03\(6\)\(c\)](#)). The Board reviewed coverage of weight-loss drugs such as Wegovy and Saxenda through the pharmacy benefit at the June 30, 2022, meeting. As noted in the "[Weight-Loss Drug Coverage Options Review](#)" memo, the Board's actuary, Segal, estimated the cost of adding weight-loss drugs to the Board's non-Medicare formulary would be between \$12 million–\$17 million per year, or about \$11,000 to \$13,000 per person. These drugs are expected to be taken by patients for life. The most recently-available studies produced on these drugs report they are only estimated to save about \$1,400 per person who takes the drug per year. Because of this, the Board was not able to add coverage for plan year 2023.

By contrast, the currently-estimated cost of bariatric surgery is \$26,000. Because this is a one-time cost borne to the program and the resulting savings will accrue for a patient's lifetime, ETF and the Board were able to justify adding coverage for this benefit. ETF continues to monitor outcomes to verify that savings are seen.

Your letter also asks about outcomes associated with the Well Wisconsin Program. At their November 2022 meeting, the Board received a "[Weight Management Analysis](#)" memo and presentation from ETF staff with a comprehensive review of methods to address overweight and obesity, and the available evidence related to treatments. The presentation and memo included information on approaches addressing overweight and obesity offered through Well Wisconsin. Additional information on Well Wisconsin outcomes can be found starting on page 9 of the memo.

Jenny Derks  
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The Board will consider changes to coverage for the 2024 benefit year at the May 2023 Board meeting. ETF staff will continue to monitor available literature regarding the outcomes of weight loss drugs, and will work with Navitus to monitor pricing in the hopes that it will become more favorable.

Again, thank you for your email. If you have any other questions, comments, or concerns, please do not hesitate to contact me using the information below.

Sincerely,

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