

From: [REDACTED]
To: [ETF SMB Board Feedback](#)
Subject: Adding anti-obesity medications to the State of Wisconsin Group Health Insurance Program"
Date: Tuesday, May 16, 2023 9:49:22 PM
Attachments: [REDACTED]

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Dear Sir/Madam,

Please see the attached letter supporting adding crucial anti-obesity medicines to the WI group health insurance program.

Sincerely,

Dr. Michelle Poliak-Tunis

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Michelle Poliak-Tunis, MD
UW Health

[REDACTED]

DATE: 5/16/2023

TO: The Group Insurance Board (GIB) ETFSMBBoardFeedback@etf.wi.gov

FROM: Michelle Poliak-Tunis, MD, UW Health

RE: Adding anti-obesity medications to the State of Wisconsin Group Health Insurance Program

Hello,

As an academic physician at UW Health, I am writing to you regarding the consideration for anti-obesity medications (AOMs) to be added to the State of Wisconsin Group Health Insurance Program so public employees have equitable access to the care we need. As part of a chronic weight loss or management program, these medicines have proved to increase an individual's 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. Adding AOMs to the health insurance program for public employees can lead to numerous benefits, such as improved health outcomes, better quality of life for members and increased productivity. Providing access to AOMs under the state's health insurance plan provides members with another option when considering the best decision to make for our health.

As a PM&R physician I see patients with chronic pain and many are overweight and obese. Unfortunately their weight and obesity affects their rehabilitation goals and quality of life. These AOMs represent an important tool in helping my patients improve their function and quality of life.

Providing members with access to AOMs in our health insurance plans would contribute to better weight management, which also leads to improved health outcomes and a lower risk of developing chronic conditions like heart disease, diabetes, and certain types of cancer. Further, obesity has a significant impact on an individual's quality of life, such as decreased mobility, lower self-esteem and depression. By including AOMs in the state insurance health plan helps folks more easily manage their weight and improve their overall quality of life, while reducing the risk of related, serious health issues.

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 benefit plans meet their employees needs. All our neighboring states (Minnesota, Iowa, Illinois, Indiana and Michigan) offer anti-obesity medication as a benefit to their public employees. The Wisconsin Medicaid program offers anti-obesity medication as a benefit to their recipients. I am asking the GIB to add AOMs to the State of Wisconsin Group Health Insurance Program as well. Thank you for your consideration on this matter and allowing me to advocate as an employee on this issue.

Sincerely,

Michelle Poliak-Tunis, MD



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
SECRETARY

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of Employee Trust Funds
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May 31, 2023

Michelle Poliak-Tunis
[REDACTED]

Dear Michelle Poliak-Tunis:

Thank you for your email to the Group Insurance Board (Board) regarding adding coverage of anti-obesity medications (AOMs) to the Group Health Insurance Program (GHIP).

You are correct that AOMs currently are not covered under the GHIP. However, the Board has discussed adding AOMs to the pharmacy formulary in the past. The Board faces limitations on adding coverage for benefits that are not mandated by law unless savings can be demonstrated, or benefits are reduced (see [Wis. Stat. § 40.03\(6\)\(c\)](#)). The Board reviewed coverage of AOMs 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. 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.

Another reason the Board is hesitant to add coverage is uncertainty about the long-term effects of these drugs. AOM drug manufacturers have conducted studies of the short-term effects of taking AOMs for up to 72 weeks. However, most research indicates that people will be on AOMs for multiple years and, in some cases, possibly the rest of their lives. Long-term studies of AOMs aim to answer the questions of whether weight regain may occur over time despite continued therapy, whether maintaining weight loss is viable under the drug, and the good and bad health effects of taking weight-loss drugs for a long duration. The timelines and release dates of the information from these ongoing studies are unknown.

At the Board’s May 17, 2023, the Board re-visited the possibility of adding AOMs to the pharmacy formulary beginning January 1, 2024. As cited in the [“2024 Program Agreement and Benefit Changes”](#) memo beginning on page 9, the same issues still exist in 2023 that existed in 2022, including a lack of studies about the effects of long-term weight loss drug usage and the high price of the drugs.

Michelle Poliak-Tunis

May 31, 2023

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In your email, you observed that some state employees in neighboring states have coverage of AOMs, which is correct. However, that coverage varies, and often other requirements must be met. For example, a Minnesota State employee must pay the full cost of AOMs for three months and lose five percent of their body weight before the Minnesota State pharmacy benefit would start to pay for the AOM. These requirements significantly limit the number of Minnesota State Employees who take weight-loss drugs.

In your email, you mentioned that the Wisconsin Medicaid program offers AOMs as a benefit to their recipients. According to the [“Medicaid Best Price”](#) article, published in 2017 in *Health Affairs* journal and written by Ramsey Baghdadi, Medicaid’s best price policy mandates that a drug manufacturer must offer state Medicaid Programs the best price given to any other purchaser with a mandatory rebate of 23.1% off the list price of the drug. Currently, only Medicaid programs can achieve this level of rebates and thereby realize some price reduction on AOMs.

GHIP members can obtain some AOMs, such as Wegovy and Saxenda, at a discounted rate. The drugs on the attached “Department of Employee Trust Funds Discount Drug List” are not covered by the GHIP’s pharmacy benefit but can be obtained at the negotiated rate Navitus Health Solutions, the Board’s Pharmacy Benefit Manager (PBM), has with the pharmacy filling the drug prescription. The pharmacy-negotiated rate will be lower than the full price of the drug. Please note that the price a member pays will not count towards any out-of-pocket limits (OOPL) or any pharmacy deductible.

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,

Tricia Sieg, Pharmacy Benefits Program Manager
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Department of Employee Trust Funds
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