

6/12/2023

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

FROM: Jon Shelton, professor, University of Wisconsin-Green Bay

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

Hello,

As a professor at the University of Wisconsin-Green Bay, I am writing in response to the Group Insurance Board's decision to not include anti-obesity medications (AOMs) in the State of Wisconsin Group Health Insurance program at the recent Board meeting. Covering AOMS would provide public employees with equitable access to the care we need to achieve and maintain a healthy lifestyle, and it is disappointing that the GIB opted against including these medications as a new pharmacy benefit for the upcoming plan year.

Including AOMs under the state's health insurance plan would broaden our options for care, providing members with a more comprehensive set of treatments to consider when making decisions for our health. AOMs have proven to be effective at increasing an individual's weight loss over time, and decreasing or even ceasing the use of other medications that are often used to combat the side-effects of chronic obesity. My colleagues' health is more important than ever in a deeply stressful time to work in higher education, and I urge the AOM to take every necessary step to ensure the best health outcomes where I work.

In our neighboring states, public employees already have access to these medications. Minnesota, Iowa, Illinois, Indiana and Michigan have already taken the crucial step to ensure all of their public employees have access to AOMs. State employees in the Badger State deserve to have access to the same quality of care that our neighbors have, as well as many private sector employees.

Bringing Wisconsin up to speed with other states in the Midwest by adding AOMs to the health insurance plan can also make us competitive in employee productivity and satisfaction. AOMs are proven to lead to numerous benefits, such as improved health outcomes, better quality of life for members and increased productivity. When we have access to the care we need to maintain a healthy lifestyle, this can lead to improvements in energy levels, reduce absenteeism, and increase productivity at work.

Covering AOMs under the ETF medical insurance plan shows members that the State of Wisconsin benefit plan meets employee needs while also offering an affordable, convenient option for individuals needing to lose weight and manage a serious, chronic disease.

Lastly, it is frustrating that the nature of the May 17 Board Meeting was inaccessible to public employees, given how much of an impact the decisions made at these meetings have on public employees. There was no opportunity for public input at the meeting, and the meeting was held during regular business hours and was not recorded for members to view afterwards.

I am asking the GIB to reconsider the decision that was made at the GIB May Board Meeting and add AOMs to the State of Wisconsin Group Health Insurance Program.

Thank you for your consideration on this matter and allowing me to advocate as an employee on this issue.

Sincerely,
Jon Shelton
Professor
Democracy and Justice Studies
University of Wisconsin-Green Bay



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

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June 16, 2023

Jon Shelton
[REDACTED]

Dear Jon Shelton:

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.

As you know, at the Board’s May 17, 2023, meeting, the Board revisited 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.

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.

Your letter stated that there was no way to provide public input at the May 17 Group Insurance Board meeting. While Board meetings do not include a public comment period, members are invited to submit correspondence, as you have done. Included in the Board's materials for the May 17, 2023, meeting are all the correspondence the Board received since the Board's last regularly scheduled meeting on February 22, 2023. These correspondences are on the May 17th Board agenda under item 8F. Here is a link to the agenda <https://etf.wi.gov/boards/groupinsurance/2023/05/17/agenda/download?inline=> and a direct link to the correspondence <https://etf.wi.gov/boards/groupinsurance/2023/05/17/gib8f/direct>. As you review the correspondences, you can see that a number of the correspondence the Board received raised many of the same issues about AOM coverage that you do in your email. Your correspondence to the Board will be included in the Board correspondences the Board will review before their regularly scheduled August 16, 2023, meeting.

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.

All Group Insurance Board meetings are available virtually. When the meeting is held in person, the meeting has the option for the public to attend in person or virtually. WisconsinEye has recorded Board meetings in the past, showing the meeting live and putting the recording on their website. Unfortunately, they were unable to record the May 17th meeting.

Please know that the Board receives all correspondences before each regularly scheduled meeting and sees the input from members about issues before the Board.

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.

Jon Shelton
June 16, 2023
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Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager
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Department of Employee Trust Funds
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608-261-6006

Department of Employee Trust Funds Discount Drug List

Updated January 2023

Prescriptions that are not covered by your pharmacy benefit may be available at a discounted rate. This may include drugs for infertility, weight loss, cosmetic or other lifestyle needs as prescribed by your doctor. You can use your Health Care Flexible Spending account to pay for them, with a prescription.

DRUG	Copay	Drug Category
ADIPEX-P CAP	100%	WEIGHT LOSS
ADIPEX-P TAB	100%	WEIGHT LOSS
AVAGE CREAM	100%	COSMETICS
CAVERJECT INJ	100%	INJECTABLES, SEXUAL DYSFUNCTION
cetorelix acetate for inj kit	100%	INFERTILITY, INJECTABLES
CETROTIDE INJ KIT	100%	INFERTILITY, INJECTABLES
CHROMELIN SOLN	100%	COSMETICS
CLOMID TAB, CLOMIPHENE CITRATE TAB	100%	INFERTILITY
CLOMIPHENE CITRATE POWDER	100%	INFERTILITY
CONTRACE TAB	100%	WEIGHT LOSS
DY-O-DERM SOLN	100%	COSMETICS
EDEX INJ	100%	INJECTABLES, SEXUAL DYSFUNCTION
finasteride tab	100%	COSMETICS
FOLLISTIM AQ INJ	100%	INFERTILITY, INJECTABLES
ganirelix ac inj	100%	INFERTILITY, INJECTABLES
GONAL-F RFF INJ	100%	INFERTILITY, INJECTABLES
hydroquinone cream	100%	COSMETICS
leuprolide inj	100%	INFERTILITY, INJECTABLES
LUPRON DEPOT INJ	100%	INJECTABLES
LUSTRA CREAM	100%	COSMETICS
MENOPUR INJ	100%	INFERTILITY, INJECTABLES
METHOXSALEN POWDER	100%	COSMETICS
minoxidil soln	100%	COSMETICS
MUSE SUPP	100%	SEXUAL DYSFUNCTION
OVIDREL INJ	100%	INFERTILITY, INJECTABLES
PAPAVERINE/ALPROSTADIL INJ	100%	INJECTABLES, SEXUAL DYSFUNCTION
PAPAVERINE/PHENTOLAMINE INJ	100%	INJECTABLES, SEXUAL DYSFUNCTION
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	100%	INJECTABLES, SEXUAL DYSFUNCTION
phentermine cap	100%	WEIGHT LOSS
phentermine tab	100%	WEIGHT LOSS
PHENTOLAMINE/ALPROSTADIL INJ	100%	INJECTABLES, SEXUAL DYSFUNCTION
PREGNYL INJ	100%	INFERTILITY

PROPECIA TAB	100%	COSMETICS
QSYMIA CAP	100%	WEIGHT LOSS
RENOVA CREAM	100%	COSMETICS
ROGAINE SOLN	100%	COSMETICS
SAXENDA INJ	100%	INJECTABLES, WEIGHT LOSS
sildenafil tab	100%	SEXUAL DYSFUNCTION
STENDRA	100%	SEXUAL DYSFUNCTION
tadalafil tab	100%	SEXUAL DYSFUNCTION
TRELSTAR INJ	100%	INFERTILITY, INJECTABLES
TRI-LUMA CREAM	100%	COSMETICS
VANIQA CREAM	100%	COSMETICS
varденаfil ODT	100%	SEXUAL DYSFUNCTION
varденаfil tab	100%	SEXUAL DYSFUNCTION
VITADYE LOTION	100%	COSMETICS
WEGOVY INJ	100%	INJECTABLES, WEIGHT LOSS
WEGOVY INJ 1.7MG/0.75ML	100%	INJECTABLES, WEIGHT LOSS
WEGOVY INJ 2.4MG/0.75ML	100%	INJECTABLES, WEIGHT LOSS
XENICAL CAP	100%	WEIGHT LOSS