From: [redacted]
To: ETF SMB Board Feedback
Subject: Letter in support of adding Anti-Obesity Medicines to ETF Formulary
Date: Monday, October 30, 2023 11:53:43 PM
Attachments: [redacted]

Dear Board Members,

Please see attached. Thanks.

Sam Pabich, MD, MPH
[redacted]
she/hers

[redacted]

October 30, 2023

Employee Trust Funds Board
c/o Board Liaison
Department of Employee Trust Funds
PO Box 7931
Madison, WI 53707-7931

Dear Employee Trust Funds Board,

My name is Dr. Sam Pabich. I am an endocrinologist, obesity medicine specialist, and public health expert at University of Wisconsin. I am writing in regard to the Employee Trust Fund's consideration of adding anti-obesity therapies to its formulary. I have previously submitted my testimony to the Employee Trust Fund, but am not sure if it has been received.

As you likely know, incidence of obesity has dramatically increased over the past three decades, bringing with it an increase in more than 50 diseases associated with excess body weight. High blood pressure, diabetes, and heart disease are commonly appreciated as "obesity-related", but obesity also increases the risk of cirrhosis, numerous cancers, mood disorders, infections, and lung disease, among so many others. This is thought to be a leading driver in the ever-increasing costs of health care in this country.

Current medical standards focus on individual treatments for obesity-related diseases: there are blood pressure meds for hypertension, statins for dyslipidemia, and insulin for diabetes. But obesity is often *the disease* driving these problems and treating this often treats the rest.

In Wisconsin, survey-based research estimates that 32% of the population had obesity as of 2020 (1). However, data collected from healthcare offices suggests that number is closer to 41% or more (2). Obesity leads to an increase in healthcare spending estimated at more than $1400 per affected individual per year (3), which would translate to $3.3 million spent in Wisconsin annually. Obesity is highly associated with Type 2 Diabetes, which is far costlier still: in 2017, direct medical expenses for diabetes diagnosed in Wisconsin was >$4.1 billion dollars, with an additional $1.4 billion in indirect cost due to lost productivity, etc. (4).

Many still believe that obesity is an individual's own problem and responsibility. In my opinion, when a pathology affects >40% of a population, it hardly seems like an individual problem. But a prevailing dogma dictates that individuals should just be able to work hard on diet and exercise, and then achieve their ideal body weight.

I can tell you, firsthand, that this is not true for many. I have watched patients spend months in nutrition programs, diligently log calories, spend hours per day on exercise, limit themselves to 900 calories per day, and punish themselves for indulging in a single Hershey's kiss, only to lose 5 pounds. I have watched patients painstakingly work to lose 20 pounds, only to regain 10

pounds a few months later though they maintained their healthy habits. I have followed large datasets that demonstrate that nearly 80% of all weight lost is eventually regained (5).

This natural order seems tremendously unfair: why is treating obesity with lifestyle so difficult, when the benefits of weight loss can be so significant? Indeed, losing just 7% of one's body weight can prevent cirrhosis (6); losing ~20 lbs completely cures sleep apnea in about 15% of patients (7), and losing just 8 lbs confers a 35% reduction in the risk that someone will have an acute cardiac event, like a heart attack (8).

These thoughts brought me to the specialty of obesity medicine and knowledge of efficacious pharmaceutical therapies to assist patients with weight loss and prevention of weight regain. I have been treating patients with obesity since 2019. My patients on weight-loss pharmaceuticals have generally lost between 11% of their body weight (on average) which is consistent with nationally-reported data (9-12). As my patients have lost weight, they have come off of numerous medications. Facilitating population weight loss will likely prevent many hospitalizations over the long term, and in the short term, many workplaces have found that when patients have access to anti-obesity medications, workplace absenteeism is reduced.

In the medical system, patients with obesity are more likely to be affected by intrinsic biases (i.e physicians tend to spend less time in visits with patients w/obesity (13) and extrinsic biases (i.e some medical practices ban patients over a certain weight); as a result, patients with the highest risk are dangerously marginalized. Obesity tends to affect all socio-demographics, however, disproportionately affects patients with lower income and education levels, likely related mostly to social factors that affect nutrition. It is tremendously important to not leave these groups behind.

I understand that covering anti-obesity medications can be quite costly. Therefore, I have some cost-effective recommendations for using these meds, garnered largely from my current practices.

- There are two medications that are FDA-approved for long-term weight loss that can be approximated with generically-available medications. It may be less pertinent to cover the brand-name combination pills. In addition, the first GLP1 agonist which has anti-obesity efficacy is expected to go generic in early 2024 **(Liraglutide)**.
- It may be cost-prohibitive to expand coverage for medications to everyone with overweight/obesity all at once. If this is the case, I would recommend them preferentially for patients who have obesity-related comorbidities.
- It is far easier to maintain a normal weight than it is to lose weight; to avoid further increases in obesity in the population, prevention of excessive weight gain should be emphasized, so as to reduce the need for anti-obesity medication use among the next generation.

Thank you for your consideration of adding coverage of anti-obesity therapies to the state health insurance plan.

Sincerely,

Sam Pabich, MD, MPH
Board Certified in Internal Medicine, Endocrinology, and Obesity Medicine

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STATE OF WISCONSIN
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November 7, 2023

Sam Pabich
[redacted]

Dear Dr. Sam Pabich:

Thank you for resubmitting the information you sent to the Group Insurance Board (Board) on May 1, 2022. Your letter was presented to the Board at the time of the meeting on May 18, 2022. A copy of your letter can be found starting on page 21 of the "Board Correspondence" memo for the May 18, 2022, meeting.

Again, thank you for your continued interest in adding anti-obesity therapies to the Board's pharmacy formulary. A copy of your letter and ETF's response will be included in the "Board Correspondence" memo for the November 15, 2023, Board meeting.

Sincerely,

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