

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]

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

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

--
Michelle Poliak-Tunis, MD

[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

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

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
Office of Strategic Health Policy
Department of Employee Trust Funds
tricia.sieg@etf.wi.gov
608-261-6006

From: [REDACTED]
To: [ETF SMB Board Feedback; Sieg, Tricia - ETF](#)
Subject: Re: [ETFnoPII] RE: Adding anti-obesity medications to the State of Wisconsin Group Health Insurance Program"
Date: Monday, November 27, 2023 3:07:09 PM

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Good Afternoon Tricia, Group Insurance Board:

I understand that the Group Insurance Board will be meeting again in the next few months to reconsider adding AOMs to the 2025 Group Health Insurance Program. I wanted to circle back as both a UW Department of Orthopedics and Rehabilitation Medicine physician / Residency Program Director treating many patients with obesity, and a state employee to reiterate my strong support for this action.

As you know, obesity is a chronic, complex medical condition stemming from a combination of genetics (which many recent studies confirm is a key factor), social/economic, behavioral and other factors which have massive long term ramifications for the individual, their loved ones and society as a whole. I can tell you from personal experience that the majority of my patients' conditions (many of which often hinder their ability to work, undertake self care, participate in other important aspects of life) are directly attributable to chronic challenges with weight. Many of these individuals have tried other interventions such as dieting, exercise, group and individual counseling, surgical interventions with limited success.

Like many other states bordering Wisconsin, I believe we need to follow an "all of the above" approach to the obesity epidemic and this includes AOMs that have undergone rigorous FDA approval processes and in many cases, have been proven to be safe and effective for treating obesity and other chronic conditions for many years. And while the drugs are undoubtedly expensive right now, history shows that over time, the costs tend to come down while the long term overall savings are likely to rise given the myriad of health and economic consequences of obesity related conditions including but not limited to heart disease, cancer, immobility/falls, diabetes, lost work time. Taken together, these costs could easily be hundreds of billions that could be mitigated by enabling patients who qualify to avail themselves of the full suite of safe/effective options. There's also the lifestyle/confidence and aspects that while not easily quantified, can likewise be significant.

Finally but importantly, Wisconsin ETF/GHIP is increasingly an outlier among neighboring states such as Minnesota, Illinois, Indiana, Michigan, Iowa all of whom offer some AOMs as part of their state employee health plans. Similarly, WI Medicaid and the Federal Office of Personnel Management provide these options to their beneficiaries / group employee health plans beginning this year. These respected organizations determined it was safe/beneficial/economical to pursue an all of the above strategy best on the best clinical evidence and scholarship and I would encourage the Board to implement a similar path to align itself with the emerging consensus.

Thank you for your consideration and I look forward to staying in touch.

Best,

Michelle Poliak-Tunis, MD.

On Thu, Jun 8, 2023 at 10:31 AM ETF SMB Board Feedback
<ETFSMBoardFeedback@etf.wi.gov> wrote:

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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

Office of Strategic Health Policy

Department of Employee Trust Funds

tricia.sieg@etf.wi.gov

608-261-6006

From: [REDACTED]
Sent: Tuesday, May 16, 2023 9:49 PM
To: ETF SMB Board Feedback <ETFSMBBoardFeedback@etf.wi.gov>

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

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Sincerely,

Dr. Michelle Poliak-Tunis

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Michelle Poliak-Tunis, MD

[Redacted signature]

[Redacted signature]



STATE OF WISCONSIN
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November 30, 2023

Michelle Poliak-Tunis
[REDACTED]

Dear Dr. Poliak-Tunis:

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

The Board will consider 2025 GHIP changes at its February 21, 2024, meeting. The agenda, memos, and presentations for that meeting will be posted on ETF's "[Group Insurance Board Meeting Agendas and Materials](#)" webpage about a week prior to the meeting.

While ETF continues to monitor cost effectiveness research, the current pricing of these drugs is still greater than the measurable savings. The Board must still adhere to [Wis. Stat. § 40.03\(6\)\(c\)](#) that only allows the Board to add benefits to the GHIP if the addition is mandated by law or if a savings can be demonstrated. If neither of these provisions are met, the Board must reduce benefits to allow for the addition of new benefits.

Recent market data has suggested that AOMs account for 1% of annual premium increases for 2024. The Board would either need to reduce \$18M in benefits to accommodate this cost increase, greater savings values would need to be shown in literature, or pharmaceutical companies would need to reduce prices to bring the costs in line with the demonstrated benefits.

Again, thank you for your email. I look forward to staying in touch with you as well.

Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager
Office of Strategic Health Policy
Department of Employee Trust Funds
tricia.sieg@etf.wi.gov
608-261-6006