From: SAMANTHA K PABICH
To: ETF SMB Board Feedback
Subject: Testimony for 2/21 Hearing for Anti-Obesity Medications
Date: Friday, February 16, 2024 2:13:44 PM

To Whom it May Concern,

I have previously provided testimony regarding the importance of recognizing obesity as a disease, and using effective pharmaceuticals to treat it. My colleague, Kristina Lewis MD MPH recently wrote in the journal *Obesity* "historically, obesity was viewed as a lifestyle disease, with an associated lifestyle solution, and approaches that embody the "eat less, move more" idea have dominated obesity treatment recommendations for over half a century. Meanwhile, the prevalence and severity of obesity continue to increase globally. Enter the so-called "game changers": GLP1 Agonists". We finally have an opportunity to effectively intervene on the obesity epidemic, but the financial cost is high.

Obesity takes decades to cause major downstream morbidity and mortality in most people—so although we have a large population of patients who might be eligible for appetite-suppressing medications to facilitate weight loss, most of them *have time*. For a lot of patients, we can afford to play the long game.

Some of my patients, however, don't have time. My patients with rapidly-progressing advanced liver fibrosis will likely be being listed for liver transplant in the next several years if we don't help them effectively remove fat from the visceral compartment now. Some of my patients will remain home-bound on oxygen if we cannot facilitate weight loss that helps them breathe. My patients who have had one, two, and even four heart attacks may have a fatal heart event before they get the chance to lose weight and reduce the resistance against which their heart is pumping. Some people need the "game changers". **I highly recommend covering Tirzepatide (Zepbound) or Semaglutide (Wegovy) for weight loss in patients who have coronary artery disease, Stage 3 or Stage 4 Liver Fibrosis, and obesity hypoventilation syndrome or refractory sleep apnea.** This group likely represents <10% of the obesity population.

For the others, who hopefully have time to wait, we should be advancing coverage of less-costly medications

Medication	FDA Approval/Patent Information	Approximate Cost/Month 2024	Average Weight Loss on Max Dose Medication
Phentermine	Not approved for long term use. However, data has shown this can be	<$15	~8-10%

	used safely and effectively.		
Phentermine-Topiramate (Qsymia)	Approved for obesity. Off-patent **6/2025**	~$100-150/mo	~10-12%
Liraglutide	FDA approved for diabetes and weight mgmt. Should be off-patent for diabetes indication in **6/2024**	$1200 currently (while on patent)	~8-10%
Semaglutide	FDA-approved for diabetes and weight mgmt. Should be off-patent for diabetes indication in **2032**	$900 currently (while on patent)	~12-15%

Therefore, we have 2 less-costly options available now; by the end of the year, we may have three, and by 2032 (in just 8 years!) we may have four effective medications available generically (and hopefully affordably) for on- or off-label treatment of obesity. The current abundance of illegal Semaglutide production demonstrates that there should be plenty of manufacturers to legally compete once GLP1 patents have run out.

Please take this information into consideration. As far as I am aware, the cost analysis that has been done by the Segal actuary group does not take into consideration the option of covering the most expensive medicines only for a select high-risk group, and also does not consider opportunities for use of lower-cost medications or off-label use of medications in a tiered fashion.

Regards,

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Board Certified in Internal Medicine, Endocrinology Diabetes and Metabolism and Obesity Medicine