

**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

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**CAUTION: This email originated from outside the organization.  
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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 <b>6/2025</b>	~\$100-150/mo	~10-12%
Liraglutide	FDA approved for diabetes and weight mgmt. Should be off-patent for diabetes indication in <b>6/2024</b>	\$1200 currently (while on patent)	~8-10%
Semaglutide	FDA-approved for diabetes and weight mgmt. Should be off-patent for diabetes indication in <b>2032</b>	\$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,

Sam Pabich, MD, MPH

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



**STATE OF WISCONSIN**  
**Department of Employee Trust Funds**  
A. John Voelker  
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March 11, 2024

Samantha Pabich  
Via email: [skpabich@medicine.wisc.edu](mailto:skpabich@medicine.wisc.edu)

Dear Dr. Pabich:

Thank you for your email to the Group Insurance Board (Board) regarding adding coverage of weight-loss drugs such as tirzepatide (Zepbound) and semaglutide (Wegovy) to the state employee health plans known as the Group Health Insurance Program (GHIP).

At the February 21, 2024, meeting the Board did not add weight-loss drug coverage for 2025. However, the Board directed ETF staff to continue to monitor utilization, costs, and effectiveness of AOMS, and to present coverage options for the Board's consideration.

While ETF staff 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 weight loss medications account for 1% of annual premium increases for 2025. The Board would either need to reduce \$21M 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. If you have any other questions, comments, or concerns, please do not hesitate to contact me using the information below.

Sincerely,

Page 2

Tricia Sieg, Pharmacy Benefits Program Manager  
Office of Strategic Health Policy  
Wisconsin Department of Employee Trust Funds  
[tricia.sieg@etf.wi.gov](mailto:tricia.sieg@etf.wi.gov)  
608-261-6006

**From:** [SAMANTHA K PABICH](#)  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** Re: Testimony for 2/21 Hearing for Anti-Obesity Medications  
**Date:** Wednesday, March 13, 2024 1:12:45 PM

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Hi Tricia,

Thanks for your follow-up. Based on the reports I received about the discussion during the meeting, it does not seem that my letter was even discussed: you are continuing to discuss the cost of expanding eligibility for med coverage to all patients. I really encourage you to focus cost analysis on expanding coverage for a smaller group with severe comorbidities.

Sam Pabich, MD

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**From:** ETF SMB Board Feedback <ETFSMBoardFeedback@etf.wi.gov>  
**Sent:** Tuesday, March 12, 2024 8:59 AM  
**To:** SAMANTHA K PABICH <skpabich@medicine.wisc.edu>  
**Subject:** RE: Testimony for 2/21 Hearing for Anti-Obesity Medications

Dear Dr. Pabich:

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Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager  
Office of Strategic Health Policy  
Wisconsin Department of Employee Trust Funds  
[tricia.sieg@etf.wi.gov](mailto:tricia.sieg@etf.wi.gov)  
608-261-6006

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Sam Pabich, MD, MPH

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**Department of Employee Trust Funds**  
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March 14, 2024

Samantha Pabich  
Via email: [skpabich@medicine.wisc.edu](mailto:skpabich@medicine.wisc.edu)

Dear Dr. Pabich:

Good to hear from you again. During the February 21, 2024, meeting the Group Insurance Board (Board) acknowledged all the correspondence the Board had received in their packet regarding anti-obesity medications (AOMs). Here is a link to the Board Correspondence the Board received for the February 21, 2024, meeting: <https://etf.wi.gov/boards/groupinsurance/2024/02/21/qib10e/direct> The letters are listed in order of receipt and your letter is listed as number 38.

As you know at the meeting the Board did not add AOM coverage for 2025. However, the Board directed ETF staff to continue to monitor utilization, costs, and effectiveness of AOMS, and to present coverage options for the Board's consideration

At any time if you come across any studies or news articles about AOMs that you would like to share with me please do not hesitate to send them my way.

I look forward to hearing from you in the future.

Sincerely,

Tricia Sieg, Pharmacy Benefits Program Manager  
Office of Strategic Health Policy  
Wisconsin Department of Employee Trust Funds  
[tricia.sieg@etf.wi.gov](mailto:tricia.sieg@etf.wi.gov)  
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