From: [redacted]
To: ETF SMB Board Feedback
Subject: Reconsideration of AOM Coverage
Date: Tuesday, July 16, 2024 2:46:22 PM
Attachments: [redacted]

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Dear Group Insurance Board,
Please see attached memo advocating for the ETF/Group Health Insurance Board's reconsideration of coverage for the latest FDA approved anti obesity medications on the state employee health plans.
I look forward to hearing from you on this important matter over the coming weeks and months.
Best,
Dr. Michelle Poliak-Tunis

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Michelle Poliak-Tunis, MD

To: Wisconsin Group Health Insurance Board / Employee Trust Funds

From: Michelle Poliak-Tunis, MD (UW Madison School of Medicine and Public Health, Department of Orthopedics and Rehabilitation Medicine)

cc: Tricia Sieg, Pharmacy Benefits Program Manager, Tricia2.sieg@etf.wi.gov

Date: July 16, 2024

Re: Reconsideration of Anti-Obesity Medication Benefit to Group Health Insurance Board Plan Formulary

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Dear Group Insurance Board Members,

My name is Dr. Michelle Poliak-Tunis, a Physical Medicine and Rehabilitation physician and Residency Program Director focusing on pain management at the University of Wisconsin School of Medicine and Public Health. With extensive experience treating patients struggling with obesity-related conditions (including many state employee / WRS members), I write again to express my strong support for the inclusion of anti-obesity medications (AOMs) in next benefit year's Group Health Insurance Program.

I was disappointed that Group Insurance Board and ETF last year declined to expand coverage of AOMs to some or all eligible patients, despite consensus recommendations from leading medical organizations and societies, including those focused on obesity and diabetes care. However, I am encouraged by your willingness to reconsider the importance of this benefit, especially given the serious obesity epidemic affecting our state and nation, the recent efficacy studies on the latest class of AOMs and the number of new options coming on the market, which are likely to result in both lower prices and important public health results over the next decade.

Obesity is a complex, chronic disease influenced by genetic, social, economic, and behavioral factors. Many of my patients face severe health challenges and debilitating pain directly attributable to obesity, which often hinder their ability to work, perform self-care, and participate fully in daily life. Many have also tried various interventions such as dieting, exercise, and counseling with limited success. The impact of obesity extends beyond individual health, affecting families, communities, the provision of public services such as education and public safety, as well as our broader economy.

While near term financial cost and utilization considerations are understandable, it is imperative to adopt a comprehensive approach that evaluates both short-term costs and long-term overall health value and benefits. Obesity is unquestionably a leading driver of long-term healthcare costs for public and private plans alike, and many current treatments are likewise costly and not suitable for all patients. Addressing obesity with clinically effective AOMs can prevent severe complications such as heart disease, diabetes, immobility (often requiring 24 hour a day care), liver and kidney failure, amputation, and various cancers, ultimately reducing overall healthcare expenditures.

Recent developments, such as the FDA's label expansion for Zepbound™ to include major adverse cardiovascular events and the SELECT trial's compelling results, underscore the long-term effectiveness of AOMs. The SELECT trial demonstrated a 20% reduction in major adverse cardiovascular events for patients treated with semaglutide compared to placebo, highlighting the significant potential of AOMs in improving health outcomes and reducing long-term healthcare costs.

To address concerns about utilization management, costs, and to ensure that AOMs are used appropriately, and after reviewing recent commentaries from applicable medical associations and obesity medicine practitioners, I believe there are several potential incremental pathways for covering the medications for the most needy patients:

Targeted Coverage for High-Risk Patients:

- **Eligibility Criteria:** Initially limit AOM coverage to patients with Class III obesity (BMI over 40) or those with a BMI over 30 who have multiple co-occurring conditions such as advanced heart disease, obstructive sleep apnea, severe immobility, or other clinically significant comorbidities.
- **Prior Interventions:** Ensure that patients have attempted other interventions, such as diet and exercise programs, etc. without success before qualifying for AOMs.

Comprehensive Support Programs:

- **Nutritional Counseling:** Mandate concurrent nutritional counseling to help patients develop healthy eating habits and support their weight management journey.
- **Exercise Accountability:** Include physical exercise monitoring programs to ensure patients adhere to a comprehensive weight management plan, enhancing the effectiveness of AOMs.

Phased Implementation and Monitoring:

- **Initial Benefit:** Offer an initial GLP-1 benefit to the neediest patients while monitoring outcomes and adjusting the program as necessary.
- **Cost Management:** As more FDA-approved AOMs and generics enter the market, costs are likely to decrease, allowing for broader coverage and improved health outcomes at scale.

Wisconsin ETF/GHIP is increasingly becoming an outlier among neighboring Midwestern and other states, many of which offer some of the latest AOMs as part of their state employee health plans. Additionally, Wisconsin Medicaid and the Federal Office of Personnel Management (which covers far more employees and family members) currently provide these options to a segment of their beneficiaries. These respected organizations have recognized the safety, benefits, and economic sense of including AOMs in their healthcare plans based on the best available clinical evidence. ETF/GHIB should do the same.

In conclusion, we need an evidence-based, nuanced and patient-focused strategy rather than the current all-or-nothing approach to AOM coverage. By initially adopting a phased, science based and incrementation implementation with targeted coverage and comprehensive support programs, we can improve health outcomes for our patients and reduce long-term healthcare costs while hopefully expanding coverage to greater numbers of needy patients in the future. I therefore urge the Board to reconsider adding AOMs to the Group Health Insurance Program and align Wisconsin with the emerging consensus and peer reviewed studies.

Thank you for your consideration of this important matter. I look forward to discussing this further and answering any questions you may have.

Best regards,

Dr. Michelle Poliak-Tunis
UW-Madison Pain Management Physician
Department of Orthopedics and Rehabilitation Medicine
Residency Program Director

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A. John Voelker
SECRETARY

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July 23, 2024

Dr. Poliak-Tunis

Dear Dr. Poliak-Tunis,

Thank you for your July 16th letter to the Group Health Insurance Board (Board) concerning the inclusion of anti-obesity medications (AOMs) in next year's Group Health Insurance Program (GHIP).

The Board finalized the 2025 benefit changes at their meeting on February 21, 2024, and established 2025 GHIP premium rates at their May 23, 2024, meeting. Consequently, the Board cannot add coverage for AOMs for 2025 as the rates for members and employers have already been set for 2025.

I will be presenting a memo on weight-loss drug analysis and coverage considerations to the Board at their meeting on August 14, 2024. Please note that this memo and presentation are for informational purposes only.

Again, thank you for your letter. Please keep sending any research or information you have about AOMs.

Sincerely,

Tricia Sieg
Pharmacy Benefits Program Manager
608-261-6006
Tricia2.sieg@etf.wi.gov