From:	Rita German
To:	ETF SMB Board Feedback
Cc:	Sieg, Tricia - ETF
Subject:	Reconsideration of anti-obesity medication benefits
Date:	Tuesday, August 6, 2024 2:33:36 PM
Attachments:	Dr Rita German GIB ETF Letter.pdf

Dear Group Insurance Board and ETF,

Please see attached letter regarding the Board's ongoing evaluation of coverage for the latest FDA approved anti-obesity medications for the 2026 benefit year. It is signed by me and several of my UW Health Division of Gastroenterology and Hepatology colleagues acting in our personal capacity.

We look forward to monitoring these important matters and stand ready to answer any questions. I am happy to chat if there are any questions in the following months.

Best,
Dr. Margarita German

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To: Wisconsin Group Health Insurance Board / Employee Trust Funds, ETFSMBBoardFeedback@etf.wi.gov
From: Dr. Margarita (Rita) German - Assistant Professor, UW School of Medicine and Public Health Division of Gastroenterology and Hepatology

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

Date: 8/6/2024

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

Dear Group Insurance Board Members,

My name is Dr. Rita German. I am a Hepatologist and Assistant Professor in the UW School of Medicine and Public Health Division of Gastroenterology and Hepatology. I also serve as Associate Program Director of the Transplant Hepatology Fellowship. Along with my colleagues in hepatology and gastroenterology, I focus on caring for patients with complex liver disease, liver cancer, and post-transplantation support. I am following up on my previous correspondence (co-signed by several colleagues) to respectfully request that the State Board of Insurance reconsider its previous decision and add the latest FDA approved anti-obesity medications (AOMs) to its covered health plans.

I was disappointed by the Board's decision last year to not expand coverage for AOMs based on the emerging consensus recommendations from leading medical organizations and societies focused on obesity and diabetes care. As a hepatologist, I continue to witness firsthand the devastating impact of obesity on liver health and the urgent need for more effective and less invasive treatment options. Many of my patients with advanced liver disease and other co-occurring conditions simply cannot afford to wait longer to access the latest treatment options.

In my practice, I routinely treat patients with metabolic dysfunction-associated steatotic liver disease (MASLD), formerly known as non-alcoholic fatty liver disease (NAFLD). MASLD affects approximately 20-30% of the global population and is strongly associated with obesity and metabolic syndrome, often but not always including type 2 diabetes. Untreated MASLD can progress to cirrhosis, leading to life-threatening complications and necessitating extremely costly procedures such as liver transplantation which necessitates lifelong follow up care. Anything we can do to reduce obesity means less patients will ultimately develop MASLD.

Recently published research (please see here, and here, and here) strongly suggests that GLP-1 receptor agonists (RAs) may reduce the risk of cirrhosis and hepatocellular carcinoma (HCC) in patients with MASLD, Type 2 diabetes, HIV, and other conditions. In one of the cohort studies of U.S. VA system patients comprising nearly 24,000 adults with MASLD and Type 2 diabetes taking GLP-1 RAs, along with 170,000 controls (patients with MASLD and Type 2 diabetes not on a GLP 1 RAs), patients on GLP-1 RAs had a statistically significant lower incidence of cirrhosis (0.81%) compared to controls (1.9%) and lower risk of HCC. The study led by Dr. Fasiha Kanwal also noted that the prevalence of MASLD is forecasted to dramatically increase in the coming decades, necessitating new, less invasive diagnostics such as GLP-1 RAs that not only lower cardiometabolic risk, but also liver related outcomes and simplify medical management in patients with and within Type 2 diabetes. Another recent study published in the New England Journal of Medicine by Loomba et al showed that treatment with GLP-1 RA in patients with MASH had more resolution of MASH without worsening of fibrosis (Loomba et al, NEJM June 2024).

Despite many patients' best efforts, weight loss remains elusive due to numerous socioeconomic factors. This is where AOMs and GLP-1 RAs can play a critical role. Recent studies, such as the **SELECT trial,** have

shown significant reductions in major adverse cardiovascular events and other comorbid conditions related to obesity in patients taking GLP-1 RAs.

Obesity is a leading driver of healthcare expenditures, costing the U.S. nearly $173 billion annually. Beyond direct health care costs, obesity and its comorbid conditions including serious liver disorders have a significant economic impact due to related job absenteeism and lost productivity. Addressing obesity with clinically effective AOMs can prevent severe complications such as heart disease, diabetes, immobility, liver and kidney failure, amputation, and various cancers.

Wisconsin is increasingly becoming an outlier among neighboring Midwestern and other states, many of which offer AOMs as part of their state and local government employee health plans. Wisconsin Medicaid and the Federal Office of Personnel Management also provide these options to some or all of their eligible employee beneficiaries. These respected organizations along with major medical societies have recognized the safety, benefits, and economic sense of including AOMs in their healthcare plans based on the best available clinical evidence. ETF and Group Health Insurance Board should follow suit.

Nevertheless, we understand that cost considerations often come into play in deciding which new treatments to cover and for whom. While we believe that physicians and patients should have the ability to make decisions based on the individual patient and latest clinic evidence, we understand that the Board may need to prioritize AOM coverage to the most seriously at risk patients who have tried and failed other treatment approaches such as diet and exercise. This could be accomplished by initially limiting coverage to Class III obesity (BMI over 40) without co-occurring disorders or those with a BMI over 32 with conditions such as MASLD, sleep apnea, advanced cardiovascular disease, or similar comorbidities. We would also recommend ongoing lifestyle (exercise and nutrition) monitoring for patients. Importantly, as more FDA-approved AOMs and generics enter the market, short and long-term costs are likely to decrease, allowing for broader coverage and improved health outcomes at scale.

In conclusion, we respectfully urge the Board to reconsider adding AOMs to the Group Health Insurance Program. Adopting an evidence-based, incrementation implementation with targeted coverage and comprehensive support programs will improve health outcomes, reduce costs and position Wisconsin as a preferred destination for public sector employment and quality of life.

Sincerely,

Dr. Rita German, MD
Assistant Professor, UW School of Medicine and Public Health
Associate Program Director, Transplant Hepatology Fellowship

Co-Signers:

Michael Lucey, MD, Professor, Department of Medicine

Adnan Said, MD, Professor, Department of Medicine

Andrew Spiel, MD, Clinical Assistant Professor, Department of Medicine

John Rice, MD, Associate Professor, Department of Medicine

Parul Agarwal, MD, Associate Professor, Department of Medicine

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August 9, 2024

Dr. Margarita German
mgerman@medicine.wisc.edu

Dear Dr. Margarita German:

Thank you for your Aug. 6, 2024, email 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 Feb. 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.

I will be presenting on weight-loss drugs analysis and coverage considerations to the Board at the upcoming Aug. 14, 2024, meeting. Those materials, as well as the meeting agenda, have been posted on the "Group Insurance Board Meeting Agendas and Materials" page on the ETF website. While the memo and presentation are for informational purposes only, there is a timeline in the memo on page two, regarding when the Board will be able to consider options for AOM coverage for 2026.

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

Sincerely,

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