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## **Documents Submitted by the Public to the State Employee Benefits Committee**

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## **Katie Healy**

I am writing with concerns about CVS Caremark changes to the formulary and how this will impact states employees who use Zepbound for weight management. CVS Caremark has decided to remove Zepbound from their preferred formulary, this decision was not made due to another medication being superior, in fact the medication they are prioritizing is not as effective and does not offer the same benefits as Zepbound. Zepbound (tirzepatide): It is a dual GIP and GLP-1 receptor agonist, meaning it activates both the glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptors. Wegovy is not, it is a GLP-1 receptor agonist, meaning it activates only the glucagon-like peptide-1 (GLP-1) receptor. Studies have shown that Zepbound provides better results and less side effects.

Please see the attached article from JAMA Internal Medicine for further evidence.

This change will affect many state employees who have had success with Zepbound and may not continue to have the same success with Wegovy. It may also lead to increased side effects which may deter employees from continuing with the medication. States employees deserve to have access to both medications based on the recommendations of their health care provider. Since the state is self insured, Delaware can require CVS Caremark to keep this medication on the formulary.

Please consider this information and how it will impact states employees who are taking steps to improve their health.

## **David Short**

To keep this brief. I was informed today that the BCBS plans with deductibles, do not have deductible carry over. And the plan was self funded meaning that the Committee is who chose not to have this. Being this committee is about benefits I shouldn't need to explain what that is. But just incase...

Employee chooses the lower premium policy with a deductible. Doesn't need to go seek treatment until 3 months or less before the new plan year starts. Instead of paying the deductible twice in such a short amount of time they choose to try to wait it out for the new plan year.

Which ends up in the ER costing the plan twice as much.

To wrap up..

I would like this to be considered in future plan years. Not only would it benefit me as someone who doesn't go that often but would save the State money long term over er visits that could have been a walk in.