

**WVU Medical Weight Management**  
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To whom it may concern,

My name is Lynette DeChristopher and I have been a Physician Assistant in the State of West Virginia for 19 years. Within those 19 years I have spent 18 years practicing cardiovascular medicine. I have witnessed patient's as young as 25 years old presenting to the emergency department with a myocardial infarction. This disease does not discriminate based on age sex or ethnicity.

I am writing this letter to ask you to consider covering Wegovy for the following indications: any history of ASCVD, for any age group who has documented CAD by CT for measurement of calcium score, CTA, diagnostic catheterization as well as carotid artery disease, with or without stroke, NSTEMI and PVD.

As described in the Bogalusa Heart Study published in 2001, this study has shown fatty streaks present in children and adolescents, especially those with risk factors like obesity or a family history or cardiovascular disease. We know that medications like statins or other lipid-lowering therapies (PCSK9) can halt or slow the progression of plaque buildup even before individuals show clinical symptoms.

As shown in the Select trial recently published with regards to the effects of Wegovy on ASCVD, it has shown a 20% reduction in heart risk. As you can assume this is life changing for so many.

Financially, it would be in the best interest of the patient and the state of WV to slow or prevent early atherosclerosis. Procedures such as angioplasty, stent placement and coronary bypass surgery, alongside long-term hospitalizations and rehabilitation, incur massive costs for both healthcare systems and individuals.

By funding medications that slow or prevent early atherosclerosis healthcare costs can be dramatically reduced. Large-scale analyses, including those conducted by the American College of Cardiology and the American Heart Association support the idea that preventive interventions are not only lifesaving but also cost-saving in the long run. By intervening early, healthcare systems can mitigate future financial burdens associated with managing the long-term complications of ASCVD, such as heart failure, recurrent heart attacks, and multiple hospital admissions.

As health care providers we have a duty to our patients to provide them with the best care available in the state of WV. We think that understanding the correlation between obesity and heart disease is monumental and by investing in medications that prevent or slow early atherosclerosis and people of all ages it will be most cost effective, lifesaving and reduced long-term health care burden. It will also prevent cardiovascular events before they happen, improve quality of life and address disparities in access to care. By tackling atherosclerosis early, we can dramatically shift the trajectory of cardiovascular disease and ensure healthier populations across the lifespan.

Thank you for your consideration in keeping our state healthy,  
Lynette DeChristopher MS, PA-C