To Whom It May Concern,

I am writing to you today to encourage [formulary/benefits provider] to reconsider its refusal to cover obesity medications licensed for use in Canada.

While the World Health Organization, the American and Canadian Medical Associations and Obesity Canada (among dozens of other scientific organizations) now recognize obesity as a chronic disease, most health systems, providers and payers continue to ignore the complexity of the disease and view it as the result of personal flaws not worthy of care and treatment.

These views are not evidence based, and they are as unhelpful as they are unethical.

The 2020 Canadian Adult Obesity Clinical Practice Guidelines authored by Obesity Canada and the Canadian Association of Bariatric Physicians and Surgeons (<https://doi.org/10.1503/cmaj.191707>) state that obesity is a heterogeneous, complex chronic disease in which abnormal/excess adiposity impairs health, increases the risk of long-term complications and reduces life span. It affects more than 9 million Canadians. Pervasive weight bias/stigma and misperceptions of obesity hinder equitable access to evidence-based care.

The CPGs also state:

Pharmacotherapy for obesity management can be used for individuals with BMI ≥ 30 kg/m2 or BMI ≥ 27 kg/m2 with adiposity-related complications, in conjunction with medical nutrition therapy, physical activity and/or psychological interventions (semaglutide 2.4 mg weekly [Level 1a Grade A], liraglutide 3.0 mg daily [Level 2a, grade B], naltrexone/ bupropion 16 mg/180 mg BID [Level 2a, Grade B],5 orlistat 120 mg TID [Level 2a, Grade B]). Pharmacotherapy may be used to maintain weight loss and to prevent weight regain (liraglutide 3.0 mg daily [Level 2a, Grade B], orlistat 120 mg TID [Level 2a, Grade B]).

Pharmacotherapy for obesity management in conjunction with health-behaviour changes for people living with prediabetes and overweight or obesity (BMI ≥ 27 kg/m2) can be used to delay or prevent type 2 diabetes (T2DM) (liraglutide 3.0 mg daily [Level 2a, Grade B], orlistat 120 mg TID [Level 2a, Grade B]).

Obesity pharmacotherapy can be used in conjunction with health-behaviour changes in people living with T2DM and a BMI ≥ 27 kg/m2, for weight loss and improvement in glycemic control (semaglutide 2.4 mg weekly [Level 1a, Grade A], liraglutide 3.0 mg daily [Level 1b, Grade A],10 naltrexone/bupropion 16 mg/180 mg BID [Level 2a, Grade B], orlistat 120 mg TID [Level 2a, Grade B]).

Pharmacotherapy can be considered in conjunction with health-behaviour changes in treating people with obstructive sleep apnea and BMI ≥ 30 kg/m2, for weight loss and associated improvement in apnea-hypopnea index (liraglutide 3.0 mg daily [Level 2a, Grade B]).

Pharmacotherapy can be considered in conjunction with health-behaviour changes in treating people living with non-alcoholic steatohepatitis (NASH) and overweight or obesity, for weight loss and improvement of NASH parameters (liraglutide 1.8 mg daily [Level 3; Grade C], semaglutide [Level 4 Grade D]).

I respectfully request that you reconsider the approval of pharmacological interventions for obesity and begin to support individuals living with this complex disease today. If you are not prepared to make this change, I kindly request an explanation of your rationale.

Sincerely, [sig.]

