

## To Whom It May Concern,

I am writing to urge [\[formulary/benefits provider\]](#) to reconsider its decision not to cover evidence-based obesity medications licensed for use in Canada.

Leading global health authorities—including the World Health Organization, the American and Canadian Medical Associations, and Obesity Canada—recognize obesity as a **chronic disease**. Yet, many health systems and payers continue to operate under outdated and unscientific beliefs, treating obesity as a personal failing rather than a legitimate medical condition requiring care and treatment. This perspective is **not only unsupported by evidence but also unethical**, reinforcing systemic barriers to care and worsening health outcomes for millions of Canadians.

## The Case for Coverage

The [Canadian Adult Obesity Clinical Practice Guidelines \(CPGs\)](#), define obesity as a **heterogeneous, complex chronic disease** that impairs health, increases the risk of serious complications, and shortens lifespan. More than **9 million Canadians** are affected, yet **pervasive weight bias and stigma continue to limit access to evidence-based treatment**.

The CPGs **clearly recommend pharmacotherapy** as a standard pillar of treatment for obesity, alongside bariatric surgery, and psychological interventions as the only evidence-based treatments for this chronic disease. Like any other chronic disease, nutrition therapy and physical activity play an important role in an individual's health and wellbeing, effective treatment through one or more of the pillars noted above help to support an individual in being more successful in modifying these healthful behaviours.

The experts also recognize that as a complex chronic disease that is closely related to more than 200 downstream conditions, early intervention is critical in order to avoid unnecessary disease progression or the development of additional obesity related complications.

These medications are [endorsed by the World Health Organization for obesity management](#), approved by Health Canada for safety and efficacy and are supported by **high-quality evidence**:

<p><b>For weight loss and maintenance:</b></p> <ul style="list-style-type: none"><li>• <b>Tirzepatide 5/10/15 mg weekly</b> (Level 1a, very high certainty)</li><li>• <b>Semaglutide 2.4 mg weekly</b> (Level 1a, very high certainty)</li><li>• <b>Liraglutide 3.0 mg daily</b> (Level 2a, Moderate certainty)</li><li>• <b>Naltrexone/bupropion 16 mg/180 mg BID</b> (Level 2a, moderate certainty)</li><li>• <b>Orlistat 120 mg TID</b> (Level 2a, moderate certainty)</li></ul>	<p><b>For prevention of type 2 diabetes (T2DM) in people with overweight or obesity (BMI <math>\geq</math> 27 kg/m<sup>2</sup>):</b></p> <ul style="list-style-type: none"><li>• <b>Tirzepatide 5/10/15 mg weekly</b> (Level 2a moderate certainty)</li><li>• <b>Semaglutide 2.4 mg weekly</b> (Level 1a, very high certainty)</li><li>• <b>Liraglutide 3.0 mg daily</b> (Level 2a, moderate certainty)</li><li>• <b>Orlistat 120 mg TID</b> (Level 2a, moderate certainty)</li></ul>
<p><b>For people with T2DM (BMI <math>\geq</math> 27 kg/m<sup>2</sup>) to support weight loss and glycemic control:</b></p> <ul style="list-style-type: none"><li>• <b>Tirzepatide 5/10/15 mg weekly</b> (Level 1a, very high certainty)</li><li>• <b>Semaglutide 2.4 mg weekly</b> (Level 1a, very high certainty)</li><li>• <b>Liraglutide 3.0 mg daily</b> (Level 2a moderate certainty)</li></ul>	<p><b>For rare monogenic or syndromic obesity including Bardet-Biedl Syndrome, Pro-opiomelanocortin deficiency, Proprotein convertase subtilisin/kexin type-1 deficiency, Leptin receptor deficiency:</b></p> <ul style="list-style-type: none"><li>○ <b>Setmelanotide 3mg daily</b> (Level 2a, moderate certainty)</li></ul>



Obesity is a disease. Let's treat it that way.

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### **A Call to Action**

Obesity is **not a choice**, and its treatment should not be a privilege. The refusal to cover effective, evidence-based medications further marginalizes individuals living with this disease and increases long-term healthcare costs.

I respectfully request that [formulary/benefits provider] **reconsider its policy** and provide coverage for these medically necessary treatments. If a change is not possible at this time, I would appreciate a clear rationale for this decision. Thank you for your time and consideration.

**Sincerely,**



**Obesity is a disease. Let's treat it that way.**