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5/21/2024

Pharmacy and Therapeutics Committee  
Oregon State University  
500 Summer Street NE, E35  
Salem, Oregon 97301-1079

RE: June 6th P&T Committee Hearing - Drugs for Weight Loss Prior Authorization Update

The Obesity Action Coalition (OAC) appreciates the opportunity to comment on the Oregon State University Pharmacy and Therapeutics Committee hearing regarding the use of semaglutide (WEGOVY) in patients with cardiovascular (CV) disease who are affected by obesity. The OAC is a national non-profit organization dedicated to giving a voice to individuals affected by the disease of obesity.

We are pleased that the Oregon P&T committee will be considering prior authorization (PA) criteria to allow coverage of semaglutide (WEGOVY) for secondary prevention of major CV events. We commend the state for quickly moving to update existing coverage policies to align with advances in science and clinical standards. The revised prior authorization criteria should promote access to semaglutide consistent with the new indication for the use of Wegovy to reduce the risk of heart attack and stroke in those living with obesity who also have a history of heart disease.

The OAC proudly serves about 1,000 members living in Oregon and is backed by more than 85,000 members across the United States. We applaud this new indication, as it improves access to obesity care and updates state policies into alignment with advances in science and clinical standards. Throughout the past decades, the prevalence of obesity has skyrocketed across our country and in Oregon – with 31 percent of adults and more than 14.5 percent of children (ages 10-17) in the state currently affected by obesity. Approximately 42% of American adults are affected by obesity, a chronic disease that increases the risk for premature death and a variety of health problems, including heart attack and stroke.

Obesity is driven by strong biology, not by choice and is often the root cause and driver of other health complications. A 2023 report found that treating obesity can reduce diabetes (-8.9%), hypertension (2.3%), heart disease (-2.6%), cancer (-1.3%), and disability (-4.7%) over 10 years in private insurance coverage and Medicare. The same assumptions can also be applied to Medicaid and state employee health plans. (Benefits of Medicare Coverage for Weight Loss Drugs. By Alison Sexton Ward, PhD, Bryan Tysinger, PhD, PhuongGiang Nguyen, Dana Goldman, PhD and Darius Lakdawalla, PhD. USC Schaeffer, 2023.)

Obesity is a complex chronic disease that extends beyond individual lifestyle choices to encompass a broader landscape of social determinants and systemic factors, contributing significantly to health inequities. Disparities in obesity rates are often closely intertwined with socioeconomic status, geographic location, and access to resources. Individuals in marginalized communities may face barriers to affordable and nutritious food options, safe spaces for physical activity, and unequal access to qualified providers of quality healthcare. These structural inequities exacerbate the prevalence of obesity among vulnerable populations, leading to a cycle of poor health outcomes. Tackling obesity requires a comprehensive approach.

There are multiple evidence-based treatments for people with obesity that mitigate the impacts of the disease and improve health outcomes. Unfortunately, the present landscape of obesity treatment coverage remains piecemeal and laden with arbitrary hurdles to receive comprehensive care. For example, while Oregon Medicaid does provide coverage for nutritional counseling and intensive behavioral therapy as well as coverage for metabolic and bariatric surgery (with limitations), the plan does not offer coverage for FDA-approved obesity medications.

We respectfully request that in the near future, the P&T committee consider adding coverage of obesity medications which would reduce other Medicaid costs associated with the disease and ensure that state policies do not discriminate against individuals with obesity as compared to other highly prevalent health conditions.

Our country must acknowledge obesity for the chronic disease that it is and take steps to treat it in the same serious fashion as other chronic disease states such as diabetes and hypertension. We encourage the Oregon P&T committee to approve the prior authorization (PA) criteria to allow coverage of semaglutide (WEGOVY) for secondary prevention of major CV events. As a voice for people living with obesity, OAC looks forward to working with the state of Oregon to ensure all Medicaid recipients have access to comprehensive obesity care for this complex and chronic disease.

We would be happy to meet and share further information and perspectives of people living with obesity. Should you have questions or need additional information, please reach out to our Policy Advisor, Chris Gallagher at [chris@potomaccurrents.com](mailto:chris@potomaccurrents.com). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Nadglowski, Jr.", written in a cursive style.

Joseph Nadglowski, Jr.  
OAC President and CEO