

September 11, 2025

Commonwealth of Pennsylvania
Department of Human Services
Pharmacy and Therapeutics Committee
501 North 3rd Street
Harrisburg, PA 17120

Re: Do Not Change Medical Assistance Prior Authorization of GLP-1 Receptor Agonists for the Treatment of Obesity

Dear P&T Committee,

The undersigned organizations and medical leaders strive for those affected by the disease of obesity to have the right to access safe and effective evidence-based treatment options. We write to express concern about the proposed coverage changes in eligibility criteria for prior authorization for glucagon-like peptide-1 receptor agonists (GLP-1s) used to treat obesity in Medical Assistance in Pennsylvania. We disagree with the proposed prior authorization requirements that would require -

For the treatment of obesity, one of the following:

a) For beneficiaries 18 years of age and older, one of the following:

(i) A BMI greater than or equal to 40 kg/m²

(ii) Both of the following:

a. A BMI greater than or equal to 35 kg/m² and less than 40 kg/m²

b. The requested drug will be used in combination with optimized pharmacotherapy and/or medical management for at least one other weight-related comorbidity such as dyslipidemia, hypertension, type 2 diabetes, heart failure with preserved ejection fraction, metabolic dysfunction-associated steatohepatitis

b) For beneficiaries less than 18 years of age, a BMI in the 95th percentile or greater standardized for age and sex based on current Centers for Disease Control and Prevention (CDC) charts

Obesity is a complex chronic disease driven by strong biology, not by personal choice. The proposed BMI parameters of 40 kg/m² and 35 kg/m² in combination with at least one other weight-related comorbidity are not in alignment with multiple obesity medicine guidelines and standards of care, such as The Obesity Society, American Diabetes Association, Obesity Medicine Association and the Endocrine Society. Further the proposed prior authorization criteria do not align with the label indications for the FDA-approved class of obesity medications. We encourage the P&T Committee to keep the existing prior authorization requirements that are evidence based and in alignment with the current clinical standards.

People living with obesity have a right to FDA-approved medications and should not be subject to sub-standard healthcare. The proposed prior authorization update is misguided because treating obesity results in overall health care savings. A recent study of 17,209 adults with a baseline BMI of 30 were estimated to spend

7% less following the loss of 5% of BMI and 30% less following the loss of 25% of BMI.¹ These findings suggest that treating obesity is associated with lower health care spending. We must stop evaluating coverage of obesity care through a cost-only lens. Narrowly restricting coverage for GLP-1s for obesity does not contain spending to address the total cost of the drug class. Further, this approach is rooted in bias and is unethical. The goal of healthcare is not to save money but to improve the health and well-being of people. It is unacceptable to cut coverage of life-saving treatments for people living with one disease over another.

The undersigned organizations appreciate the opportunity to comment on the Pennsylvania P&T Committee proposed changes to prior authorization for GLP-1s, and strongly urge the state to follow the evidence and FDA-approved labels and indications in PA Medical Assistance coverage. We look forward to working with the Committee to share further evidence and the lived experience of people affected by obesity.

Please reach out with questions to Chris Gallagher at chris@potomaccurrents.com.

Sincerely,

The Pennsylvania Advocacy Group

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Obesity Action Coalition

American Diabetes Association

The Obesity Society

American Society for Metabolic and Bariatric Surgery

¹ Thorpe KE, Joski PJ. Estimated Reduction in Health Care Spending Associated With Weight Loss in Adults. *JAMA Netw Open*. 2024;7(12):e2449200. doi:10.1001/jamanetworkopen.2024.49200