



August 7, 2023

Mark F. Carroll, MD
Chief Medical Officer and Staff Vice President
Arizona Medicaid Plans

Re: Remove exclusion of medications used for weight loss treatment under section 310-V of the AHCCCS Medical Policy Manual

Dear Dr. Carroll,

On behalf of the Obesity Action Coalition (OAC) and the American Diabetes Association (ADA), we are pleased to provide comments to the Arizona Health Care Cost Containment System (AHCCCS) regarding its proposed updates to 310-V – Prescription Medications/Pharmacy Services surrounding medications used for weight loss treatment, also referred to as Food & Drug Administration (FDA) – approved anti-obesity medications (AOMs). Given our organizations' strong support for coverage of comprehensive person-centered obesity care, we urge AHCCCS to remove the exclusion of medications used for weight loss treatment/AOMs under section 310-V as proposed in the AHCCCS Medical Policy Manual. Exclusion of anti-obesity medications from Medicaid coverage would be contrary to the current clinical standards.

The Obesity Action Coalition (OAC) is the largest non-profit in the United States that provides education, support, and advocacy for people living with obesity. OAC is 80,000 members strong and has 2,103 members living in Arizona.

The ADA, the largest non-governmental organization that deals with the treatment and impact of diabetes, represents the 133 million individuals living with diabetes and prediabetes, and has more than 500,000 general members, 15,000 health professional members, and more than one million volunteers.

Obesity is a growing chronic disease in Arizona with more than 31% of the population living with the disease and another 36% with overweight. Altogether, that's 67% of people living in Arizona who experience overweight or obesity.¹

Obesity is a complex, multifactorial, common, serious, relapsing, and costly chronic disease that serves as a major risk factor for developing conditions such as heart disease, stroke, type 2 diabetes, renal disease, non-alcoholic steatohepatitis, and 13 types of cancer (which make up 40 percent of all cancers diagnosed).²

Obesity is a serious chronic disease that requires treatment and management just like diabetes, cancer, or high blood pressure. Obesity is not a matter of personal choice or moral deficiency.

¹ <https://www.obesityaction.org/wp-content/uploads/Arizona2023.pdf>

² Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/obesity/index>. Accessed April 26, 2023

Obesity is often the root cause and driver of other health complications. A recent 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.³ The same assumption may be applied to Medicaid programs.

The evidence is clear for AHCCCS to provide access to AOMs. Recent clinical guidelines recommend the comprehensive access to obesity treatment including the use of AOMs, such as the American Diabetes Association's 2023 Standards of Care⁴, the American Gastroenterological Association's obesity management guidelines for adults⁵, and the American Academy of Pediatrics new "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity."⁶

The Obesity Action Coalition has worked tirelessly to improve the world for people with obesity since its founding in 2005. OAC believes that all individuals should be treated with respect regardless of their weight or size, that those affected by the disease of obesity should have access to safe and effective treatment options in the same way that we treat other chronic diseases. Similarly, the American Diabetes Association, recognizes the strong link between obesity and type 2 diabetes. To help prevent diabetes, we need person-centered access to obesity treatment interventions. ADA strongly supports increasing access to the services and medications health care providers deem necessary for disease prevention and management among their patients.

For questions or requests for additional information, please contact OAC's Director of Policy Strategy & Alliances, Dr. Tracy Zvenyach, PhD, MS, RN, at tzvenyach@obesityaction.org. For ADA, please contact, Alexis Susdorf, at state48publicaffairs@gmail.com.

Sincerely,



Joe Nadglowski
President and CEO
Obesity Action Coalition



Alexis Susdorf
On behalf of the American Diabetes Association

³ 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.

⁴ American Diabetes Association. Diabetes Care 2022;45(Supplement_1):S113–S124. <https://doi.org/10.2337/dc22-S008>

⁵ American Gastroenterological Association. [https://www.gastrojournal.org/article/S0016-5085\(22\)01026-5/fulltext](https://www.gastrojournal.org/article/S0016-5085(22)01026-5/fulltext)

⁶ <https://www.aap.org/en/news-room/news-releases/aap/2023/american-academy-of-pediatrics-issues-its-first-comprehensive-guideline-on-evaluating-treating-children-and-adolescents-with-obesity/>