BSNL & DOT PENSIONERS ASSOCIATION (INDIA)

CENTRAL HEAD QUARTER, AHMEDABAD - 380 001.

(Registered under Indian Trade Union Act 1926. Regn No.G-6456)
(Affiliated to Bharat Pensioners Samaj, New Delhi)

410-A/411-A, Swaminarayan Avenue, Near A.E.C. Over Bridge, 132 ft. Ring Road, Naranpura, Ahmedabad - 380013.

Thomas John K
All India President

Dinesh D. Mistry
General Secretary

No:BDPA(I)/CGHS/REVIEW2026 Dated 30th July, 2026

To

Ms. Punya Salila Srivastava (IAS),
Room No. 156-A, Nirman Bhavan,
New Delhi – 110011
mosap-mohfw@gov.in

Subject: Representation seeking immediate review and modification of the restrictive CGHSL Guidelines governing administration of GLP-1 Receptor Agonists for beneficiaries suffering from uncontrolled Type-2 Diabetes Mellitus.
Ref: Your No. 1-360/18/19/CGHS/MSD(2740767/P)-Part(1611)/EHS(8354138)

Respected Sir/Madam,

We are constrained to submit this representation on your captioned Memorandum expressing our profound concern over the recently issued CGHS Guidelines regulating the prescription of **GLP-1 Receptor Agonists** to CGHS beneficiaries suffering from Type-2 Diabetes Mellitus.

The revised guidelines impose highly restrictive eligibility conditions, permitting these medicines only after a patient has already developed one or more serious complications such as established cardiovascular disease, chronic kidney disease, chronic liver disease or severe obstructive sleep apnoea.

This approach is contrary to the universally accepted principles of preventive and evidence-based medicine.

Medical literature and the recommendations of the **Indian Council of Medical Research (ICMR)** recognize GLP-1 Receptor Agonists not merely as glucose-lowering agents but as medicines capable of significantly reducing the risk of major cardiovascular events, slowing progression of chronic kidney disease, improving metabolic health and reducing mortality among vulnerable patients with uncontrolled Type-2 Diabetes Mellitus.

The very rationale behind prescribing these medicines is to prevent irreversible organ damage and life-threatening complications before they occur.

The revised CGHS guidelines, however, make the occurrence of these complications a pre-condition for treatment. Such a policy defeats the very objective of preventive healthcare. It effectively postpones scientifically recommended therapy until irreversible damage has already taken place, thereby depriving beneficiaries of the maximum therapeutic benefit.

It is pertinent to point out that the ICMR guidelines do not prescribe that patients must first develop cardiovascular disease, chronic kidney disease, chronic liver disease or severe obstructive sleep apnoea before becoming eligible for GLP-1 Receptor Agonist therapy. Instead, the emphasis is on identifying high-risk patients and initiating appropriate treatment at an early stage to prevent these complications.

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Medical science today has moved beyond treating complications after they develop. Modern diabetes management focuses on preventing disability, organ failure and premature death. Any policy inconsistent with this principle requires urgent reconsideration.

A substantial proportion of patients suffering from uncontrolled Type-2 Diabetes Mellitus belong to this high-risk category. Denial of timely access to evidence-based therapy is likely to result in increased incidence of cardiovascular events, renal failure, liver disease, repeated hospitalization, disability and avoidable mortality. Such outcomes would ultimately impose a much greater financial burden on the healthcare system than the cost of providing preventive treatment.

While we appreciate the Government's responsibility to ensure rational utilization of public resources, financial considerations cannot override accepted standards of clinical care where life-saving treatment is concerned. Every CGHS beneficiary has a legitimate expectation of receiving treatment based upon scientific evidence, nationally accepted clinical guidelines and established standards of medical practice.

We, therefore, respectfully request the Ministry to:

1. Immediately review and modify the restrictive provisions of the revised CGHS Guidelines relating to GLP-1 Receptor Agonists.
2. Reconstitute the eligibility criteria in consultation with experts in endocrinology, diabetology, cardiology and nephrology.
3. Bring the CGHS Guidelines in full conformity with the recommendations of the Indian Council of Medical Research and other accepted evidence-based clinical guidelines.
4. Permit treating specialists to prescribe GLP-1 Receptor Agonists on the basis of clinical indications and individualized patient assessment rather than insisting upon the prior development of irreversible complications.
5. Ensure that preventive healthcare remains the guiding principle of diabetes management under CGHS so that vulnerable beneficiaries receive timely treatment before the onset of life-threatening diseases.

The health and lives of lakhs of pensioners, senior citizens and other CGHS beneficiaries deserve the highest degree of protection. Preventive medicine has always been more humane, medically appropriate and economically prudent than treating irreversible complications after they occur.

We sincerely hope that the Ministry will examine this matter with the urgency it deserves and take immediate corrective action in the larger public interest.

With respectful regards,

Yours faithfully,

(D .D. MISTRY)
General Secretary.

Encl: One.

Copy to: Hon'ble Shri Jagat Prakash Nadda, Minister, Ministry of Health and Family Welfare, New Delhi.

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