

The State of Weight: Understanding New Treatment Options for Weight Management
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Do I Qualify for Anti-Obesity Medications (AOMs)?

- BMI over 30
- BMI over 27 with obesity related comorbidity, such as diabetes, sleep apnea, fatty liver arthritis and heart disease
- Insurance requirements for coverage may include diet and education. Some insurance providers require BMI > 40 for injectable meds.
- Senior Health plans do NOT cover AOMs. Exception is Wegovy for risk reduction with preexisting heart disease.

Does the Name Matter?

For example: insurance provider may cover Ozempic, but only for diabetics. Wegovy version may not be covered or may have strict criteria for approval.

Generic Name	Diabetic Version	Weight Loss Version
Liraglutide	Victoza	Saxenda
Semaglutide	Ozempic	Wegovy
Tirzepatide	Mounjaro	Zepbound

Wegovy and Zepbound Comparison vs Surgery

Wegovy (GLP)	Zepbound (GLP/GIP)	Surgical Weight Loss (at one year)
GLP hormone agonist	GLP and GIP hormone agonist	
16% mean weight loss at 68 weeks at top dose, 2.4 mg	21% mean weight loss at 72 weeks, at top dose, 15 mg	
36% of patients in study had lost more the 20% of starting body weight on top dose, at 2 year mark from start.	57% of patients in study lost more than 20% of starting body weight at top dose 26% mean weight loss with extended treatment at 88 weeks	Gastric bypass: 31% Sleeve Gastrectomy: 25% Lap Band: 14%

Compounding/Med Spas/ Weight Loss Clinics

- Generic forms allowed by FDA if medication shortage present
- High demand and cost of medication driving alternatives
- No FDA or regulatory review of products for safety, quality, and efficacy
- Peptide related impurities up to 33%. May stimulate an immune reaction
- Could contain too little, too much or no active ingredient at all, or harmful ingredients.
- Improper storage and transportation
- Unknown additives
- Use for cosmetic weight loss not indicated
- Not approved for patients under age 18
- Oral/sublingual versions of GLP are unproven for weight loss

Cost and Coverage

- Insurance coverage for AOMs is not universal
- Insurers are tightening criteria due to high cost and need for long term treatment with injectables
- Oral medications are very effective, and much more affordable
- Special programs can lower cost
- Medicare plans do not cover AOMs, with recent exception of Wegovy for preexisting heart disease risk reduction
- New indications for GLP's are coming. Sleep apnea and metabolic fatty liver treatment
- Oral versions of GLP for weight loss are in study and have promising results
- Newer medications on the horizon with increased competition may push prices down, overtime

Commonly Prescribed FDA Approved Medications for Obesity Treatment

	Formulations	Dosing	Mechanism of Action	Side Effects	Contraindications
Phentermine	8mg, 15mg, 37.5mg	1 tab qday (consider BID for 8mg) If used as a sole agent, for short term (3 months)	Sympathomimetic	Insomnia, elevated BP and HR, headache, dry mouth, restlessness, anxiety, constipation	Hyperthyroid, heart disease, uncontrolled HTN, MAOI use, narrow angle glaucoma, hx of drug abuse, use of other sympathomimetics, anxiety (caution)
Phentermine HCl/ Topiramate ER (Qsymia®)	3.75/23mg, 7.5/46mg, 11.25/69mg, 15/92mg	1 capsule qam Starting dose of 3.75/23mg qam x 2 weeks, then increase to 7.5/46mg	Sympathomimetic and GABA receptor modulator	Same as above plus drowsiness, dysgeusia, constipation, paresthesia, dizziness	Same as above plus hx of kidney stones (caution), avoid alcohol use Wean off when stopping
Naltrexone/ Bupropion (Contrave®)	8/90mg	2 tabs BID Starting dose of 1 tab qam with weekly titration upwards	Opioid antagonist and dopamine and norepinephrine reuptake inhibitor	Headache, nausea, dizziness, constipation or diarrhea, insomnia, dry mouth	Seizure disorders, uncontrolled HTN, anorexia or bulimia, drug or alcohol withdrawal, use of MAOI or opiates
Plenity™	0.75g/capsule	3 capsules BID before lunch and dinner	"Device," gel matrix of cellulose that provides volume and sensation of fullness	Bloating, gas, abdominal pain, diarrhea or constipation	Caution with active GI ulcer, GI tract scarring/structural abnormalities
Liraglutide (Saxenda®)	0.6mg, 1.2mg, 1.8mg, 2.4mg, 3mg	3mg SQ qday Starting dose of 0.6mg SQ qday with weekly titration upwards	Glucagon-like peptide-1 (GLP-1) receptor agonist	Nausea, vomiting, GI upset, fatigue, pancreatitis	Personal or fam hx of MEN 2, medullary thyroid cancer, pancreatitis
Semaglutide (Wegovy™)	0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg	2.4mg SQ weekly Starting dose of 0.25mg weekly	Glucagon-like peptide-1 (GLP-1) receptor agonist	Nausea, vomiting, diarrhea, constipation, HA, abdominal pain, fatigue, pancreatitis	Personal or fam hx of MEN 2, medullary thyroid cancer, pancreatitis
Tirzepatide (Zepbound™)	2.5mg, 5mg, 7.5mg, 10mg, 10mg, 12.5, 15mg	Starting does is 2.5mg weekly with monthly escalation Maintenance dosages are 5mg,10mg, & 15mg	Dual receptor agonist: Glucagon-like peptide-1 (GLP-1) and Glucose-dependent insulinotropic polypeptide	Nausea, vomiting, diarrhea, constipation, HA, abdominal pain, fatigue, pancreatitis	Personal or fam hx of MEN 2, medullary thyroid cancer, pancreatitis