

Obesity Management Medication: Use in Practice



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Disclosure Slide

Company

- Ethicon
- Boston Scientific
- American College of Surgeons

Relationship

- Consultant/Speaker
- Consultant/Speaker
- Site Surveyor

Obesity Management Medications

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Obesity Management Medication

- Created a New Market
- That it *Can't Fulfill*
 - Limitless Patients
(70% Americans Overweight or Obese)
 - Limited Supply
 - Poor Coverage
 - Costs are Excessive



Price of Semaglutide (Wegovy)

 CVS Pharmacy Closest store	\$1,590 retail Save 12%	\$1,391	Get free savings
 Meijer Pharmacy Lowest price	\$1,653 retail Save 19%	\$1,333	Get free savings
 Costco	\$1,544 retail Save 3%	\$1,498	Get free savings
 Walmart	\$1,620 retail Save 13%	\$1,407	Get free savings
 Jewel-Osco	\$1,659 retail Save 19%	\$1,346	Get free savings
 Target (CVS)	\$1,590 retail Save 12%	\$1,391	Get free savings

OMM- Coverage

- Estimated <25% Coverage
- Number *Decreasing!*
- **\$16,000/year**
- Insurance Companies and Businesses Removing WL Medications from Plans

Employer Health Insurance Coverage Dropping Weight-Loss Drugs Like They're Carbs



By [A.J. Firstman](#) on September 01, 2023



What Could New Anti-Obesity Drugs Mean for Medicare?

Tricia Neuman  and Juliette Cubanski 

May 18, 2023

- **\$13.6-26.8 Billion *Annually***
- ***We are starting to look even more Cost Effective!!!***

Patient Cost Savings?

- Cost Savings come from “Preventing heart attacks, joint surgeries and other expensive therapies”
- Indications at BMI of 30 will provide Limited Health Risk Reductions
- “Cost Savings from a Very Limited Group”
- ***Now we are starting to look Really Cheap!!!***

Where Will OMMs Go?

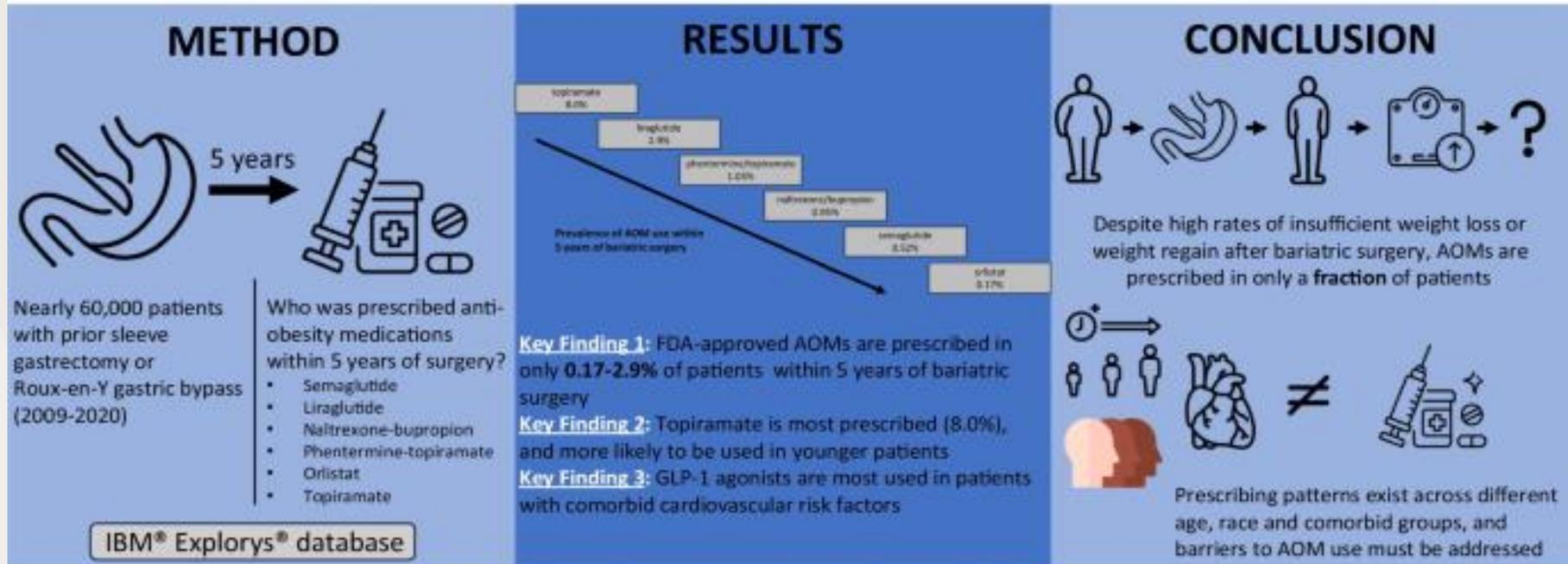
- Increased Awareness of Obesity
- Newer OMMs and More Competition
- Patient Demand and Social Pressure
- CMS Ability to Negotiate with Pharmaceutical Companies
 - US Pays Highest Drug Costs in the World
- All Meds go Generic.....

Approach to Obesity-Management Medications

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OMMs- An Underutilized Resource

Utilization of Anti-obesity Medications After Bariatric Surgery: Analysis of a Large National Database



Authors: Firkins SA, Chittajallu V, Yoo H, Flora B, Simons-Linares R
Obesity Surgery 2023 Sept
 DOI:



Inadequate Weight Loss after MBS

JAMA Surgery

RCT: Safety and Efficacy of Liraglutide, 3.0 mg, Once Daily vs Placebo in Patients With Poor Weight Loss Following Metabolic Surgery

POPULATION

18 Men,
52 Women



Adults ≥ 1 y after metabolic surgery with poor weight loss ($\leq 20\%$) and a suboptimal GLP-1 response

Mean age, 47.6 y

INTERVENTION

70 Patients randomized,
57 Analyzed



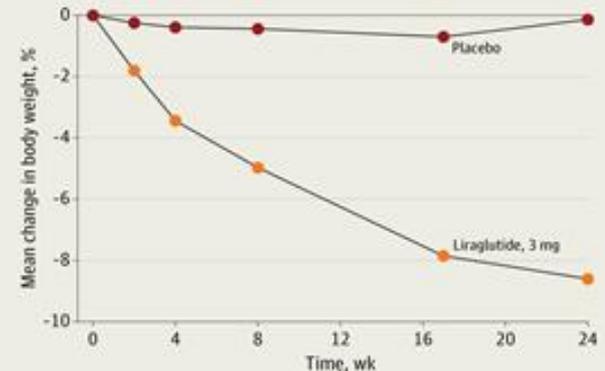
31 Liraglutide, 3.0 mg
Self-administration once daily of a subcutaneous injection of liraglutide, 3.0 mg, for 24 wk



26 Placebo
Self-administration once daily of placebo saline solution for the same period

FINDINGS

Liraglutide, 3.0 mg once daily, resulted in a significantly greater reduction in body weight from baseline to week 24 compared with placebo



Mean difference: -8.0%; 95% CI, -10.4 to -5.7; $P < .001$

SETTINGS / LOCATIONS



**2 Hospitals in
London, United
Kingdom**

PRIMARY OUTCOME

Change in percentage body weight from baseline to end of 24-wk study period

Mok J, Adeleke MO, Brown A, et al. Safety and efficacy of liraglutide, 3.0 mg, once daily vs placebo in patients with poor weight loss following metabolic surgery: the BARI-OPTIMISE randomized clinical trial. *JAMA Surg*. Published online July 26, 2023. doi:10.1001/jamasurg.2023.2930

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Disclaimer..

- VUMC- Academic Medical Center
- Surgical and Medical Weight Loss Share Office Location/Space
- Internal Referral
 - Often Not Used- 5 Month+ Long Wait List
 - Over 325 New Patients Seen per Month
- Multiple Mid-level Providers for Surgical Program
 - Medication Management
 - Surgeon Supervision

My Approach to OMMs

- Personal Evolution Over the Last Several Years
 - Surgery *or* Medication!
 - Medication 1 Year Post-op **if** Demonstrating Weight Recurrence **and** Good Dietary Behaviors
 - Now.....
 - Liberal Use of Medication
 - Post-op- Long Term or Short Term (6 Months at Earliest)
 - “Non-Responder”
 - “Inadequate-Responder”

My Approach to OMMs

- Coverage is Limiting Factor
- Preop Weight Loss
 - BMI 70+
 - Try to Get to BMI of 65
- Post-op
 - Typically Consider at 6 Months
 - Dietary Behavior
- ***Medication will not Overcome Poor Behaviors!***

The OMM Reality

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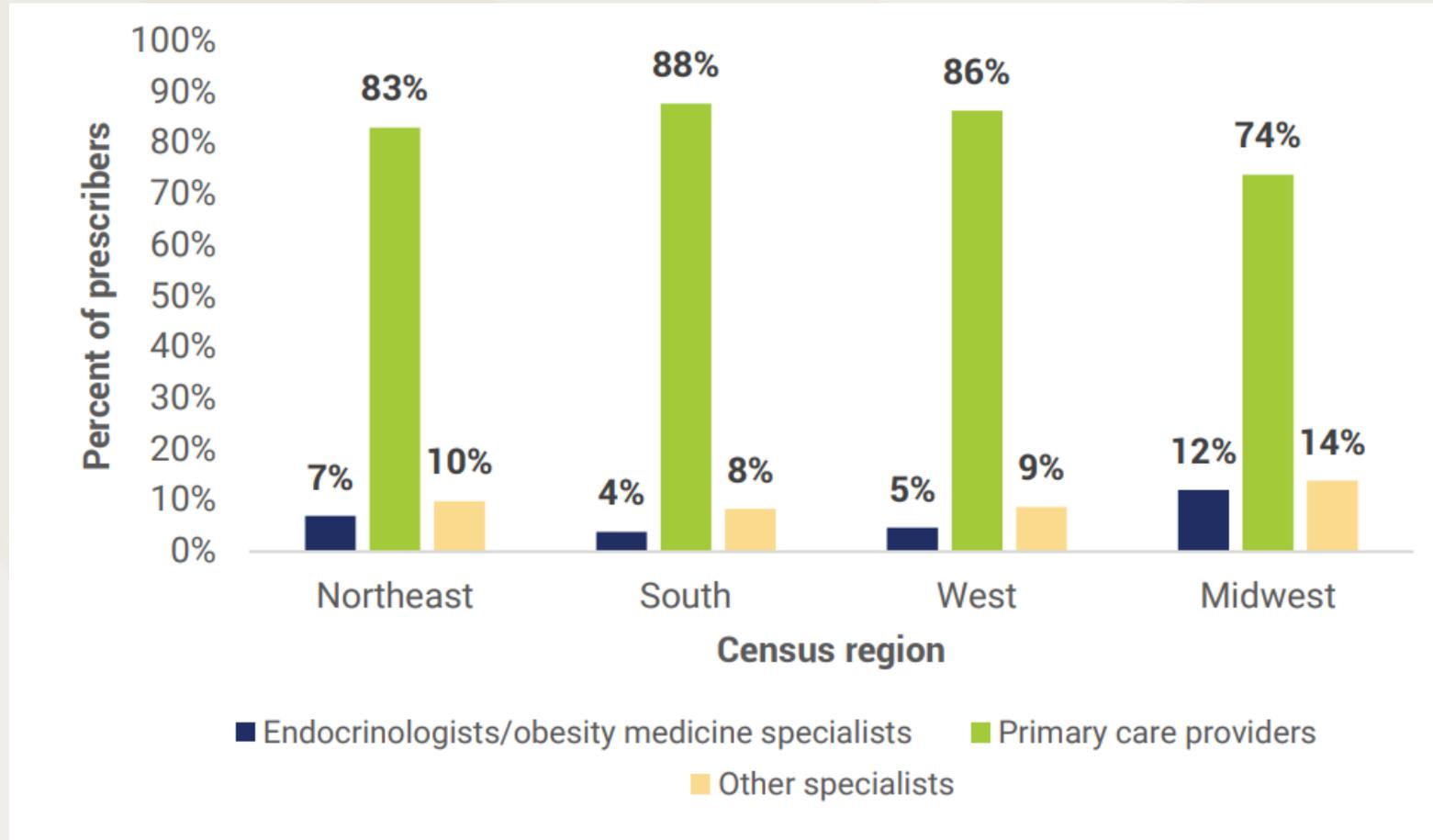
The Common Reality.....



Obesity Management Medications

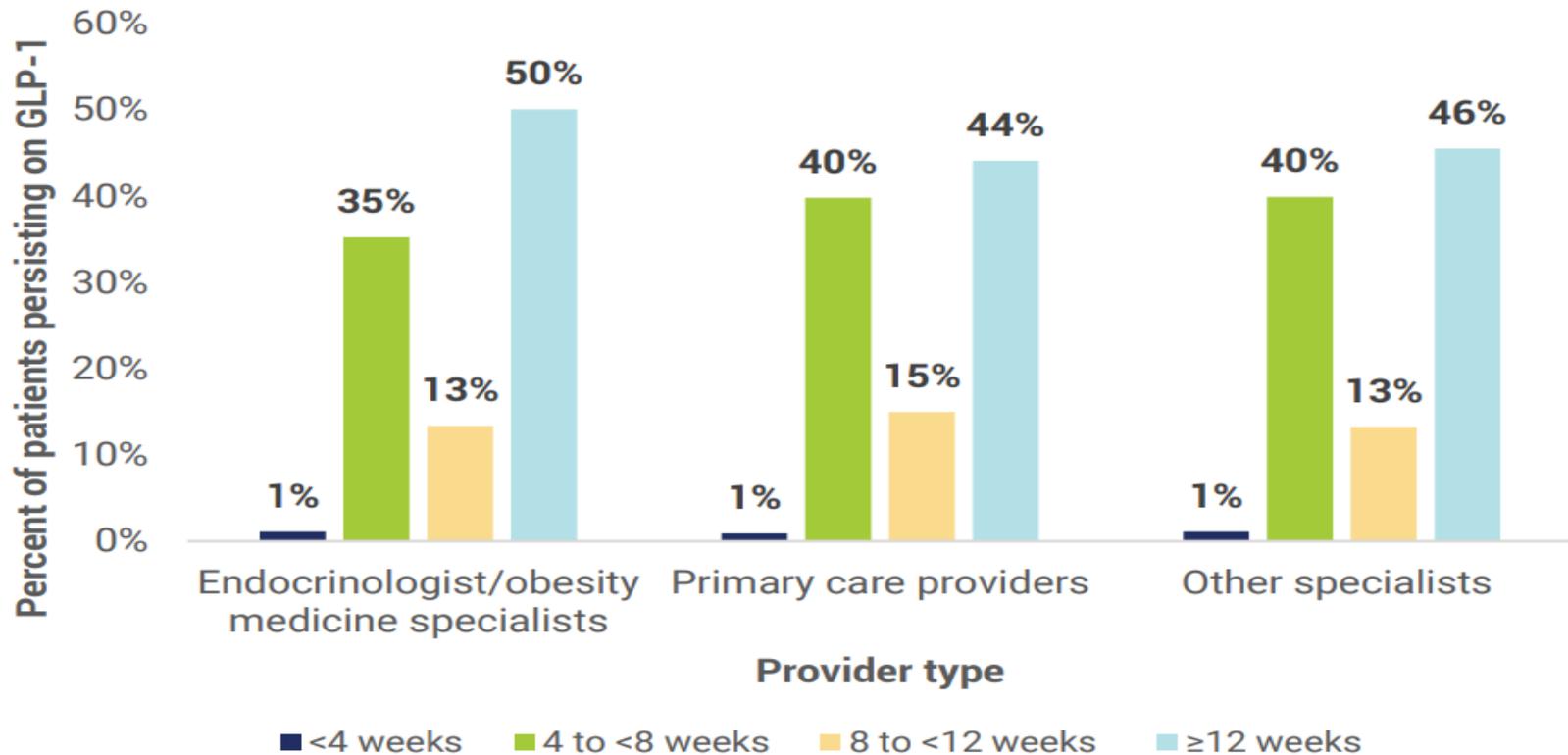
- Coverage Decreasing
 - Costs
 - Efficacy
 - Side Effects
- Numerous State and Health System Plans Have Eliminated GLP-1s from Coverage Plan
- BC/BS Summary

GLP-1 Prescriptions by Physician Type



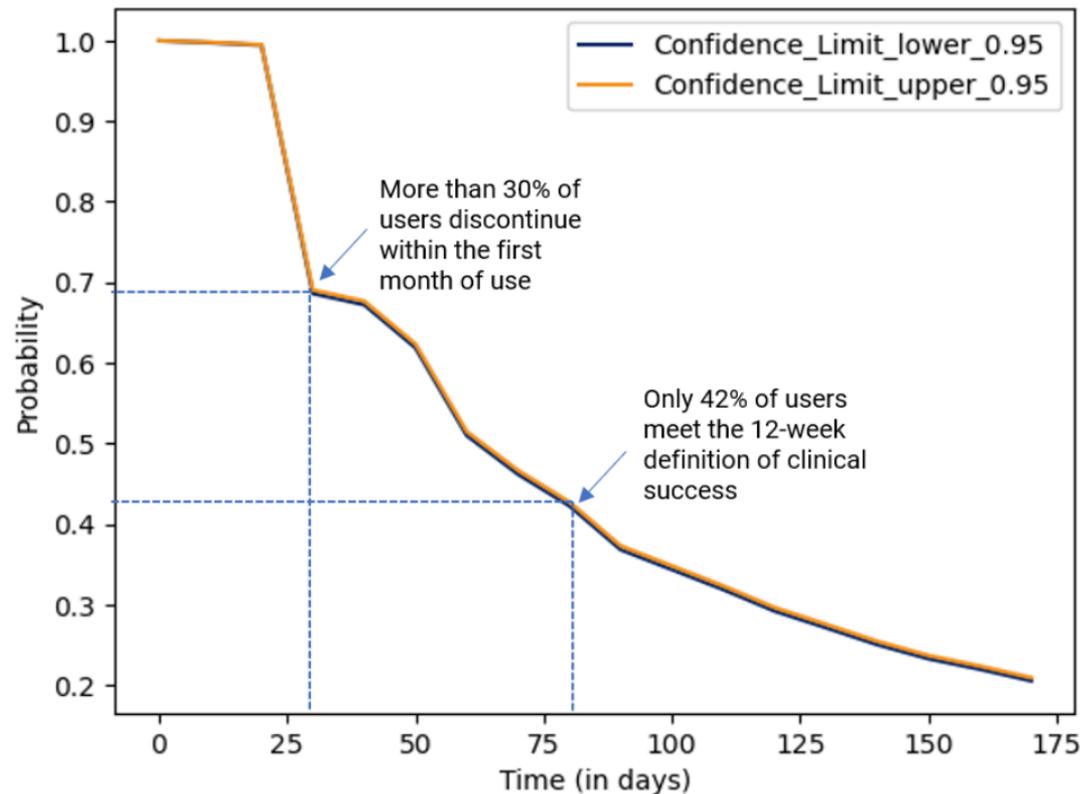
Duration of Treatment

Figure 4: Weight management GLP-1 persistence by prescribing provider specialty.



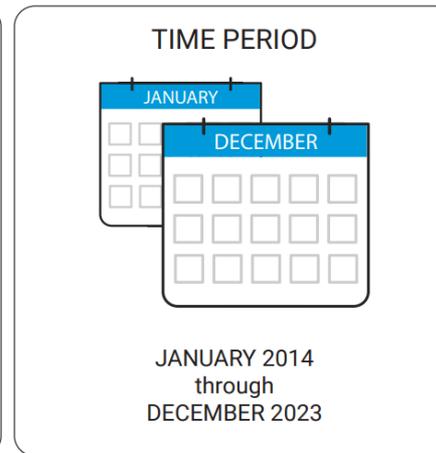
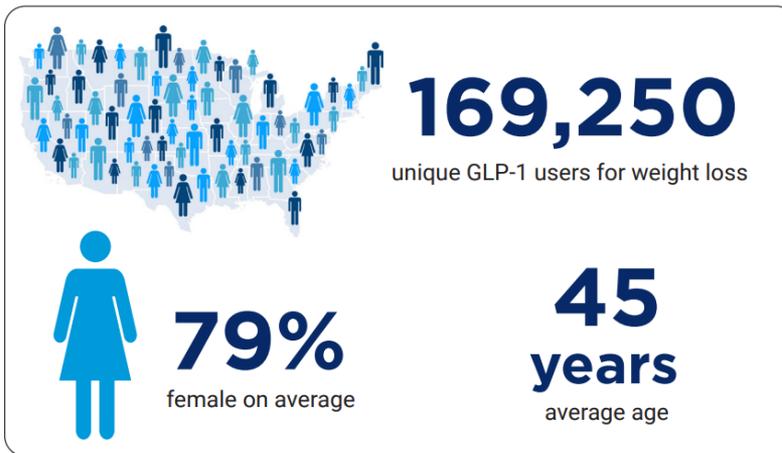
Discontinuation of Medications

Figure 5: Overall time to treatment discontinuation in GLP-1 users for weight management.



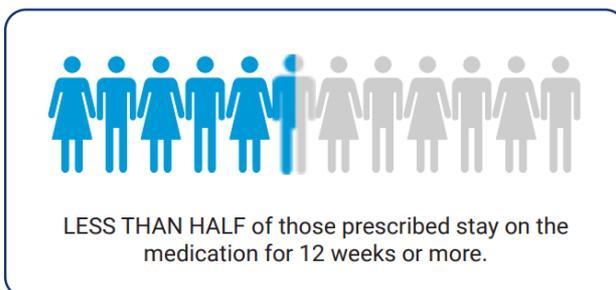
The probability of staying on a GLP-1 drug drops drastically between zero and six weeks. These individuals are not on a GLP-1 long enough to see a clinically meaningful benefit.

GLP-1 Medication for Weight Loss: Profile of Users and Prescribers



Majority of GLP-1 prescriptions for weight loss were provided by PRIMARY CARE PROVIDERS over endocrinologists or obesity medicine specialists.

GLP-1 Medication Persistence: Factors Affecting Discontinuation



Those who receive their medication from an endocrinologist or obesity medicine specialist were MORE LIKELY to continue longer.

Gender DID NOT impact 12-week discontinuation rate.

Members with the highest barriers to care were LEAST likely to continue medication.

AGE

18 to 34

Younger adults were LESS likely to continue on the drug.

Vanderbilt University Employee Program

- Numerous “Bundles” for Episodes of Care
 - Knee Replacement
 - Cardiac Surgery
- Surgical Bundle
- Medical Weight Loss Bundle

Top Priority: Right Patient-Right Therapy

- MWL bundle data shows a large number of patients seeking medical therapies with BMI>45
- Current process → : Patients are choosing medical vs. surgical
- Data from the bundle demonstrates that over time, patients see average weight change from 9-11%; whereas surgical patients see an average of 28%
- Patients with higher BMI are better candidates for surgery.

VUMC Medical WL Bundle Data:

Starting BMI Group	Episodes	Starting BMI	Average Latest BMI	Average % Weight Change at 6 Months	Average % Weight Change at 12 Months	Average Latest % Weight Change
BMI 30-34.9	98	34.06	30.44	-8.87%	-11.80%	-9.72%
BMI 35-39.9	501	37.35	32.64	-9.24%	-13.35%	-11.50%
BMI 40-44.9	253	42.33	37.16	-8.50%	-13.88%	-11.59%
BMI 45-49.9	146	47.17	41.32	-8.03%	-12.73%	-11.84%
BMI 50+	112	55.86	50.37	-6.75%	-11.77%	-9.32%

VUMC Surgical WL Bundle Data:

Episodes	Average % Weight Change at 6 Months	Average % Weight Change at 12 Months	Average Latest % Weight Change
334	-23.22%	-28.94%	-27.97%

Vanderbilt Weight Loss Bundle

- VUMC: 40,000+ Employees
- Vanderbilt University: 11,000 Employees
- County School System ?

- Expenditures of **\$20-25 Million** per Year

**8/13/24- Decision to
“*Sunset*” MWL Bundle**

Conclusion

- The Reality of OMMs are Becoming Clear
- Update the Indications for Effective Use?
- Majority of New Bariatric Patients have tried OMM
- Bariatric Surgery has a Bright Future!

An aerial photograph of the Vanderbilt University Medical Center campus. The image shows several large, multi-story brick buildings with extensive glass windows. In the foreground, there is a paved plaza with a brick pattern, a few people walking, and a person on a bicycle. Lush green trees are scattered throughout the scene. The sky is blue with scattered white clouds. Large white text is overlaid on the image.

Thank you!

Questions?
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Nashville- Music City!

