

BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

November 2023

The following succinct analysis appeared in *Pharmacist's Letter*. Based on vol. 37. No. 8

OBESITY & WEIGHT LOSS

New Rx Wegovy for weight loss will hit your pharmacy shelves.

It's injectable semaglutide...the same GLP-1 agonist as injectable *Ozempic* or oral *Rybelsus* for type 2 diabetes.

Explain that *Wegovy* starts at the same 0.25 mg weekly dose as *Ozempic*...but titrates to 2.4 mg. *Ozempic* maxes out at 1 mg weekly.

Using *Wegovy* 2.4 mg weekly for about a year leads to roughly 10% to 12% more weight loss than with placebo, or 20 lb for a 200 lb patient.

This is about double the weight loss with daily *Saxenda* (liraglutide), the other GLP-1 agonist for obesity...and similar to *Qsymia* (phentermine/topiramate ER). Other Rx meds lead to less weight loss.

Educate that GI side effects are common with *Wegovy*. But most patients can tolerate it if titrated appropriately...over 16 weeks.

Balance this against downsides of other weight loss meds. For example, *Qsymia* has a REMS program due to the risk of birth defects.

Point out that weight loss meds often aren't covered by payers. *Wegovy* or *Saxenda* costs about \$1,400/month...versus \$200/month for *Qsymia*.

Continue to emphasize lifestyle changes BEFORE weight loss meds.

Don't jump to discussing meds unless patients have a BMI of 30 or more...or 27 or more plus a weight-related condition (diabetes, etc).

Lean toward *Wegovy* if a GLP-1 agonist is preferred for weight loss.

But advise stopping the med if 2.4 mg/week isn't tolerated...or patients don't lose 5% of their body weight after 12 weeks at this dose.

Expect long-term use for patients who are successful.

Don't recommend combining *Wegovy* with other weight loss meds...due to lack of evidence. And avoid combining it with other GLP-1 agonists... or DPP-4 inhibitors (*Januvia*, etc), which work similarly.

Compare options in our chart, *Weight Loss Products*. And get our toolbox, *Weight Loss: Helping Your Overweight Patients*, for advice on suggested diets, physical activity, and helping patients reach goals.

(For more on this topic, see Clinical Resource #370802 at PharmacistsLetter.com.)

Wilding JPH, Batterham RL, Calanna S, et al. Once-weekly semaglutide in adults with overweight or obesity. *N Engl J Med* 2021;384:989.

See LEADER NOTES for answers to discussion questions.

DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. What is known about medications for weight loss?

ANALYSIS OF NEW GUIDELINE

2. What type of study was this? How were the patients selected for inclusion?

3. How were the stud groups defined?

4. How were the outcomes evaluated?

See [LEADER NOTES](#) for answers to discussion questions.

5. What were the outcomes of this trial?

6. What were the strengths and weaknesses of this trial?

7. Were the results expressed in terms we care about and can use?

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

8. Do the results change your practice? How?

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

TW is a 38-year-old female who presents to you as a new patient for concerns over weight gain. She reports a weight gain of 40 lb over the last 18 months. Her BMI is 43 today. She has 2 small children at home and often eats “kid-friendly” meals that she acknowledges may not be the healthiest choices. She does not do any regular exercise.

See [LEADER NOTES](#) for answers to discussion questions.

9. What behavioral modifications can you recommend for TW?

You discuss options to reduce calorie intake and also reinforce the importance of regular exercise. You suggest ways TW can incorporate her children in exercise, as well as tips for cooking lower-calorie yet “kid-friendly” meals.

TW is willing to focus on improving her diet and exercise. But she feels overwhelmed with the amount of weight she needs to lose and asks if a medication could help her “kick-start” her weight loss.

10. Is TW a candidate for a weight loss medication?

You advise TW that she meets the criteria for a weight loss medication. However, you discuss that surgery is also an option for her based on her BMI.

TW does not want to pursue weight loss surgery at this time, as she is concerned about the recovery time due to having small kids at home to care for. She would like to discuss weight loss medication options instead.

11. What are some pharmacotherapy options for weight loss to discuss with TW?

You discuss various medication options with TW and she would like to start phentermine/topiramate if her insurance will cover it. You discuss the need for TW to continue contraception and take a monthly pregnancy test while on phentermine/topiramate due to the risk of congenital malformations.

You ask TW to follow up with you in a month to assess medication side effects and her progress with weight loss.

See [LEADER NOTES](#) for answers to discussion questions.

REFERENCES

Davies M, Faerch L, Jeppesen OK, et al. Semaglutide 2.4 mg once a week in adults with overweight or obesity, and type 2 diabetes (STEP 2): a randomised, double-blind, double-dummy, placebo-controlled, phase 3 trial. *Lancet* 2021;397:971-84.

Endocrine Society. Clinical Practice Guideline. Pharmacological Management of Obesity Guideline Resources. February 19, 2016. <https://www.endocrine.org/clinical-practice-guidelines/pharmacological-management-of-obesity#1>. (Accessed July 26, 2021).

Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract* 2016;22(Suppl3):1-203.

Pi-Sunyer X, Astrup A, Fujioka K, et al. A randomized, controlled trial of 3.0 mg of liraglutide in weight management. *N Engl J Med* 2015;373:11-22.

Rubino D, Abrahamsson N, Davies M, et al. Effect of continued weekly subcutaneous semaglutide vs placebo on weight loss maintenance in adults with overweight or obesity: the STEP 4 randomized clinical trial. *JAMA* 2021;325:1414-25.

Wadden TA, Bailey TS, Billings LK, et al. Effect of subcutaneous semaglutide vs placebo as an adjunct to intensive behavioral therapy on body weight in adults with overweight or obesity: the STEP 3 randomized clinical trial. *JAMA* 2021;325:1403-13.

Wilding JPH, Batterham RL, Calanna S, et al. Once-weekly semaglutide in adults with overweight or obesity. *N Engl J Med* 2021;384:989.

Additional Pharmacist's Letter Resources available at [PharmacistsLetter.com](https://www.pharmacistsletter.com)

Toolbox, Weight Loss: Helping Your Overweight and Obese Patients. *Pharmacist's Letter/Prescriber's Letter*. May 2021.

Chart, Weight Loss Products. *Pharmacist's Letter/Prescriber's Letter*. January 2021.

Chart, Comparison of GLP-1 Agonists. *Pharmacist's Letter/Prescriber's Letter*. August 2019.

Chart, Combination Therapy with a GLP-1 Agonist. *Pharmacist's Letter/Prescriber's Letter*. July 2018.

FAQ, Prediabetes FAQs. *Pharmacist's Letter/Prescriber's Letter*. March 2021.

Chart, Type 2 Diabetes in Children. *Pharmacist's Letter/Prescriber's Letter*. October 2019.

Chart, Drugs for Type 2 Diabetes. *Pharmacist's Letter/Prescriber's Letter*. December 2020.

Toolbox, Improving Diabetes Outcomes. *Pharmacist's Letter/Prescriber's Letter*. March 2019.

Pharmacist's Letter Journal Club Editors:

Lori Dickerson, PharmD, FCCP, *Editor*; Jennifer Nieman, PharmD, BCPS, *Associate Editor*; Alpa Desai, DO, Department of Community Health & Family Medicine, University of Florida, College of Medicine, Newbury, FL; Lisa D. Mims, MD, Department of Family Medicine, Medical University of South Carolina, Charleston, SC, *Contributing Editors*.

DISCLOSURE:

The editors of this activity and its publisher, Therapeutic Research Center (TRC), have no relevant financial interests related to the products or services covered by this activity. TRC does not receive any commercial support and does not accept any advertising. It is completely independent and is supported entirely by subscriptions. TRC focuses on delivering completely objective, unbiased drug information and advice for the benefit of subscribers.

See **LEADER NOTES** for answers to discussion questions.