

Could this be the “1-2 Punch” for weight loss success? GLP-1 Medications and Comprehensive Lifestyle Intervention Programming

“2023, the year of the GLP!”

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Conflict of Interest



We do not have any conflicts of interest to disclose.

Objectives



- Review GLP-1 medications and their growing use nationwide.
- Briefly describe the components of comprehensive lifestyle intervention programs.
- Discuss how Medical Fitness facilities can leverage their clinical expertise and resources to compete in a growing weight loss market.

Resources can be found at the end of the presentation slide deck.

Presentation Overview- Get Excited...



Susan will give us the GLP-1
“low-down.”

Raina will discuss
programming considerations.

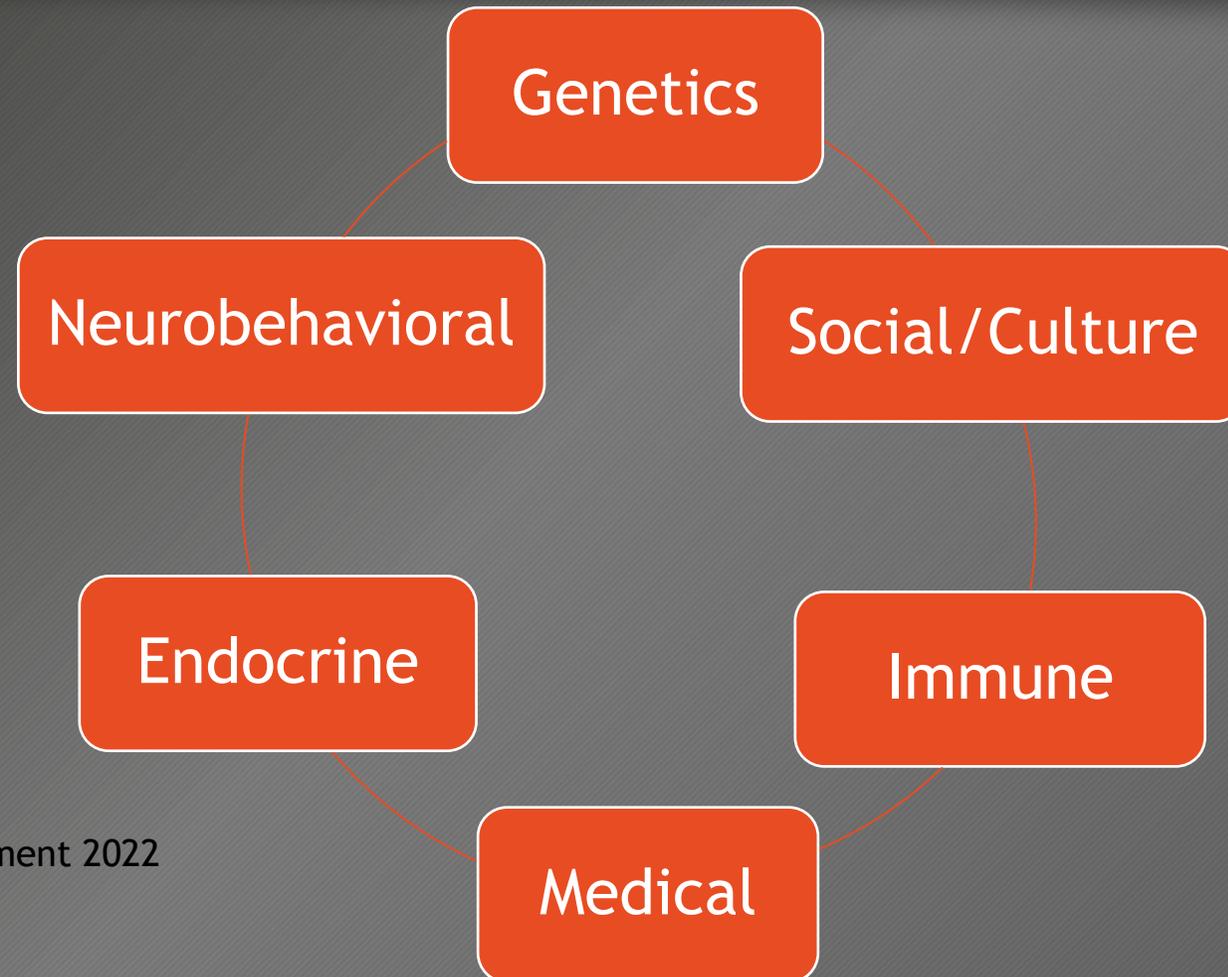
Wrap with an Example and
Questions.

Obesity Definition



- Obesity Medicine Association (OMA)
 - “ Obesity is a chronic, progressive, relapsing, and treatable multifactorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biochemical, and psychosocial health consequences.”
 - 2013 American Medical Association-(AMA) - designated obesity as a chronic disease

Obesity is a Multifactorial Disease



Weight Management Treatment-Individualized



- Nutritional Intervention
- Physical Activity
- Behavior therapy
- Anti-Obesity Medications (AOM)
- Bariatric Procedures

Classification of Obesity



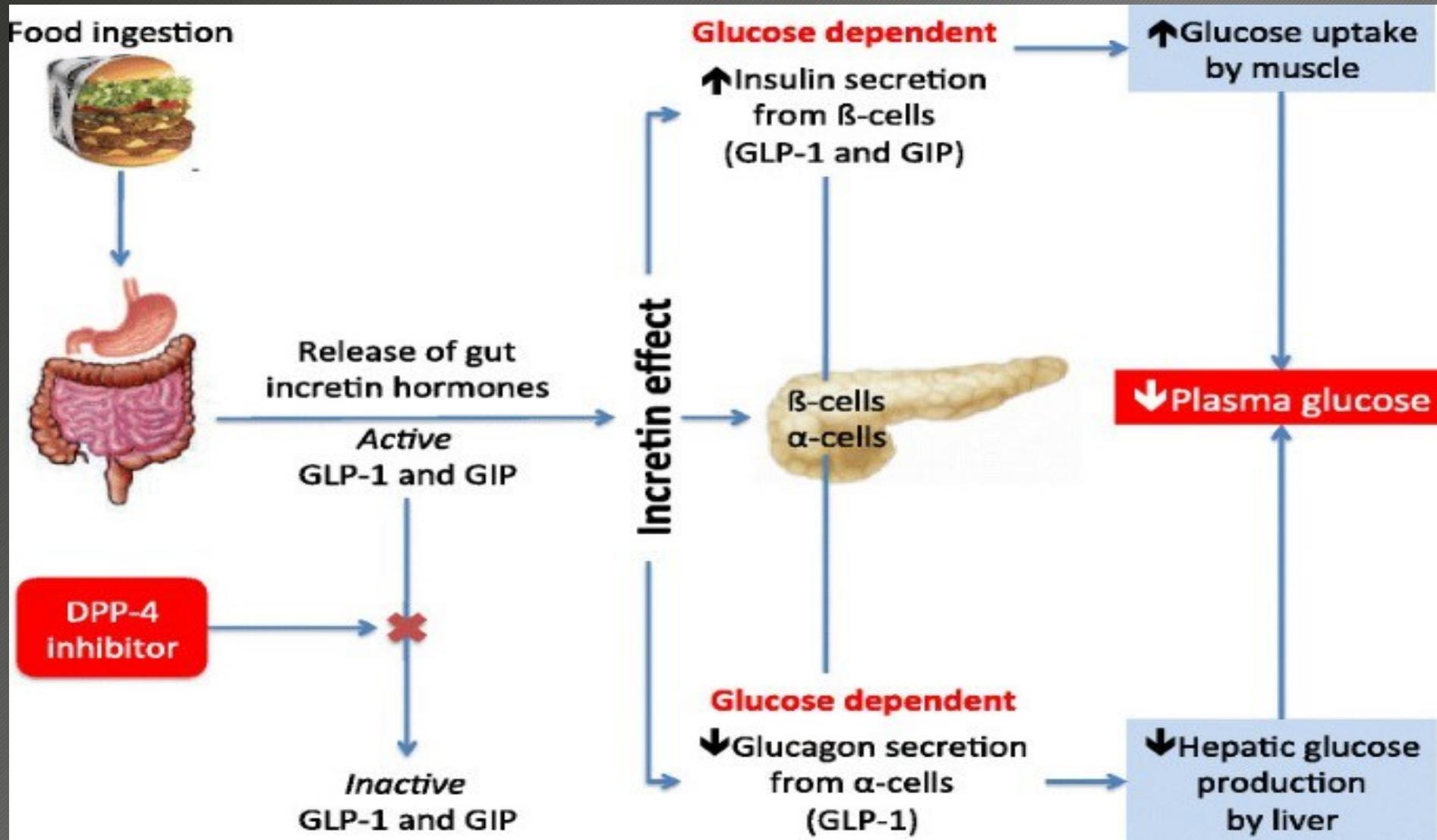
Classification	BMI (kg/m ²)	Recommended Therapy
Normal Weight	18.5-24.9	Healthy Lifestyle
Overweight	25-29.9	Lifestyle therapy and AOM for BMI greater than or equal to 27 kg/m ² and (weight related comorbidity- hypertension, diabetes, dyslipidemia, coronary artery disease, or obstructive sleep apnea)
Class 1	30 to <35 kg/m ²	Lifestyle therapy and AOM
Class 2	35 to <40 kg/m ²	Lifestyle therapy and AOM
Class 3	>40 kg/m ²	Lifestyle therapy and AOM

Long Term- Newer Agents

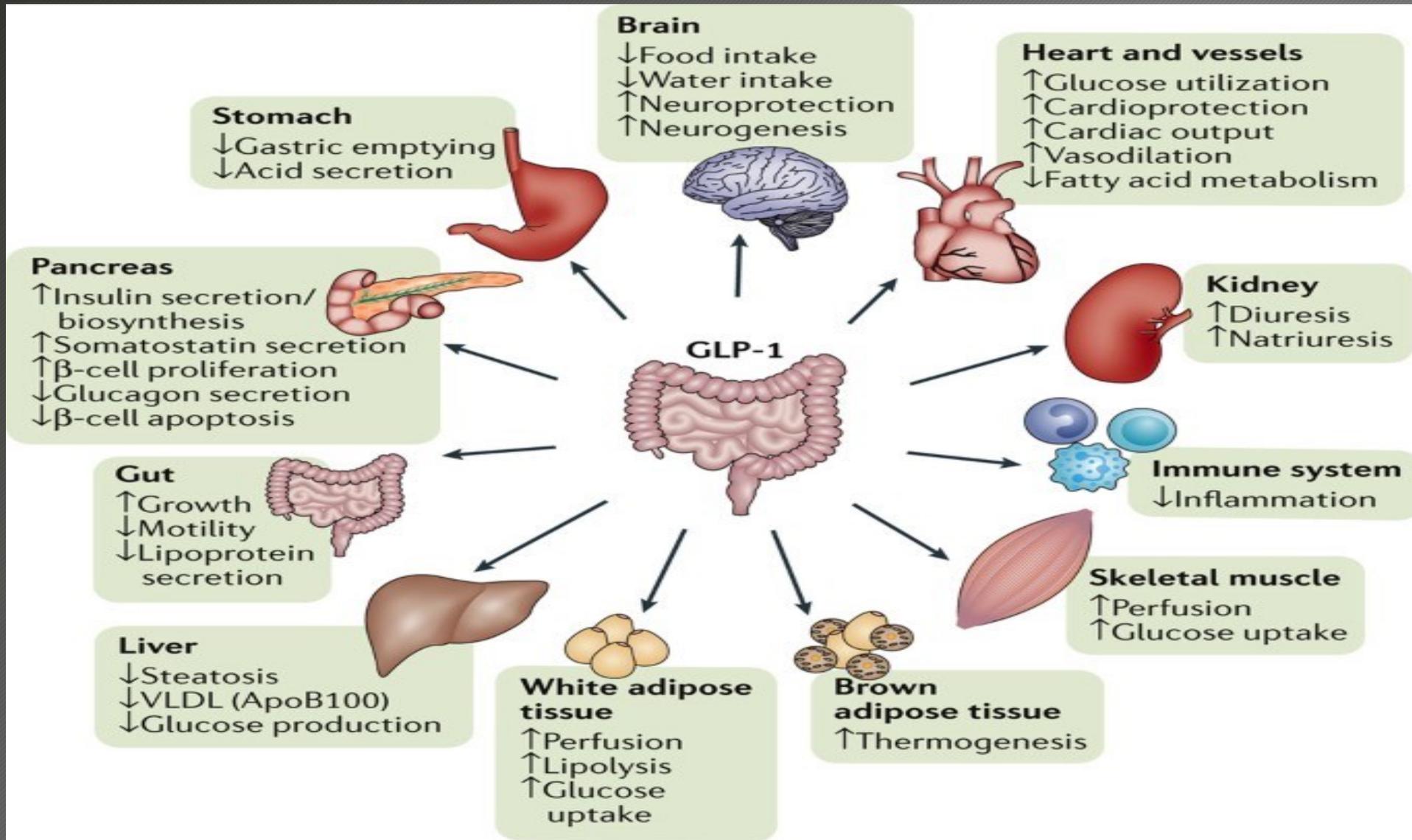


- Glucagon-Like Peptide-1 (GLP-1 Agonist)
- Glucose- Dependent Insulinotropic Polypeptide (GIP) / Glucagon-Like Peptide-1 (GLP-1 Agonist)
- Approved first to treat diabetes mellitus (DM)
- Delay gastric emptying and promotes satiety

Natural GLP-1 at Work in the Body



GLP-1 Medications at Work in the Body



Liraglutide (GLP-1 Agonist)



Saxenda (AOM)
Victoza (T2DM)

Dosing:

- Saxenda SQ Daily titrate weekly to max dose of 3 mg
- Victoza (T2DM) SQ Daily max dose 1.8 mg

Side effects: nausea, vomiting, diarrhea, acute pancreatitis, Thyroid C-cell tumors

Weight loss: ~
12 pounds year

Cost (AWP):

Saxenda: \$1618.82 month supply
Victoza \$1340.17 month supply

Semaglutide (GLP-1 Agonist)



Wegovy (AOM)
Ozempic (T2DM)
Rybelsus (T2DM)

Dosing: Wegovy SQ QW max dose 2.4mg
Ozempic SQ QW max dose 2 mg
Rybelsus oral QD max dose 14 mg

Side effects: nausea, vomiting, diarrhea, acute pancreatitis, Thyroid C-cell tumors

Weight loss: ~ 33 pounds year

Cost (AWP):
Wegovy \$1618.82 month supply
Ozempic \$1122.92 month supply

Glucagon-Like Peptide (GLP-1) Receptor Agonist/ Glucagon-Dependent Insulinotropic Polypeptide (GIP)



Tirzepatide-
Mounjaro (T2DM)
October 2022 FDA
fast track obesity

Dosing: QW (max
dose: 15 mg/week)
SQ

Side effects: nausea,
vomiting, diarrhea,
acute pancreatitis,
Thyroid C-cell
tumors

Weight loss: ~ 40
pounds year

Cost (AWP):
\$1227.65 month
supply

Too Good to Be True???



- Cost/Insurance coverage
- Insurance providers are re-evaluating the coverage of these medications due to rising costs.
- No long-term data on obesity patients
- Nationwide shortages
- Many new drugs in the FDA pipeline

Key AOM Takeaways



- Obesity is a multifactorial disease with manifestations unique to the individual patient (One size does not fit all).
- Lifestyle change is still part of the foundational recommendations for when the GLP-1 medications are used.
- When selecting pharmacotherapy for weight control consideration must be given to the individual's comorbidities, potential for adverse effects, drug interactions, cost, and insurance coverage.

GLP-1 Explosion > New Fervor



Yes, medication is a “tool” in a comprehensive approach to successful long-term weight loss, but it is creating exciting momentum.

- With the explosion of GLP-1 use for weight loss, a large population has entered or re-entered the weight loss market.
- Are we as practitioners and healthcare organizations positioned to meet the needs of these individuals?
- What components of strong programming should be considered to increase individuals’ chances of long-term success in health improvement?

Program Considerations



- What does “comprehensive” mean? Self-determination theory and building self-efficacy.
- Typically, comprehensive, lifestyle approaches include content emphasizing:
 - Physical Activity
 - Nutrition
 - Stress Management
 - Sleep Quality
 - Social Connection
 - Mindset
 - Limiting/Avoiding Risky Substances
 - Medical Monitoring

Program Considerations Continued



- How long should the program last? Goal: 1 year
- What are existing and potential new referral channels?
- What are strategies for extended engagement? (Selling the need for time)
- What is the mode of program delivery? (FTF, Virtual, Hybrid, 1:1, group)
- Possible team members: Fitness professionals, RDs, Mental Health Practitioners, Pharmacists, Health Coaches, Nurses and Primary care providers, Massage therapists, Physical therapists, EAP programs and more.
- Are all team members generally knowledgeable about GLP-/GIP medications?

Why Medical Fitness?



- A “health home.” - We need connection (especially when we are doing tough stuff) and post-pandemic.
- Numerous health specialties under one roof.
- Highly qualified, credentialed team members.
- Retail-minded, customer service-focused, responsive.
- Community focused.
- Goals around retention and long-term success.
- Connected to the medical community at large.

Perfect World Example: (Winky Face!)



Let your mind and your team GO! Think engaging, resource-tapping, self-directed, relationship-building, creative, and fun programming. Knock down silos and collaborate to create unique experiences that will change lives.

MJ sees PCP and is started on Wegovy. Prescription in EMR triggers referral to comprehensive program at MFC. MJ goes to pick up prescription and receives “rack card” with QR code for program information.



MFC team follows up with MJ after receiving referral. MJ views/attends info session (pre-recorded video, FTF or 1:1 appt.) She says YES!



MJ comes to MFC to complete initial assessments (fitness, stress, sleep, body comp, nutrition, meal plan options, substances, mindset (some may be completed online) and based on results, helps to design her own program.

MJ begins weekly group Foundation program for a monthly repetitive rate (she uses her FSA), and then selects which included “a-la-carte” services she would like to have between sessions (PT, mental health, RD, health coaching, massage, smoking cessation, gym access.) Yes, your POS system can do this.



After completing the Foundation program, she has access to an ongoing program that may have bi-weekly or monthly contact with MFC program team and participants. She also “unlocks” access to more services or discounted services from the “a-la-carte” menu (cooking classes, meal prep services, spa services, etc.).

MJ has relationships with the MFC team. Her health and weight have improved, and her new lifestyle behaviors are becoming more cemented every week. She has repeated assessments and has seen change. She has had support through the ups and downs of her journey. With or without her GLP-1, she feels better and is healthier. Goal: 1 year of intentional connection to MFC center and team!

Her outcome data is tracked internally by MFC (fitness improvement, body comp, gym attendance/participation) and through EMR data (labs, weight, BP, medication reduction, PCP visits). *Maybe these two sources can even communicate with each other.*

Thank you!



Thinking outside the box for program creation, collaborating, tracking outcome data, and listening to client feedback is key.

Any Questions?

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Abbreviations



- **ADA:** American Diabetes Association
- **AMA:** American Medical Association
- **AOM:** Anti-Obesity Medications
- **BMI:** Body Mass Index
- **GLP-1:** Glucagon-Like Peptide-1
- **GIP:** Glucagon-Dependent Insulinotropic Polypeptide
- **PO:** oral
- **SQ:** subcutaneous
- **QD:** once daily
- **QW:** once weekly
- **BID:** twice daily
- **AWP:** average wholesale price
- **T2DM:** Type 2 Diabetes Mellitus
- **GI:** gastrointestinal

Resources



- “7 ways health plans are containing weight loss drug costs,” Becker’s Healthcare.

<https://www.beckerspayer.com/payer/7-ways-health-plans-are-containing-weight-loss-drug-costs.html>

- Institute of Lifestyle Medicine: <https://www.instituteoflifestylemedicine.org/>
- American College of Lifestyle Medicine: <https://lifestylemedicine.org/>
- Dr. Alia Crum (Stanford Lifestyle Medicine): <https://longevity.stanford.edu/lifestyle/lifestyle-team/crum-bio/>
- 60 MINUTES segment with Dr. Fatima Cody Johnson “ Treating Obesity as a Disease”: <https://www.youtube.com/watch?v=uaYLApCdKBo>
- American Academy of Pediatrics (AAP)- 2022
- American Gastroenterological Association (AGA)- 2022

Resources



- American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE) 2016
- American College of Cardiology (ACC)/ American Heart Association (AHA)/The Obesity Society (TOS) - 2013
- <https://www.novocare.com/wegovy/savings-card.html>
- <https://www.novocare.com/obesity/products/saxenda.html>
- <https://www.mounjaro.com/savings-resources>
- <https://www.ashp.org/drug-shortages/current-shortages>
- <https://www.pbs.org/newshour/show/study-shows-costly-weight-loss-drug-may-also-cut-risks-of-heart-attacks>