

APPROPRIATE PRESCRIBING FOR WEIGHT LOSS AND OBESITY

WHAT ARE THE TREATMENT OPTIONS FOR OBESITY?

Obesity affects approximately 500 million adults globally and obesity rates are increasing. While lifestyle interventions such as diet, exercise, and behavioral modifications are first-line approaches to weight loss, The Obesity Society, the Endocrine Society, and the American Association of Clinical Endocrinologists recommend the use of anti-obesity medication for individuals with BMI ≥ 30 kg/m² or BMI ≥ 27 kg/m² with comorbidities.¹ Current Food and Drug Administration (FDA) approved long-term anti-obesity medications include: Orlistat (Alli[®], Xenical[®]), phentermine-topiramate (Qsymia[®]), bupropion-naltrexone (Contrave[®]), liraglutide (Saxenda[®]), semaglutide (Wegovy[®]), and tirzepatide (Zepbound[®]).

UTILIZING FDA LABELED INDICATIONS FOR MEDICATION SELECTION

Certain anti-diabetic medications such as oral Rybelsus[®], injectable Victoza[®], Ozempic[®] (GLP-1 receptor agonists) and Mounjaro[®] (combination GLP-1 receptor agonist and GIP receptor agonist) are sometimes prescribed off label for weight loss. While these agents may support weight loss, none of them have an FDA approved indication for chronic weight management.²⁻⁵

Wegovy[®], Saxenda[®], (GLP-1 receptor agonist), and Zepbound[®] (combination GLP-1 receptor agonist and GIP receptor agonist) are drugs with an FDA approved indication for chronic weight management. While these medications are on Highmark's formulary for commercial members with the included benefit, there are specific criteria that must be met before coverage is approved for anti-obesity medications. The criteria includes documentation of one or more weight-related comorbidity, member age of 12 years or older (Saxenda[®] or Wegovy[®]) or 18 years of age or older (Zepbound[®]), chronic weight management utilization, and documentation that the member is using in conjunction with healthy lifestyle modifications including a reduced calorie diet and exercise.⁶

HOW CAN APPROPRIATE PRESCRIBING HELP MY PRACTICE?

Avoiding the off label prescribing of Diabetes medications for weight loss alone may lead to increases in quality scores and potential financial incentives, as patients are not erroneously placed within the following diabetic quality measures:

Comprehensive Diabetes Care

- Eye Exam (retinal) Performed (QNO2.4)
- HbA1c Control ($\leq 9\%$) (QN36)
- Kidney Health Evaluation for Patients with Diabetes (DMC14)

Other Measures Impacted

- Medication Adherence for Diabetes Medication (QN39)
- Statin Use in Persons with Diabetes (QN69)

The guidance, best practices, and guidelines (referred to as "best practices") provided to you are presented for your consideration and assessment only. They were selected from among best practices published by various associations and organizations or discussed in studies and articles on the subject. Please assess whether the described best practices are appropriate for you. There are no requirements that you use the best practices, and the best practices are not required for any Highmark program or initiative. Please note that the successful implementation of any program or initiative depends upon many factors and variables. Therefore, Highmark makes no representation with respect to the described best practices and whether the practices will positively impact your reimbursement, value-based payment or performance under a Highmark program or initiative.

The best practices are not intended to situate Highmark as a provider of medical services or dictate the diagnosis, care or treatment of patients. Your medical judgment remains independent with respect to all medically necessary care to your patients.

The information provided is general information only and not intended to address specific circumstances; and the provision of such information does not constitute endorsement of any specific third-party vendor.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield. All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

WHAT ADDITIONAL BENEFITS ARE PROVIDED TO THE PATIENT?

Providers can further assist patients whose primary goal is weight loss by utilizing the higher doses available in the anti-obesity medications. While there are no head to head trials comparing weight loss of Victoza® to Saxenda® and Ozempic® to Wegovy®, the ability to intensify the dose of anti-obesity medications beyond the maximum dose of anti-diabetic medications, may allow patients to reach a greater than 5% total body weight loss. Of note, there is no difference in the highest doses available of Zepbound® and Mounjaro®.⁵⁻⁶

Maximum Dose	Victoza® Vs. Saxenda®		Ozempic® Vs. Wegovy®	
	1.8mg	3mg	2mg	2.4mg

PRESCRIBING IN THE FACE OF SUPPLY SHORTAGES

There has been an ongoing issue of limited supply impacting GLP-1 medication availability, specifically with initiation doses of Wegovy® (semaglutide). Both the FDA and the manufacturer of Wegovy® (semaglutide), have issued statements urging prescribers to explore alternative strategies such as changing to another GLP-1 agonist indicated for anti-obesity management, or prescribing another medication class for weight loss until adequate supply can be established.⁷⁻⁸

To transition patients from a once-weekly injectable GLP-1 to a once daily regimen, the new GLP-1 should be initiated the following week, with the first dose aligning with the same day of the week as their last dose of the previous regimen.

To transition patients between once-weekly injectable GLP-1 medications, patients can immediately start at an equivalent dose of the new GLP-1 anti-obesity medication or at a lower dose and titrate up to the maximally tolerated dose.

There are no current guidelines on dosage equivalencies between Wegovy®, Saxenda®, and Zepbound®. However, previous trial data for patients with Diabetes were utilized to create the dosage recommendations shown below⁹⁻¹¹:

Tirzepatide vs. Semaglutide Results baseline to 40 weeks ¹¹	Tirzepatide 5mg	Tirzepatide 10mg	Tirzepatide 15mg	Semaglutide 1mg
Change in Body Weight from baseline	-7.6kg	-9.3kg	-11.2kg	-5.7kg

Agent	Frequency	Equivalent Dose(mg)									
		0.6	1.2	1.8-3	*	*	*	*	*	*	*
Saxenda®	Daily	0.6	1.2	1.8-3	*	*	*	*	*	*	*
Wegovy®	Weekly		0.25	0.5	1	1.7 -2.4*		*	*	*	*
Zepbound®	Weekly			2.5-5			7.5	10	12.5	15	

*No comparative trial data available for higher doses of Saxenda®, Wegovy®, or Zepbound®.

REFERENCES

1. Liraglutide (Victoza) [package insert]. Bagsvaerd, Denmark; Novo Nordisk A/S; Revised 01/2010.
2. Rybelsus (semaglutide) [package insert]. Bagsvaerd, Denmark; Novo Nordisk A/S; Revised 06/2022.
3. Ozempic (semaglutide) [package insert]. Bagsvaerd, Denmark; Novo Nordisk A/S; Revised 03/2022.
4. Wegovy (semaglutide) [package insert]. Bagsvaerd, Denmark; Novo Nordisk A/S; Revised 06/2017.
5. Mounjaro (tirzepatide) [package insert]. Indianapolis, USA; Eli Lilly; Revised 05/2022.
6. Zepbound (tirzepatide) [package insert]. Indianapolis, USA; Eli Lilly; Revised 11/2023.
7. Collins S. Semaglutide shortage gives rise to unauthorized product. *Pharmacy Today*. Aug 2023;29(8):34.
8. Medications Containing Semaglutide Marketed for Type 2 Diabetes or Weight Loss. *FDA*. Published online May 31, 2023.
<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/medications-containing-semaglutide-marketed-type-2-diabetes-or-weight-loss>
9. Almandoz JP, Lingvay I, Morales J, et al. Switching between glucagon-like peptide-1 receptor agonists: rationale and practical guidance. *Clin Diabetes*. 2020 Oct;38(4):390-402.
10. VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives. Semaglutide (WEGOVY) subcutaneous injection conversion guidance for weight management February 2023.
11. Frias JP, Davies MP, Rosenstock J., et al. Tirzepatide versus Semaglutide Once Weekly in Patients with Type 2 Diabetes. *N Engl J Med*. 2021;385(6):503-515. doi:10.1056/NEJMoa2107519