

# **Obesity Medicines**

**What's the importance of insurance benefits for medications?**

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**\*No conflicts of interest to disclose**

# So what about surgery?

- Bariatric surgery, while useful for some, has risks of complications
  - Poor healing
  - Surgery complications
  - Complications stemming from comorbidities leading to poor healing or exacerbation of other health issues; many may not be surgical candidates
  - Malnutrition and poor absorption of vitamins and nutrients
  - Not always physiologic
  - Downtime with lost wages for recovery

# What else is in our toolbox?

## Classes of medicines

- SGLT-2 medicines
  - Sodium/glucose cotransporter 2
- GLP-1
  - Glucagon like peptide 1
  - SELECT Trial just published this weekend - 19% reduction in all cause mortality for non-diabetic patients taking semaglutide
- GIP
  - Gastric inhibitory polypeptide

# ACTUAL PRACTICE

- 2 practices and 2 providers - MD and a nurse practitioner
- At the obgyn practice alone we have had 3109 weight loss visits in the last 23 months
  - One patient with pancreatitis, hospitalized and recovered
  - Most common side effects nausea and constipation both alleviated by over the counter supplements
    - Small number require prescription antiemetic medication
    - Minimized by appropriate dietary and intake counseling
- NO severe adverse reactions



**46 yo female, morbid obesity, hypertension, hypothyroidism, hypercholesterolemia, asthma, sleep apnea, joint pain**

6/15/20 260 lbs BMI 43.3

Started daily liraglutide

Lisinopril 20mg, Synthroid 175mcg, Lipitor 40mg, Advair and albuterol inhalers daily, CPAP,  
Hydrocodone 5mg prn

6/11/21 238.2 lbs BMI 39.6

Started weekly semaglutide titrated up to 2.4mg

Lisinopril 20mg, Synthroid 150mcg, Lipitor 40mg, Advair and albuterol inhalers daily, CPAP

6/20/22 175.6 lbs BMI 29.2

Continued weekly 2.4mg semaglutide

Synthroid 100mcg, Albuterol inhaler prn

6/16/23 158.8 lbs BMI 26.4

Maintenance dosage of weekly 1mg semaglutide, q3mo follow up

Synthroid 75mcg

9/29/23 160.4 lbs BMI 26.7

# J.W.

**62yo female with morbid obesity, sleep apnea, type II DM, hypercholesterolemia, hypothyroidism, anxiety and depression, history of drug abuse**

2/28/22 261lbs BMI 44.8

Started weekly semaglutide with starting hemoglobin A1c of 7.8 (avg. blood sugar of 200)

CPAP recommended, previously on Metformin 1000mg BID, Lipitor 40mg, Levothyroxine 200mcg, Venlafaxine 75mg, Xanax 0.5mg BID-TID, Methadone

Poor compliance with Metformin due to abdominal pain and diarrhea

6/2/22 243.8 BMI 41.8

Transitioned to weekly tirzepatide

Lipitor 40mg Levothyroxine 200mcg, Venlafaxine 75mg, Xanax 0.5mg BID, Methadone

2/10/23 192lbs BMI 33

Continued on weekly tirzepatide

Levothyroxine 125mcg, Venlafaxine 75mg, Xanax 0.5mg prn, Methadone

9/28/23 182 lbs BMI 31.2

Insurance no longer covering tirzepatide

Transition back to weekly semaglutide

Levothyroxine 125mcg, Venlafaxine 75mg, Xanax 0.5mg prn, Methadone

**S.H.**

**44yo female with morbid obesity, prediabetes**

12/30/21 244.6 lbs BMI 42.6

Started phentermine 37.5mg daily

Had lost 70lbs previously with phentermine but gained weight back when discontinuing medication

3/8/22 229 lbs BMI 39.9

Discontinued phentermine 37.5mg daily after 3 months of recommended use

9/1/22 241.6 lbs BMI 42.1

Started weekly tirzepatide

6/22/23 160 lbs BMI 27.9

Lost coverage for tirzepatide

Started weekly semaglutide

11/10/23 145 lbs BMI 25.3



# T.A.

**48yo female, morbid obesity, sleep apnea, hypercholesterolemia, insulin resistance**

5/5/21 293 lbs BMI 57.2

Started daily liraglutide

Previously on metformin 500mg TID, CPAP, Lipitor 40mg

8/18/21 241 lbs BMI 47

Started weekly semaglutide

CPAP, Lipitor 40mg

6/14/22 169 lbs BMI 33

Semaglutide no longer covered under Municipal health plan

No other medications or CPAP

12/19/22 190 lbs BMI 37.1

Started Phentermine 37.5mg

Resumed metformin 500mg TID



**We need to do better and provide better benefits for our patients and employees. This is not a laziness problem. This is an issue of underlying metabolic disease (insulin resistance) that is causing obesity, a disease process itself. If a patient has hypertension or high cholesterol we may try lifestyle modification for 3-6 months, but when that doesn't work we place them on medication. Why are we withholding medication that we know works safely? Why are we making people who have struggled with obesity for their entire lives jump through hoops to get the care they deserve?**

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**We'd like to open the floor to questions at this time.**