

Improving Clinical Practice: Academic Detailing to Support Weight Management

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Conflict of Interest Disclosure

- Dr. Maisha Draves has no relevant financial or conflict of interest disclosures



POLL:

What's the first thing that comes to mind when you hear about weight management drugs such as Ozempic and Wegovy (GLP-1 drugs)?

- **Boston Participants:**

  We'll have you either:

  - Take 30 seconds to chat with each other
  - Then we'll have you share on the mic!

- **Virtual Participants:**

  - You'll type in the chatbox and we'll call out answers!

Over 40% of adults in the U.S. are obese

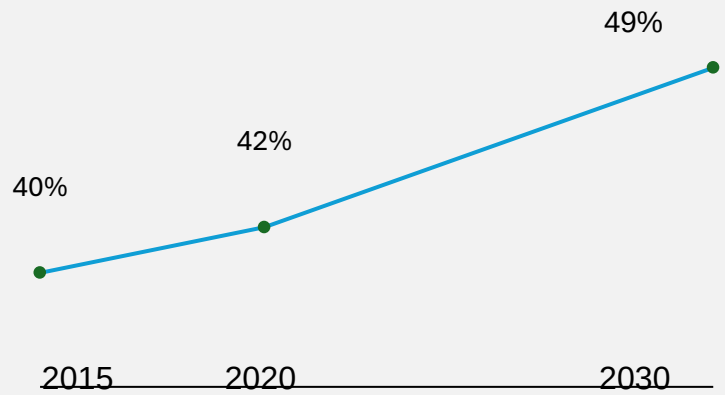
Obesity

- Complex, long-term disease characterized by excessive body fat such that it poses serious health risks
- Body mass index ≥30 kg/m^2

Contributing Factors

- Health behaviors
- Stress
- Health conditions
- Medications
- Environment
- Genes

Prevalence of Obesity Among U.S. Adults



Source: U.S. Centers for Disease Control and Prevention

Complications of obesity include:

- Type 2 diabetes
- Hypertension
- Dyslipidemia
- Heart disease
- Obstructive Sleep Apnea
- Osteoarthritis

A Holistic Approach to Healthy Lifestyles

Supporting healthy weight management is just one component of the comprehensive approach to promoting healthy lifestyle behaviors.

- **Prevention**
- **Diagnosis**
- **Treatment**
- **Maintenance**

Additional resources:

Bariatric surgery

- Metabolic and bariatric surgery preparation and support may include wellness coaching or workshops

Medical Weight Management Program*

- Virtual and in-person meetings
- Includes meal replacements and medical supervision

Eating disorder treatment

- Focuses include medical stability, stress management, and balanced eating
- Intensive outpatient program for those with moderate to severe anorexia or bulimia

*Tracked in member's electronic health record.

360-degree care Through a variety of solutions like counseling, nutrition education, exercise support, and digital tools to support health goals at home, patients are encouraged to learn and build sustainable habits for a long, healthy life.

GLP-1 medications have a long history

Glucagon-like peptide-1 receptor agonists, also known as GLP-1s, are critical and effective medications to manage type 2 diabetes and weight reduction.

1980s

A study reports the discovery of GLP-1 and its role in blood sugar.

2005

First GLP-1 medication (exenatide) for type 2 diabetes is approved by the US Food and Drug Administration (FDA).

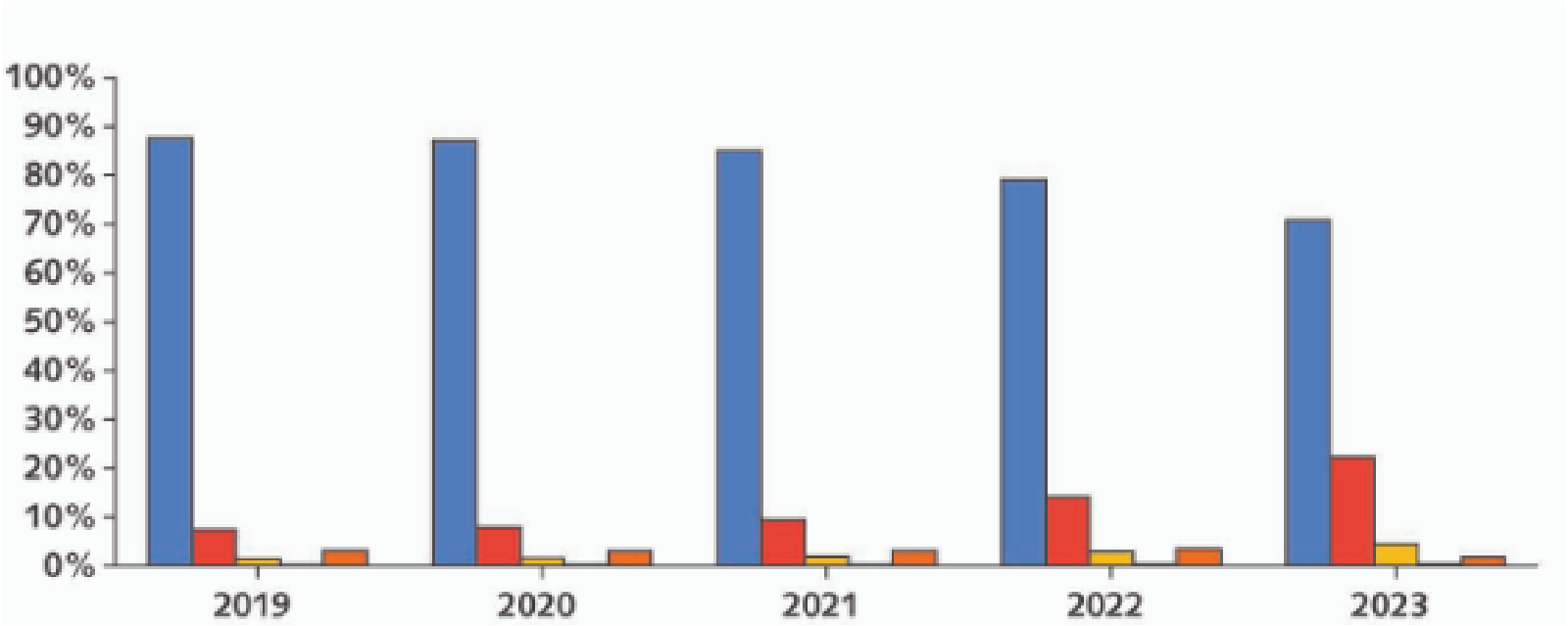
2014

First GLP-1 medication (liraglutide) for weight loss is approved by the FDA.

2017

Semaglutide is approved by the FDA for type 2 diabetes.

GLP-1 in Diabetes, Obesity, and Future Outlook



By 2030, **49%** of US adults are expected to be obese and **14%** are expected to be diabetic.[1]

In 2023, there were **85** anti-obesity medications in phase II – III trials, including oral medications.

By 2030, it's projected that this will become a **$100 billion** GLP-1 market with **30 million** U.S. users.[2]

Yee Hui Yeo, et al. Shifting Trends in the Indication of Glucagon-like Peptide-1 Receptor Agonist Prescriptions: A Nationwide Analysis. *Ann Intern Med.*2024;177:1289-1291.
1. cdc.gov, accessed April 7, 2023. **2.** JP Morgan Global Research.

GLP-1 and GIP/GLP-1 Agonists: Expanding Indications

GLP-1 use will expand beyond diabetes and obesity as new indications become FDA approved

Indication	Drug	2024	2025	2026
MACE with Obesity	semaglutide/Wegovy	FDA approved 3/2024		
Obesity with Obstructive Sleep Apnea	tirzepatide/Zepbound	FDA approval expected 12/2024		2026+ (Wegovy)
HFpEF with Obesity with/without DM	semaglutide/Wegovy tirzepatide/Zepbound		Possible FDA approval mid-late 2025	
MASH	semaglutide/Wegovy		Possible FDA accelerated approval by Sept 2025	

DM = type 2 diabetes; GLP-1 = glucagon-like peptide-1; GIP = glucose-dependent insulinotropic polypeptide; HFpEF = heart failure with preserved ejection fraction; MACE = major adverse cardiovascular events; MASH/NASH = metabolic dysfunction-associated steatohepatitis/nonalcoholic steatohepatitis

Evolving Safety Data in GLP-1RA Landscape

Research Letter

FREE

October 5, 2023

Risk of Gastrointestinal Adverse Events Associated With Glucagon-Like Peptide-1 Receptor Agonists for Weight Loss

Mohit Sodhi, MSc[1]; Ramin Rezaeian

Author Affiliations | Article Info

JAMA. 2023;330(18):1795-1797. doi

Newer safety signals for gastroparesis, ileus, or intestinal blockage

American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

Long-term safety of exenatide

- 2005: FDA approved for type 2 diabetes
- 2020: Label update for drug-induced immune-mediated thrombocytopenia
- 2022: Label update for acute gallbladder disease

Medical News & Perspectives

As Semaglutide's Popularity Soars, Rare but Serious Adverse Effects Are Emerging

Kate Ruder, MSJ

Safety Considerations

- GI effects >70% of semaglutide study participants, commonly led to **treatment discontinuation**
- **Intestinal blockage** and delayed gastric emptying; cases of regurgitation, pulmonary aspiration during general anesthesia
- **Suicidal ideation** under FDA and EMA investigation
- **Risk for cancer varies** (e.g., ↑thyroid carcinoma, ↓colorectal cancer)
- Lack of proper nutrition & exercise may lead to **facial lipodystrophy, sarcopenia, or osteopenia**

References Drugs@FDA, Saxenda [package insert], Wegovy [package insert], Bydureon [package insert]. Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC) 8-11 April 2024 | European Medicines Agency (europa.eu), Ruder K. *JAMA*. 2023 Dec 12;330(22):2140-2142. Sodhi M et al *JAMA*. 2023 Nov 14;330(18):1795-1797.

Physician-Pharmacist Integration at Kaiser Permanente

KP Internal Study: Real-World Evidence

Outcome	Phentermine ± topiramate (n=7,579)	GLP-1 RA (n=7,579)	p-value[1]
Change in weight (lb), mean (SD)	-10.3 (11.1)	-8.3 (11.3)	**<0.001**
Change in weight (%), mean (SD)	-4.3% (4.6)	-3.5% (4.8)	**<0.001**
Proportion with ≥5% weight loss	40.6%	34.4%	**<0.001**
Proportion with ≥10% weight loss	10.0%	8.7%	0.671

Outcome	Phentermine ± topiramate (n=7,579)	GLP-1 RA (n=7,579)	p-value[1]
Incident side effect, n (%)			
Abdominal Pain	459 (6.1%)	585 (7.7%)	**<0.001**
Constipation	15 (0.2%)	29 (0.4%)	0.235
Diarrhea	151 (2.0%)	278 (3.7%)	**<0.001**
GERD	869 (11.5%)	725 (9.6%)	**0.043**
Heartburn	8 (0.1%)	16 (0.2%)	0.745
Indigestion	116 (1.5%)	186 (2.5%)	**<0.001**
Nausea	146 (1.9%)	175 (2.3%)	**0.002**
Vomiting	118 (1.6%)	230 (3.0%)	**<0.001**
Fatigue	306 (4.0%)	269 (3.6%)	0.165
1+ incident side effect, n (%)	1,197 (15.8%)	1,458 (19.2%)	**<0.001**

- **Phentermine ± topiramate short-term weight loss was greater than or comparable to GLP-1 RA**
- **Rates of incident side effects were higher with GLP-1 RA**

[1]Adjusted for intracorrelations of matched pairs, matching variable (propensity score), age, chronic disease score, baseline BMI, Medicare beneficiary status, and depression, diabetes, and pulmonary disease comorbidities

Leveraging Integration & Data

Healthy lifestyle support

Many medication options already exist → recommend first line treatments

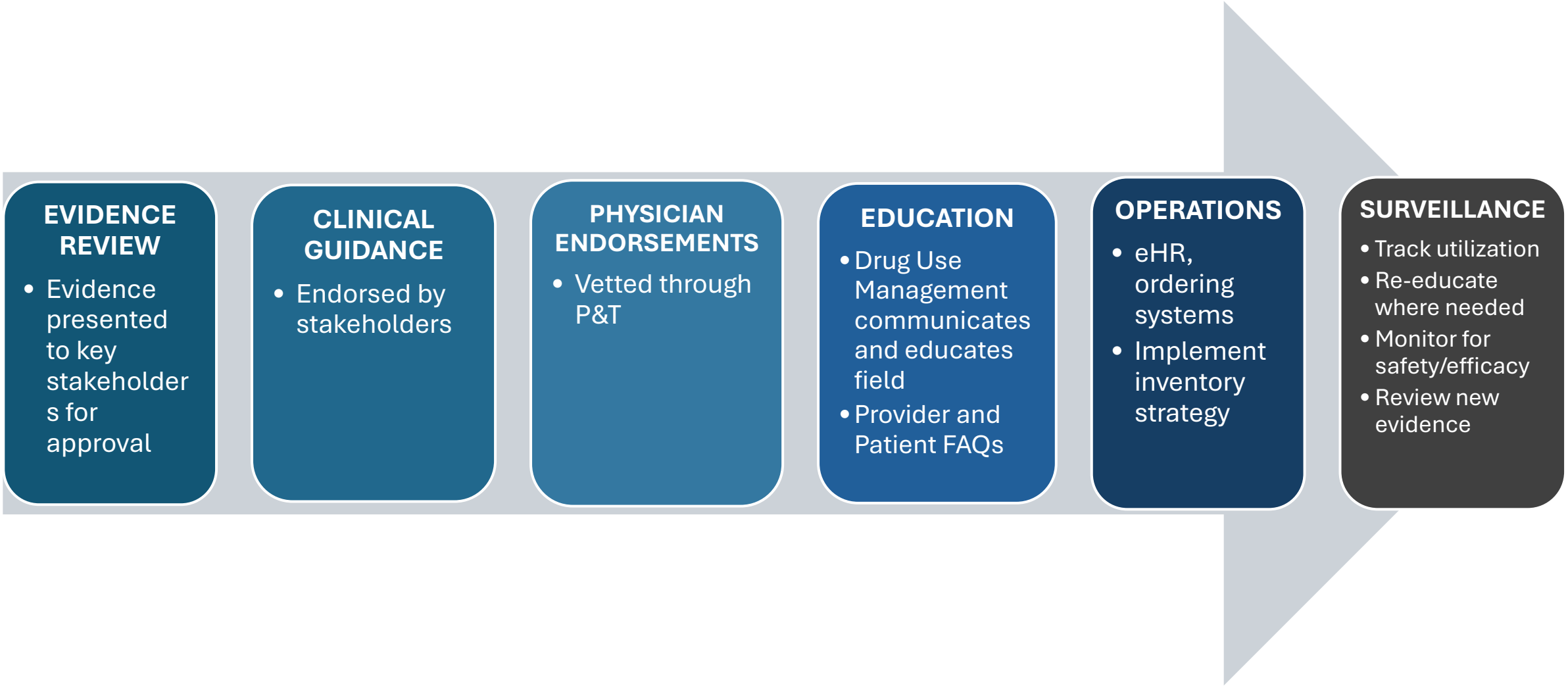
Discontinuation and high patient intolerance

Questions on lasting effects

Partnered approach

Kaiser Permanente Process for Academic Detailing

Collaboration between Drug Intelligence & Strategy, Drug Use Management, and Physicians



Education, Promotion, Academic Detailing

Managing drug utilization in a health system without prior authorizations or hard stops requires true partnership, including education, follow-up, and buy-in from all stakeholders

- **Extensive education programs**
  - Visible and active campaigning and communication
  - Education/information/influence, not enforcement/mandate
  - Innovative/courageous/assertive, not ruthless/aggressive

- **Academic Detailing is educational outreach**
  - Designed to help providers base their prescribing on evidence, vs. habit or direct-to-consumer advertising or social media
  - Information provided interactively, tailored to meet prescriber's needs, and designed to engage the prescriber

Communication & Education

Execution of utilization management without hard-stops or prior authorizations

Methods

MS Teams (virtual)

In-Person

Clinical Pharmacy Meetings

Physician Chief Groups

Lunch & Learns

One-on-One Meetings

Physician Dept Meetings

Samples of Documents and Tools

For Providers

- Toolkits
- Flyers, Posters, FAQs
- Presentation Slides
- Pocket Guides
- Talking Points
- Newsletter Articles
- Utilization Data
- Electronic Health Record Alerts and Order Guidance

For Patients

- Patient Letters
- Patient Handouts
- Exam Room Posters
- Newsletter Articles

Physician-Pharmacy Partnership

Commitment to quality and safety first

- Independent evidence review by pharmacists and physicians
- Rigorous quality assessments
- Provider and patient education
- Continual Medicare 5-Star ratings

Fully integrated care delivery system

- Efficient care, optimized consistency for outcomes and adherence
- Preferred therapy recommendations built into electronic health record

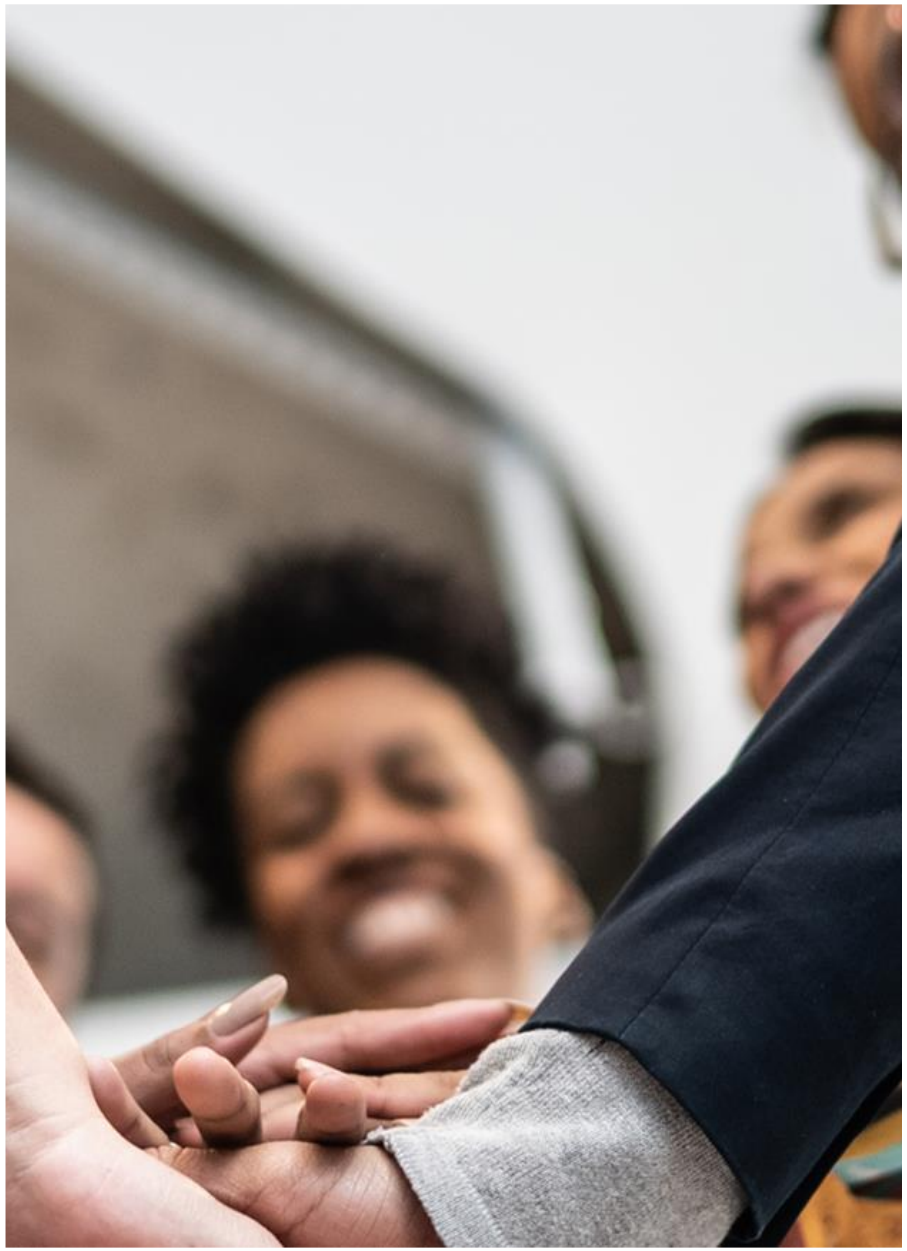
Collaborative, evidence-based drug evaluation

- Formulary placement
- Practice recommendations
- Preferred therapy
- Drug market share movement
- Contracting and purchasing

Robust data tools and scorecards (national/regional)

- Generic and biosimilar use
- Formulary adherence
- Drug initiative tracking
- Prescribing trends

QUALITY → SAFETY → COST → OPERATIONS



Thank You