





**OBESITY MANAGEMENT IN PRIMARY CARE TRAINING AND CERTIFICATE PROGRAM**



**Module 5 - PEARLS: Pharmacotherapy**

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**Goal of this Session**

Goal is to help you:

- Review clinical pearls from the pharmacotherapy webinar
- Apply pharmacotherapy knowledge to clinical practice

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**PEARLS From the Module 5 Clinical Webinar**

1. As the disease state of obesity progresses, clinical management will intensify. Utilization of pharmacotherapy for appropriate individuals with adjunct lifestyle interventions.
2. Obesity is a chronic, progressive, and relapsing disease state that requires long-term management. Pharmacotherapy for chronic management.
3. It is important to continue to recognize your own internal bias and stigma around obesity and understand potential barriers needing to be understood as you continue to re-frame how you clinically management individuals with obesity for long-term success.

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**PEARLS From the Module 5 Clinical Webinar**

4. Individualization of pharmacotherapy is part of the art of management. A stepwise approach can help you to assess which FDA approved medication may have the best whole-person benefit.
5. If one medication does not work, try another.

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**Application to Practice: Selecting AOM**



- Phentermine
- Orlistat
- Liraglutide 3g
- Naltrexone/Bupropion
- Phentermine/Topiramate
- Semaglutide
- Off-label use

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**Application to Practice: Case Study**

- 34-year-old female
- BMI 33
- PMH: prediabetes, GERD, OA
- Medications: metformin, omeprazole, and daily ibuprofen/prn hydrocodone
- PSH: tubal ligation
- Family history: no thyroid cancer for self or family
- SH: no obesity medication coverage

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### Application to Practice: Case Study

|  |   |
|--|---|
| <b>R</b> Reimbursement/Cost  | <b>R</b> Will exclude GLP1RA  |
| <b>X</b> Excluded for contraindications or side effects                    | <b>X</b> Takes hydrocodone so can't use combination with naltrexone   |
| <b>A</b> Additional reason to use an ADR: Complications or patient history | <b>A</b> Prediabetes but can't use GLP1RA   |
| <b>O</b> Off-label options   | <b>O</b> Could consider topiramate and phentermine off-label as separate rx if patient can't afford \$99/month                    |
| <b>M</b> Medication selection with patient—shared decision-making          | <b>M</b> Still available for consideration Osymia, Orlistat, Plenity, off-label phentermine, off-label phentermine and topiramate |

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### Application to Practice: Case 2

- 39-year-old female
- BMI 27, BP 118/78, Pulse 68, PHQ9 9
- PMH: HTN, Hyperlipidemia, depression, migraines
- Medications: topiramate, sertraline, losartan
- Pregnancy prevention: husband has vasectomy
- Family history: no thyroid cancer for self or family
- Has excellent insurance with full obesity coverage

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### Application to Practice: Case Study

|  |  |
|--|--|
| <b>R</b> Reimbursement/Cost  | <b>R</b> No exclusion  |
| <b>X</b> Excluded for contraindications or side effects                    | <b>X</b> No obvious contraindications  |
| <b>A</b> Additional reason to use an ADR: Complications or patient history | <b>A</b> Depression not controlled   |
| <b>O</b> Off-label options   | <b>O</b> Not needed with insurance, although could use phentermine long term |
| <b>M</b> Medication selection with patient—shared decision-making          | <b>M</b> Next slide  |

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**Application to Practice: Case Study**



Liraglutide/Semaglutide—no reason not to consider, however, this patient's BMI is 27 she doesn't need 10-20% of weight loss  
Contrave—advantage of getting addition to depression treatment  
Qsymia—would need to discontinue existing topiramate rx to start this  
Phentermine—off-label could be utilized  
Orlistat—available  
Plenity—available

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*Thank you!*

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