Weight Management

A VA Clinician's Summary (2025)

VA

U.S. Department of Veterans Affairs

Veterans Health Administration

PBM Academic Detailing Services

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Contents

This document aims to empower providers to discuss treatment options for weight management

These materials were developed by:

VA Pharmacy Benefits Management Academic Detailing Services

Key message

Engage Veterans in shared decision-making and offer equitable evidence-based treatment to promote healthy weight loss and improved health outcomes **7**

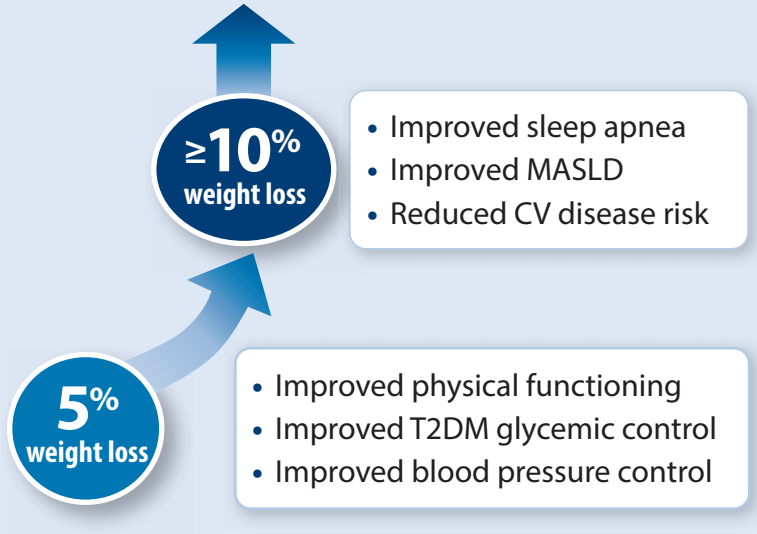
Weight loss interventions based on risk and BMI[1]

Health benefits start with even a small weight loss, increasing as more weight is lost.[2]

Weight-associated conditions:[2-4]

- Atrial Fibrillation
- Cancer
- Degenerative joint disease
- Dyslipidemia*
- Hypertension*
- Metabolic syndrome
- Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD)
- Obstructive sleep apnea
- Type 2 diabetes and pre-diabetes*

Benefits of weight loss:



*At least moderate evidence exists for modifying these conditions with weight loss.[1,5,6]
BMI = body mass index; CV = cardiovascular; T2DM = type 2 diabetes mellitus

VA/DoD Clinical Practice Guidelines (CPG): Use BMI to guide weight loss options*[1,7]

BMI category (kg/m²)	Comprehensive lifestyle intervention (CLI)	Weight management medications (WMM)	Metabolic and bariatric surgery
25.0–26.9 **OR** 27.0–29.9 without a weight-related comorbidity**	✓		
27.0-29.9 + a weight-related comorbidity** **OR** ≥ 30.0	✓	✓	
≥ 30.0 + diabetes **OR** ≥ 35.0 + a weight-related comorbidity **OR** ≥ 40.0	✓	✓	✓

✓ = evidence-based treatment option; *See **VA/DoD Treatment Guidelines** for more detailed information.
**Examples of weight-related comorbidities are listed in the "Weight-associated conditions" box in the top figure.

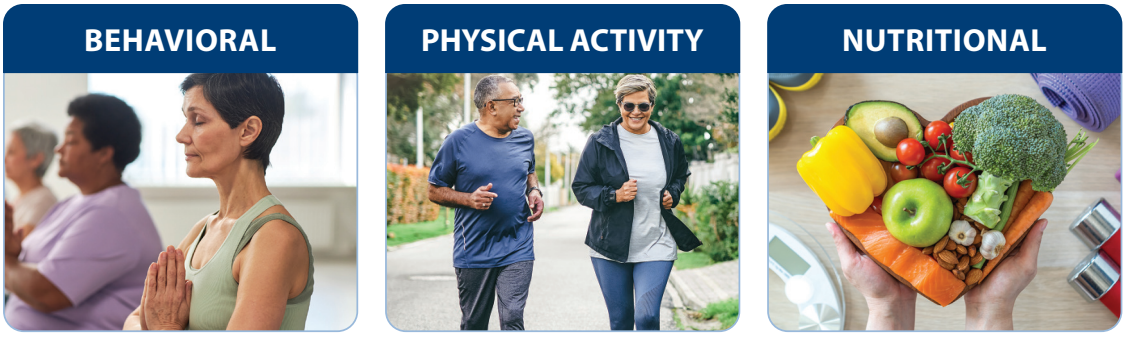
Motivating Veterans to improve health

Motivational interviewing has been shown to significantly change behaviors that lead to weight loss in patients with overweight or obesity. These changes resulted in more weight loss (over 3-pounds) compared to controls.[8] Use motivational interviewing to examine and address ambivalence to change.[9]

Desire	*How would you like for things to change?*
Ability	*If you decide you want to lose weight, how could you do it?*
Reasons	*What could be some of the advantages of losing weight?*
Need	*How important is it for you to lose weight?*

Comprehensive lifestyle intervention (CLI)

CLI is the foundation of treatment for overweight and obesity and combines three components along with clinician contact:



For more information, please see: **Comprehensive Lifestyle Intervention Materials**

MOVE! Weight Management Program for Veterans

MOVE! offers an evidence-based CLI that has helped hundreds of thousands of Veterans lose weight and improve their health. See the MOVE! Program website for more detailed information about ways Veterans may participate: **https://www.move.va.gov/MOVE/GetStarted.asp**

Pharmacotherapy

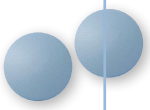
There are currently 6 medications that are FDA-approved for long-term use in the general population to promote and sustain weight loss:

INJECTION

- Liraglutide (GLP-1 RA)
- Semaglutide (GLP-1 RA)
- Tirzepatide (GIP/GLP-1 RA)

ORAL

- **Naltrexone/bupropion ER**
- **Orlistat**
- **Phentermine/topirimate**



Formulary medications in bold. To view VA National Formulary: **https://www.va.gov/formularyadvisor**.
GIP RA = glucose-dependent insulinotropic polypeptide receptor agonist; GLP-1 RA = glucagon-like peptide 1 receptor agonist

Medications that may contribute to weight gain or impede weight loss should be identified with consideration for discontinuation, alternate therapy selection, or dose reduction.
For more information: **https://www.healthquality.va.gov/guidelines/CD/obesity**

Weight management medications (WMM) should be used in conjunction with a CLI, such as MOVE!, or community-based programs that offer a CLI.

Common to all the criteria for use (CFU) of WMM*

Inclusion criteria

Participation in a **CLI** that targets all three aspects of weight management (nutritional, physical activity, behavioral)

The patient's BMI is ≥ 30 kg/m²

OR

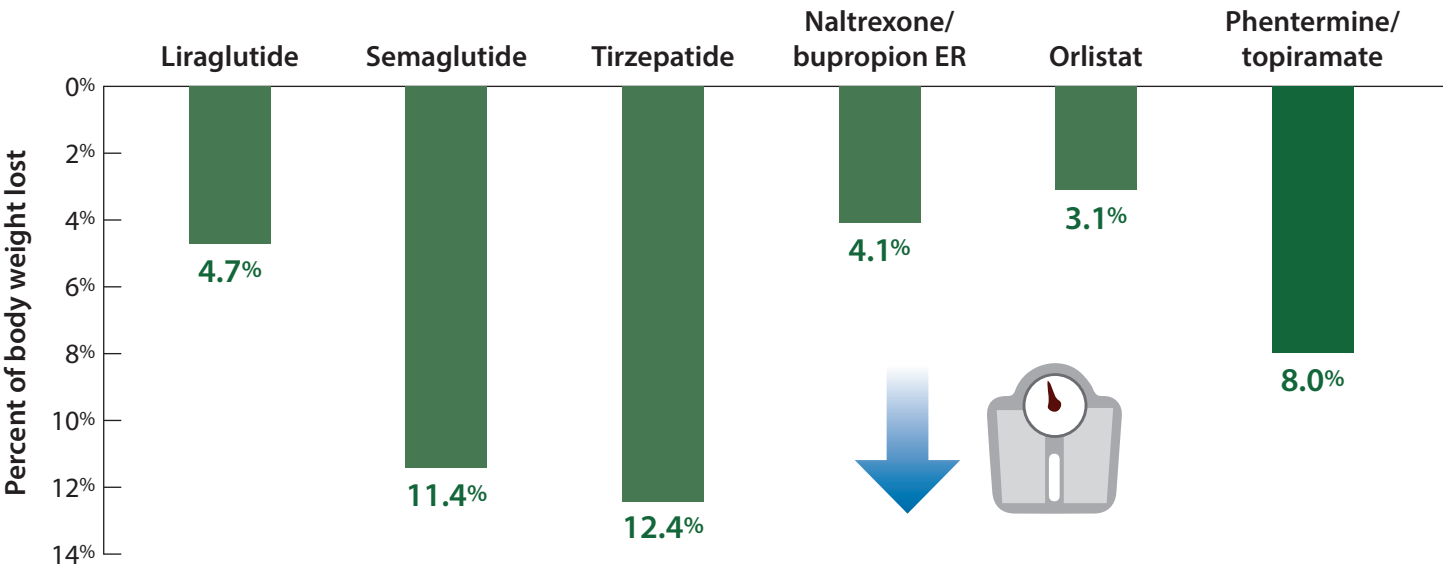
The patient's **BMI is ≥ 27 kg/m²** with at least **one weight-related comorbidity****

Exclusion criteria

1. Pregnancy
2. Breastfeeding
3. Hypersensitivity reaction to medication

*Each WMM CFU has additional exclusion and inclusion criteria based on the safety profile and efficacy of the medication.
**e.g., hypertension, type 2 diabetes, dyslipidemia, metabolic syndrome, obstructive sleep apnea, osteoarthritis, MASLD

Percent of body weight lost by medication[10]



Observed percentages of adult participants with overweight/obesity and without diabetes from randomized clinical trials who achieved categorical body weight reductions of at least 5% from baseline while taking the study drug. Dosing of study drugs: orlistat 120 mg 3 times daily (52 weeks), phentermine-topiramate 15/92 mg daily (56 weeks), naltrexone-bupropion 32/360 mg total daily dose (56 weeks), liraglutide 3.0 mg daily (56 weeks), semaglutide 2.4 mg weekly (68 weeks), and tirzepatide 15 mg weekly (72 weeks).

General medication considerations

- Discontinue or reconsider selected medication if:
  - significant weight loss (> 3-5%) is not achieved after titration or achievement of maintenance dose, OR
  - significant weight regain occurs.
- Medication benefit typically plateaus at 6-9 months.
- Continue medications in patients who achieved weight loss and tolerated the medication as these are long-term medications like blood pressure medications.
- Stopping treatment may lead to regaining weight.[11-13]
- Continue to encourage CLI regardless of response to WMM.

Continue WMM

WMM should be considered **long-term chronic disease state management** of overweight and obesity.

VHA Scarce Resource Allocation Guidance

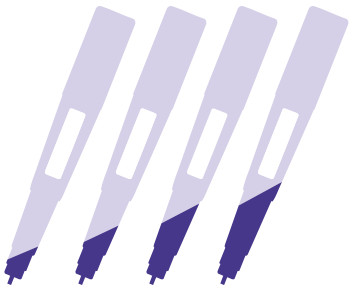
- Review **PBM criteria for use** to determine patient eligibility for a WMM.
- If there are more eligible patients than resources available, facility multidisciplinary teams may use the **VHA tier framework** to assist in decision-making.
  - Clinicians are encouraged to use this guidance in the context of individual patient characteristics to determine if WMM drugs can be provided.

Please refer to VA Memorandum: ***For Information: Scarce Resource Allocation Guidance for Weight Management Medications.***

Management of GLP-1 RA and GIP/GLP-1 RA[10,11,14]

Titrate doses gradually

FDA-recommended dose titration schedules suggest increasing liraglutide doses weekly while semaglutide and tirzepatide doses are increased monthly.[15-17] The American Gastroenterological Association (AGA) recommends adjusting the titration schedule based on the patient's response, tolerance, and side effects.[11]



If standard dose titration is not tolerated, consider:

- Slowing the escalation of doses
- Reducing to the last tolerated dose
- Holding a dose or two, and resuming at last tolerated dose
- Starting the dose titration process again if three or more doses are held

Patients may have a weight loss response at a dose lower than the target dose. Consider staying at the lower dose if patient is able to achieve weight loss.

Strategies for addressing side effects[10,14]

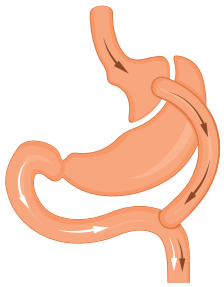
Side effect	Strategy
Constipation	• Increase water and fiber intake • Use stool softeners, fiber supplements, or osmotic laxatives
Nausea	• Eat foods low in fat and include fruits/vegetables • Reduce portion size
Heartburn	• Eat the last meal ≥ 2 hours before bed • Consider short term use of proton Pump inhibitor or H2-blocker
Injection pain	• Rotate injection site: Use thigh, upper arm, or abdomen • Remove pen from refrigerator and allow to come to room temperature before injection. Stability at room temperature: – Liraglutide: 30 days – Semaglutide: 28 days – Tirzepatide: 21 days

Patients with pancreatitis while taking liraglutide, semaglutide, or tirzepatide should seek urgent medical attention and discontinue the medication.

If scheduled for a surgery or procedure requiring anesthesia or moderate sedation, see **VA Peri-Procedural Management of Diabetes Medications and Devices Guidance.**

If gastrointestinal side effects are intolerable even at low doses, changing treatment between liraglutide, semaglutide, or tirzepatide may be reasonable.[14]

Metabolic and bariatric surgery[1,7,18-24]



Metabolic and bariatric surgery procedures have consistently demonstrated profound and sustained weight loss and long-term health benefits.[5,7,25]

The VA/DoD Clinical Practice Guidelines suggest metabolic and bariatric surgery be considered **in conjunction with CLI** for patients with:[1]

- BMI ≥ 30 kg/m^2 + type 2 diabetes
- BMI ≥ 35 kg/m^2 + weight-related condition(s)
- BMI ≥ 40 kg/m^2

Recommendations based on BMI vary for some patient populations; refer to VA/DoD CPGs for more information.

Engage in shared decision-making with the Veteran.

Determine if metabolic and bariatric surgery is something the Veteran would like to pursue.[1,18-22,26-30]

BENEFITS

- Robust and durable weight loss
- Improved BP, HbA1c, HDL and triglycerides
- Diabetes remission
- 16% decrease in all-cause mortality
- Increase in life expectancy of 1.3-2.4 years
- Lower risk of cancer and cancer-related mortality

RISKS

- Procedure specific risks (e.g., stricture, bowel obstruction)*
- Risk of acute complications (e.g., pulmonary embolism)*
- Post-surgical risks such as increased risk of suicide and nutritional deficiencies

*See **VA/DoD Treatment Guidelines** for more detailed information.

Facilitate the pre-operative process if surgery is appropriate.

Note: the pre-assessment process can take 3-6 months to complete on average.

- ☑ **Consider discussing MOVE!** or a similar CLI program participation with the Veteran if they are not already participating.
- ☑ Assess for and provide treatment recommendations for **lifestyle factors** that could be barriers to surgery (e.g., use of alcohol, tobacco, illicit substances).
- ☑ Support Veteran in managing **chronic physical and mental health conditions.**

Facilitate the pre-operative process if surgery is appropriate. *(Continued)*

- ☑ **Refer to specialists as needed** (e.g., registered dietitian, psychologist, physical activity specialist, pharmacist, surgeon, anesthesia provider).
- ☑ Consider what options are available for **metabolic and bariatric surgery** and make the referral for appropriate candidates. VHA and community care options vary; check local resources to determine surgical options and routes for referral.

Sustaining weight loss

Achieving healthy weight loss goals is the first step. Continuing lifestyle changes to sustain and maintain the desired weight is the next step.

Encourage participation (or continued participation) in CLI for weight maintenance in patients who have already lost weight. This engagement can help patients maintain > 5% body weight loss at 30-60 months.[31]

Recommend routine weighing as this is important for weight maintenance.

Provide continued medical support and address barriers to adhering to an action plan.

Continue medications to maintain weight loss. Discontinuing pharmacotherapy for obesity can lead to weight gain. If there are significant side effects, consider an alternative medication.

Emphasize the health benefits of keeping weight in the patient's goal range.

Re-evaluate the treatment plan as health conditions change and the patient ages.

KEY MESSAGE

Engage Veterans in shared decision-making and offer equitable evidence-based treatment to promote healthy weight loss and improved health outcomes.

Chronic weight management medications[1,7,15-17,32-36]

Liraglutide, semaglutide, and tirzepatide[15-17]

	Liraglutide (Saxenda®)	Semaglutide (Wegovy®)	Tirzepatide (Zepbound®)
Dosing	**Initiation** **Week 1:** 0.6 mg SC daily **Week 2:** 1.2 mg SC daily **Week 3:** 1.8 mg SC daily **Week 4:** 2.4 mg SC daily **Week 5:** 3 mg SC daily **Renal impairment** (CrCl < 50 mL/min): Use with caution	**Initiate dose titration with 0.25 mg injected weekly** **Weeks 1-4:** 0.25 mg **Weeks 5-8:** 0.5 mg **Weeks 9-12:** 1 mg **Weeks 13-16:** 1.7 mg **Weeks ≥ 17:** 2.4 mg	**Initiate dose titration with 2.5 mg injected weekly** **Weeks 1-4:** 2.5 mg **Weeks 5-8:** 5 mg **Weeks 9-12:** 7.5 mg **Weeks 13-16:** 10 mg **Weeks 17-20:** 12.5 mg **Weeks ≥ 21:** 15 mg
Maintenance dose	3 mg daily	1.7 mg or 2.4 mg weekly	5 mg, 10 mg, or 15 mg based on patient tolerance and response
Route	SC: Subcutaneous injection given in abdomen, thigh, or upper arm		

Monitoring

- Weight
- Blood pressure (orthostatic) and/or signs/symptoms of hypotension
- Resting heart rate
- Glucose and/or signs/symptoms of hypoglycemia
- Mood (symptoms of depression) and sleep disorders
- Renal function

Contraindications

- Pregnancy or breastfeeding
- Personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2) [See U.S. Boxed Warning]
- Type 1 diabetes mellitus
- Severe gastrointestinal dysmotility (e.g., gastroparesis)
- Pancreatitis* or gall bladder disease

*Does not apply if known cause of pancreatitis no longer presents a risk.

Common side effects

- Increased heart rate
- Headache
- Hypoglycemia
- Nausea
- Diarrhea
- Constipation
- Vomiting
- Dyspepsia
- Abdominal pain
- Fatigue
- Injection site reactions
- Dizziness

Warnings

- Pancreatitis
- Gallbladder disease
- Acute cholelithiasis and cholecystitis
- Tachycardia
- Suicidal behavior and ideation: mental health consultation required
- AKI or worsening CKD
- Nonarteritic anterior ischemic optic neuropathy (NAION)
- Diabetic Retinopathy:
  - **Proliferative:** consider avoiding initiation
  - **Non-proliferative:** use caution, get eye exam before starting and follow up for monitoring (semaglutide, tirzepatide)
- Adjust hypoglycemic medications to avoid hypoglycemia

AKI = acute kidney injury; CKD = chronic kidney disease

Naltrexone/bupropion ER (Contrave®)[32]

Dosing

- **Naltrexone 8 mg/bupropion 90 mg titration schedule**

	Morning	Evening
Week 1:	1 tablet	None
Week 2:	1 tablet	1 tablet
Week 3:	2 tablets	1 tablet
Week ≥ 4:	2 tablets	2 tablets

Maintenance

- Naltrexone 16 mg/bupropion 180 mg (2 tablets) twice a day

Dose adjustments (if applicable)

Moderate-severe renal impairment
(CrCl < 50 mL/min):

- Maximum recommended daily dose is 1 tablet each morning and evening
- Avoid in end-stage renal disease

Hepatic impairment

- Moderate (Child-Pugh score 7-9): maximum recommended daily dose is 1 tablet each morning and evening
- Not recommended in severe hepatic impairment

Monitoring

- Weight
- Pregnancy tests (if applicable)
- Glucose and/or signs/symptoms of hypoglycemia in patients with diabetes
- Blood pressure and/ or signs/symptoms of hyper- or hypotension
- Heart rate
- Signs/symptoms of depression, suicidal thinking/behavior, cognitive impairment, or changes in mood
- Baseline and periodic: renal and hepatic function

Common side effects

- Headache
- Sleep disorder
- Nausea
- Constipation
- Diarrhea
- Dizziness
- Vomiting
- Xerostomia

Contraindications

- Opioid use (full or partial agonists)
- Pregnancy or breastfeeding
- Uncontrolled hypertension
- Seizure disorder
- Bulimia or anorexia nervosa
- Abrupt discontinuation of alcohol
- Acute opioid withdrawal

Warnings

- Suicidal thinking/behavior [U.S. Boxed Warning]
- Neuropsychiatric symptoms
- Seizures
- Increase blood pressure, heart rate
- Hepatotoxicity
- Angle closure glaucoma

Orlistat (Xenical®, Alli®)[33,34]

Dosing

- **Xenical®: 120 mg 3 times daily** with each main meal containing fat (during or up to 1 hour after the meal); omit dose if meal is occasionally missed or contains no fat
- **Alli® OTC labeling: 60 mg 3 times daily** with each main meal containing fat

Dose adjustments (if applicable)

- There are no dosage adjustments provided in the manufacturer's labeling.

Monitoring

- Weight
- Blood pressure (orthostatic) and/or signs/symptoms of hypotension
- Glucose and/or signs/symptoms of hypoglycemia in patients with diabetes
- Liver function tests if signs/symptoms of hepatic dysfunction
- Renal function if risk of renal impairment

Common side effects

- Gastrointestinal effects, typically decreases over time. Examples:
  - Oily rectal leakage
  - Abdominal pain
  - Flatulence with discharge
  - Bowel urgency
  - Steatorrhea
- Headache
- Fatigue
- Anxiety
- Menstrual disease
- Neuromuscular and skeletal pain
- Upper respiratory tract infection
- Influenza

Contraindications

- Pregnancy
- Chronic malabsorption syndrome
- Cholestasis

Warnings

- Increased urinary oxalate and nephrolithiasis
- Hepatotoxicity
- Cholelithiasis
- Interference with absorption of fat-soluble vitamins and medications

CrCl = creatinine clearance ; OTC = over-the-counter

Phentermine/topiramate ER (Qsymia®)[35]

Dosing

Initiation

- Phentermine 3.75 mg/ topiramate 23 mg capsule each morning for 14 days; increase to 7.5 mg/46 mg each morning for an additional 12 weeks
- If > 3% of baseline body weight is not achieved after 12 weeks:
  - increase dose to 11.25 mg/69 mg each morning for 14 days;
  - increase to 15 mg/92 mg (maximum dose) daily
- If discontinued, gradually taper (taking a dose every other day for ≥1 week before stopping to avoid precipitating a seizure)

Monitoring

- Weight
- Blood pressure (orthostatic) and/or signs/symptoms of hypotension
- Resting heart rate
- Serum bicarbonate, especially if patient is taking another carbonic anhydrase inhibitor
- Serum potassium, especially if patient is taking another carbonic anhydrase inhibitor
- Glucose and/or signs/symptoms of hypoglycemia in patients with diabetes
- Mood (depression) and sleep disorders
- Pregnancy tests (if applicable)

Contraindications

- Pregnancy
- Glaucoma
- Hyperthyroidism
- MAOI use during or within 14 days

Dose adjustments (if applicable)

Moderate-severe renal impairment
(CrCl < 50 mL/min):

- Should not exceed 7.5 mg/46 mg once daily
- Avoid in end-stage renal disease on dialysis

Moderate hepatic impairment
(Child-Pugh score 7-9):

- Should not exceed 7.5 mg/46 mg once daily
- Avoid in severe hepatic impairment

Common side effects

- Increased heart rate
- Paresthesia
- Dizziness
- Dysgeusia
- Headache
- Insomnia
- Decreased serum bicarbonate
- Xerostomia
- Constipation
- Upper respiratory tract infection
- Nasopharyngitis

Warnings

- Embryo-fetal toxicity
- Metabolic acidosis
- Cognitive impairment
- Elevated heart rate
- Nephrolithiasis
- Hypokalemia
- Mood and sleep disorders
- Depression or suicidal ideation
- Acute myopia and secondary angle closure glaucoma
- Decreased sweating and risk for hyperthermia
- Increased creatinine
- Adjust hypoglycemic medications to avoid hypoglycemia
- Abuse potential
- Avoid abrupt discontinuation
- Avoid alcohol consumption

MAOI = monoamine oxidase inhibitor

Common WMM drug interactions*

Medication	Interacting medication
Naltrexone/ bupropion ER	• Opioids (decreased effect from opioid antagonist naltrexone) • Bupropion or naltrexone concurrent use of medications in the combination • Monoamine oxidase inhibitors, linezolid, or IV methylene blue (discontinue ≥ 14 days before initiating naltrexone/bupropion)
Orlistat	• Anticonvulsants (decreased effect) • Cyclosporine (decreased effect) • Fat soluble vitamins (decreased effect) • Levothyroxine (decreased effect) • Warfarin (enhanced effect)
Phentermine/ topiramate ER	• Sympathomimetic amines (e.g., amphetamines, ephedrine in herbals/OTC products) • Phentermine or topiramate concurrent use of medications in the combination • Monoamine oxidase inhibitors (discontinue ≥ 14 days before initiating phentermine/topiramate)
Liraglutide, semaglutide, tirzepatide	• Insulin, sulfonylureas, and other medications that lower blood glucose (risk of hypoglycemia) • Effects of oral medications (e.g., oral contraceptives) may be impacted due to delays in gastric emptying

*Refer to package insert for detailed prescribing information.
OTC = over-the-counter

Important VHA resources

- MOVE! Program: www.move.va.gov and on the VA SharePoint: **https://dvagov.sharepoint.com/sites/vhamove**
- Weight Management Pharmacotherapy SharePoint: **https://dvagov.sharepoint.com/sites/vhamove/SitePages/Weight-Management-Pharmacotherapy.aspx**
- PBM Formulary Management SharePoint site: **https://dvagov.sharepoint.com/sites/VHAPBM/Formulary/SitePages/Home.aspx**
- National Surgery Office: **https://dvagov.sharepoint.com/sites/VHANSO**
- Nutrition and Food Services: **https://www.nutrition.va.gov**
- Office of Patient Centered Care & Cultural Transformation: **https://www.va.gov/wholehealth**

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These are general recommendations only; specific clinical decisions should be made by the treating provider based on an individual patient's clinical condition.

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