

Weight Loss Medications

Drug	Mechanism/ Dosage Form	Dosing	% TBWL	Side Effects	Warnings & Precautions	Monitoring
Orlistat Brands: Xenical, Alli	Lipase Inhibitor: inhibits absorption of dietary fats by 30% <i>Oral Capsule</i>	Xenical: 120 mg TID with meals Alli (OTC): 60 mg TID with meals *Use with a low fat diet *Omit dose if meal is missed or contains no fat	1 yr: 4% 4 yr: 2.6%	Frequent GI side effects including: steatorrhea, fecal urgency, flatulence, incontinence, oily spotting, frequent BM *Eating >30% kcal from fat results in greater GI side effects <ul style="list-style-type: none"> Headache Abdominal pain Back pain Respiratory tract infection 	Contraindicated in: <ul style="list-style-type: none"> Pregnancy/breast-feeding Malabsorption syndrome Cholestasis May Cause: <ul style="list-style-type: none"> Oxalate kidney stones Hepatotoxicity Malabsorption of fat soluble vitamins 	<ul style="list-style-type: none"> Cholelithiasis Nephrolithiasis Renal function *Separate by 4h from levothyroxine *Take MVI with fat-soluble vitamins > 2h before or after *FDA approved ≥ 12 yo
Phentermine	NE - Releasing Agent: properties similar to stimulants, reduces appetite <i>Oral Capsule</i> <i>Oral Tablet</i>	Capsule: 15 – 37.5 mg daily given in one or two divided doses *Short-term (few weeks) use only		<ul style="list-style-type: none"> Elevated BP, HR Dizziness Dysphoria/euphoria Insomnia Diarrhea Constipation Change in libido Dry mouth 	Contraindicated in: <ul style="list-style-type: none"> Pregnancy/breast-feeding CVD (arrhythmia, CHF, CAD, stroke) Uncontrolled HTN Hyperthyroidism Hx of drug abuse Use within 14 days of MAOI Glaucoma Caution with: <ul style="list-style-type: none"> CNS depression Cardiac toxicity Seizure disorder 	<ul style="list-style-type: none"> Blood Pressure Heart Rate Psychosis Dependency/Withdrawal
Phentermine/ Topiramate ER Brand: Qsymia	NE - Releasing Agent: Phentermine: see above, reduces appetite GABA Receptor Modulator: Topiramate: increases satiety and appetite suppression <i>Oral Capsule</i>	Starting Dose: 3.75/23 mg PO daily x 2 weeks Recommended Dose: 7.5/46 mg PO daily x 12 weeks and evaluate Escalation Dose: 11.25/69 mg PO daily x 2 weeks Max Dose: 15/92 mg PO daily x 12 weeks and evaluate *Requires dose adjustments with hepatic and renal impairment	1 yr: ~ 9% on high dose, 6.6% on treatment dose 2 yr: 8.7% high dose, 7.5% treatment dose *Evaluate response at max dose, if 5% BW not lost then D/C	<ul style="list-style-type: none"> Increased BP, HR Headache Paresthesia Insomnia Decreased bicarbonate Dry mouth Constipation Nasopharyngitis Anxiety/depression Concentration/memory impairment Dizziness 	Contraindicated in: <ul style="list-style-type: none"> Pregnancy/breast-feeding Hyperthyroidism Use within 14 days of MAOI Glaucoma May Cause: <ul style="list-style-type: none"> Anxiety/panic attacks Seizure Disorder Anxiety with bipolar Nephrolithiasis Hyperchloremic metabolic acidosis Cognitive impairment 	<ul style="list-style-type: none"> Increased HR S/Sx of depression Dependency Withdrawal Hypokalemia Acute myopia or eye pain Kidney stones Monthly pregnancy tests Menstrual spotting with OCPs Hypoglycemia in pts with T2DM

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Naltrexone/ Bupropion Brand: Contrave	Opioid Antagonist: naltrexone NE/DA Reuptake Inhibitor: bupropion <i>Oral Tablet</i>	Initial: 1 tablet (8 mg/90 mg) daily QAM x 1 week Titrate Dose: Week 2: 1 tab BID Week 3: 2 tabs QAM and 1 tab QPM Week 4: 2 tabs BID *Requires dose adjustments with hepatic and renal impairment	1 yr: 4.2-5.2% *Evaluate response at maximum dose at 12 weeks. If pt has not lost at least 5% of BW then D/C	<ul style="list-style-type: none"> • Nausea/Vomiting • Diarrhea • Constipation • Headache • Insomnia • Dizziness • Dry mouth • Anxiety 	Contraindicated in: <ul style="list-style-type: none"> • Pregnancy/breast-feeding • Uncontrolled HTN • Chronic opioid use • Seizure disorder • Anorexia/Bulimia nervosa • Use within 14 days of MAOI • Severe Depression Caution with: <ul style="list-style-type: none"> • GAD, bipolar disorder, suicidal ideation • Arrhythmia • Glaucoma 	<ul style="list-style-type: none"> • HR, BP • Worsening depression • Worsening headache • Seizures (bupropion lowers seizure threshold) *Can cause false (+) urine amphetamine *CYP2D6 drug interactions – clopidogrel
Liraglutide Brand: Saxenda	GLP-1 Receptor Agonist: slows gastric emptying, decreases food intake <i>Subcutaneous Injection</i>	Initial: 0.6 mg SC once daily x 1 week Titrate Dose: Increase by 0.6 mg every week until max dose of 3 mg SC daily	1 yr: 5.6% *Evaluate response after 16 weeks, if pt has not lost at least 4% of BW then D/C	<ul style="list-style-type: none"> • Nausea/Vomiting • Diarrhea • Constipation • Headache • Increased HR • Dyspepsia 	Contraindicated in: <ul style="list-style-type: none"> • Pregnancy/breast-feeding • Personal or FHx of medullary thyroid cancer or MEN2 May Cause: <ul style="list-style-type: none"> • Pancreatitis • Gallbladder disease Caution with: <ul style="list-style-type: none"> • Gastroparesis 	<ul style="list-style-type: none"> • Pancreatitis • Cholelithiasis • Hypoglycemia with insulins or SFUs • Dehydration from N/V • Injection site reactions
Semaglutide Brands: Ozempic Rybelsus Wegovy	GLP-1 Receptor Agonist: slows gastric emptying, decreases food intake <i>Subcutaneous Injection</i> <i>Oral tablet (Rybelsus)</i>	Initial: 0.25 mg SC weekly x 4 weeks Titrate Dose: 0.5 mg weekly x 4 doses then increase every 4 weeks to 1.0, 1.7, 2.4 mg per week Rybelsus 3 mg daily x 30 days then 7 mg daily x 30 d then 14 mg daily	SC: 68 weeks: 10 – 16 % Oral: 26 weeks: mean 3.8 kg weight loss		See above for Liraglutide	