

CURRENT PHARMACOLOGICAL WEIGHT LOSS OPTIONS

Medication	Dose	Activity	Monitoring	Contraindications	Drug Interactions	Side Effects	Cost	Achieve	
Contrave [Naltrexone 8mg & Bupropion 90mg] Tablet	<i>4 week uptitrate</i> 1 st wk : 1 tab mane 2 nd wk : 1 tab BD 3 rd wk : 2 tab mane & 1 tab nocte 4 th wk+ : 2 tabs BD	<i>Drug Roles :</i> 1] Reduces appetite and increases energy use. 2] Controls food cravings	<i>Clinical:</i> 1] Monitor HR and BP for increases 2] Discontinue if < 5% weight loss after 16 weeks use	- Uncontrolled HTN - Seizure Hx - ETOH withdrawal - Benzodiazepine withdrawal - BPAD - Anorexia - Long-term opioids - Avoid keto diet	MAOIs Opioids CYP2D6 enzyme substrates : - Beta Blockers - SSRIs - Anti-psychotics - Anti-arrhythmics	<i>Common:</i> Nausea Vomit Constipation Headache Flushes	Script needed	<i>Target :</i> 5-11% weight loss after minimum of 56 weeks <i>cost : weight loss ratio</i> Per week, \$62.50 for 0.2kg max weight loss	
	<i>If renal impairment:</i> Mild – same schedule Moderate – Severe : 1 tab BD dosing End-stage : Avoid	<i>Drug Class :</i> Opioid antagonist & Norepinephrine + Dopamine reuptake inhibitor]	<i>Labs:</i> - Check renal function prior to initiating			<i>Less common</i> Mood change, Seizure			Monthly cost \$250
						<i>Very rare:</i> Angioedema, SJS, Suicidality Insomnia			Annual cost \$3000
Saxenda [Liraglutide] Injection	<i>5 week uptitrate</i> 1 st wk : 0.6mg wk 2 nd wk : 1.2mg wk 3 rd wk : 1.8mg wk 4 th wk : 2.4mg wk 5 th wk+ : 3mg wk	<i>Drug Roles :</i> 1] Reduces hunger 2] Increases satiety	<i>Clinical:</i> 1] Monitor HR for increases 2] Discontinue if < 5% weight loss after 12 weeks use 3] If stopped before 1 year, weight re-gain common	- Concurrent use of DPP-4 inhibitors [e.g vliadagliptin, sitagliptin] - Concurrent use with other weight loss medications - IBD - Previous DKA - Gastroparesis	No Major drug interactions	<i>Common:</i> Nausea Vomit Constipation Diarrhoea Headache	Script needed	<i>Target :</i> 5-10% weight loss after minimum of 52 weeks <i>cost : weight loss ratio</i> Per week, \$125 for 0.2kg max weight loss	
	<i>If renal impairment:</i> Mild – Moderate : same dosing schedule Severe : Avoid if CrCL < 30. End-stage : Avoid	<i>Drug Class :</i> GLP-1 receptor agonist	<i>Labs:</i> - Check renal function prior to initiating			<i>Less common :</i> Pancreatitis, cholecystitis			Monthly cost \$500
						<i>Very rare:</i> Angioedema			Annual cost \$6000
Xenical [Orlistat] 120mg Tablet	<i>Uptitrate as tolerated</i> 1 tab OD < up titrating to > 1 tab TDS	<i>Drug Roles :</i> 1] Limits fat digestion and absorption 2] Excretes fat in stools	<i>Clinical:</i> 1] Monitor RR & BSL	- Chronic malabsorption syndrome - Cholestasis - Pregnancy - Avoid a) meals with < 30% calories from fat b) keto fat rich diet > 67gram fat a day	- Amiodarone - Antiepileptics - Anti-virals	<i>Common</i> Oily stools Faecal urgency Abdominal pain Anxiety	No script - Pharmacist monitored	<i>Target :</i> 2-3% weight loss after minimum of 52 weeks <i>cost : weight loss ratio</i> Per week, \$37.50 for 0.06kg max weight loss	
	<i>If renal impairment:</i> Avoid	<i>Drug Class :</i> selective pancreatic lipase inhibitor	<i>Labs:</i> - Monitor for fat soluble vitamin deficiency [A, D, E K]			<i>Less common</i> UTIs, hypothyroidism			Monthly cost \$150
						<i>Very rare:</i> Oxalate nephropathy, rectal bleeding			Annual cost \$1800
Duromine [Phentermine] 15mg Tablet	<i>Uptitrate as tolerated</i> 1 tab morning < up titrating to > 2 tabs morning	<i>Drug Role :</i> Appetite suppressant	<i>Clinical:</i> 1] Monitor BP for increases 2] Discontinue if < 5% weight loss after 12 weeks	HTN [systemic or pulmonary] Cardiac disease [arrythmias, valvular issues] Cerebrovascular disease Hyperthyroidism	- Anti-hypertensives - Psychotropic drugs → sedatives → sympanomimetics	<i>Common</i> Vomitting HTN Nausea	Script needed	<i>Target :</i> 3.6-4.5kg weight loss after 3-6 months use <i>cost : weight loss ratio</i> Per week, \$25 for 0.4kg max weight loss	
	<i>If renal impairment:</i> Mild : 15mg Moderate - End-stage : Avoid	<i>Drug Class :</i> Dopamine agonist	<i>Other:</i> 1] Monitor for addiction 2] Prohibited in sport			<i>Less common</i> angina, MI, HF, arrest			Monthly cost \$100
						<i>Very rare:</i> Pulmonary A HTN			Annual cost \$1200

Table compiled by Dr Ranen Reddy (MBChB, RNZCGP)