

# OBESITY TREATMENTS

Generic	Brand	Strength	Form	Adult Dose		
<b>CNS STIMULANT</b>						
amphetamine sulfate	<b>Evekeo</b>	CII 5mg, 10mg	tabs	Take 30–60mins before meals. Usually up to 30mg/day in divided doses of 5–10mg.		
methamphetamine HCl	<b>Desoxyn</b>	CII 5mg	tabs	≥ <b>12yrs</b> : 1 tab 30mins before each meal.		
<b>GLUCAGON RECEPTOR-1 AGONIST</b>						
liraglutide	<b>Saxenda</b>	Rx 6mg/mL	SC inj	Give by SC inj into abdomen, thigh, or upper arm once daily. Escalate dose gradually. Week 1: 0.6mg daily; Week 2: 1.2mg daily; Week 3: 1.8mg daily; Week 4: 2.4mg daily; Week 5 and onward: 3mg daily. Delay dose escalation 1wk if increased dose not tolerated; discontinue if 3mg not tolerated. If >3 days elapsed since last dose, reinstate at 0.6mg/day, then escalate dose as above. Evaluate response after 16wks. Discontinue if ≥4% weight loss is not achieved.		
<b>LIPASE INHIBITOR</b>						
orlistat	<b>Alli</b>	OTC 60mg	caps	≥ <b>18yrs</b> : 1 cap with each fat-containing meal; max 180mg/day. Take multivitamin once daily at bedtime.		
	<b>Xenical</b>	Rx 120mg	caps	≥ <b>12yrs</b> : Use with a reduced calorie diet with about 30% of calories from fat; spread fat intake over 3 main meals. 120mg three times daily during or up to 1hr after each fat-containing meal. If a meal is missed or has no fat, skip dose. Take multivitamin once daily 2hrs before or after Xenical.		
<b>OPIOID ANTAGONIST + AMINOKETONE</b>						
naltrexone HCl/ bupropion HCl	<b>Contrave</b>	Rx 8mg/90mg	ext-rel tabs	Avoid high-fat meals. Escalate dose gradually. ≥ <b>18yrs</b> : Week 1: 1 tab daily in the AM; Week 2: 1 tab daily in the AM and 1 tab daily in the PM; Week 3: 2 tabs in the AM and 1 tab in the PM; Week 4 and thereafter: 2 tabs in the AM and 2 tabs in the PM. Max 32mg/360mg per day. Evaluate response after 12wks. Discontinue if ≥5% weight loss is not achieved. <i>Concomitant CYP2B6 inhibitors, moderate or severe renal impairment, moderate hepatic impairment</i> : max 2 tabs daily (1 tab each AM & PM).		
<b>SYMPATHOMIMETIC</b>						
benzphetamine HCl	—	CIII 50mg	scored tabs	≥ <b>12yrs</b> : Initially 25–50mg once daily in mid-morning or mid-afternoon. Increase if needed to 25–50mg 1–3 times daily.		
diethylpropion HCl	—	CIV 25mg 75mg	tabs	≥ <b>16yrs</b> : 25mg 3 times daily 1hr before meals and in midevening for night hunger or one 75mg sust-rel tab daily in midmorning.		
			sust-rel tabs			
phendimetrazine tartrate	—	CIII 105mg 35mg	ext-rel caps	≥ <b>17yrs</b> : 1 cap in AM, 30–60mins before morning meal.		
			scored tabs	Individualize. 1 tab 2–3 times daily, 1hr before meals. May reduce to 17.5mg/dose. Max 75mg 3 times daily.		
phentermine HCl	—	CIV 15mg, 30mg	powder-filled or pellet-filled caps	Avoid late evening dosing. ≥ <b>16yrs</b> : Individualize. 15–30mg at approx. 2hrs after breakfast.		
			<b>Adipex-P</b>	37.5mg	caps, scored tabs	Avoid late evening dosing. ≥ <b>16yrs</b> : 1 tab once daily before or 1–2hrs after breakfast, or 18.75mg 1–2 times daily.
			<b>Lomaira</b>	8mg	scored tabs	Avoid late evening dosing. > <b>16yrs</b> : Individualize; usually 1 tab 3 times daily at approx. 30mins before meals.
<b>SYMPATHOMIMETIC + ANTIPILEPTIC</b>						
phentermine HCl/topiramate extended-release	<b>Qsymia</b>	CIV 3.75mg/23mg, 7.5mg/46mg, 11.25mg/69mg, 15mg/92mg	caps	Take once daily in AM. Initially 3.75mg/23mg for 14 days; then increase to 7.5mg/46mg. Evaluate weight loss after 12wks on this dose. Discontinue or escalate dose if patient has not lost ≥3% baseline body weight. To escalate dose: increase to 11.25mg/69mg for 14 days, then increase to 15mg/92mg and evaluate weight loss after additional 12wks at this dose. If patient has not lost ≥5% baseline body weight, discontinue by taking a dose every other day for at least 1 week prior to stopping altogether. Qsymia 3.75mg/23mg and 11.25mg/69mg strengths are for titration purposes only.		

## NOTES

Not an inclusive list of medications or dosing details. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling.