

Approved Weight Loss Drugs	Orlistat (Xenical®, alli®)	Phentermine-Topiramate (Qsymia®)	Lorcaserin (Belviq®)	Naltrexone-Bupropion (Contrave®)	Liraglutide (Saxenda®)
Type of Drug	Peripherally acting pancreatic lipase inhibitor; ↓ absorption of ingested fat.	Appetite-suppressant (sympathomimetic amine) and anticonvulsant.	Selective serotonin 2c (5HT-2c) receptor agonist; stimulates 5HT-2c receptors in appetite center.	Dopamine and norepinephrine reuptake inhibitor and opioid antagonist.	Glucagon-like peptide 1 receptor agonist.
Beneficial Effects	Orlistat plus counseling → twice the weight loss vs. placebo ↓ progression to T2DM.	Additive effect leads to more weight loss than either drug alone; ↓ progression to T2DM.	Average weight loss 8%; improved BP, lipids, and glycemic control.	Weight loss > 8%; ↓ appetite/cravings. > 12% weight loss when combined with lifestyle change; ↑ glycemic control.	Weight loss 9%; 71% maintained at 3 years. Progression to diabetes ↓ by 80%.
Dosing and Evaluation	120 mg, 3 times daily with meals (or OTC alli® at half dose, 60 mg)	Start 3.75/23mg, ↑ to 7.5/46mg after 2 weeks. Evaluate after 12 weeks; ↑ dose or d/c if < 3% weight loss.	10mg twice daily; does not require titration. Evaluate after 12 weeks; d/c if weight loss < 5%.	Week 1: 8 mg/90 mg daily; ↑ weekly to target daily dose 32mg/360mg by week 4 (two pills, twice daily). Evaluate after 12 weeks on target dose; d/c if weight loss < 5%.	SubQ injection (arm, thigh, abdomen; rotate site). Start at 0.6 mg daily; ↑ by 0.6 mg weekly for 5 weeks to target dose 3 mg. Evaluate after 16 weeks; d/c if weight loss < 4%.
Adverse Effects	GI (diarrhea, flatulence), especially if large amounts fat ingested.	Paresthesia, dizziness, dry mouth, dysgeusia, insomnia, constipation.	Headache, dizziness, fatigue, nausea, dry mouth, constipation; hypoglycemia with other diabetes drugs.	Nausea, diarrhea, constipation, headache; most resolve in days to weeks; do not recur.	Nausea; GI symptoms.
Precautions	Binds fat-soluble vitamins; have patient take daily multivitamin at bedtime. ↑ urinary oxalate; predisposes to kidney stones.	Known teratogen; rule out pregnancy before starting; test monthly during treatment. Women should avoid pregnancy during treatment.	Serotonin/neuroleptic malignant syndrome if on serotonergic or anti-dopaminergic drug; valve disease, CHF, psychiatric disorders; priapism.	Warning about suicidal thoughts in patients < 24 years.	Hypoglycemia a risk in patients on antidiabetic meds; may be severe in those on sulfonyleureas or insulin.
Contra-indications	Pregnancy, cholestasis, malabsorption syndromes, use of cyclosporine.	Pregnancy, glaucoma, use of MAOIs, hyperthyroidism.	Pregnancy	Pregnancy; uncontrolled hypertension; seizure disorders; chronic opioid use; MAOI use.	Pregnancy, breastfeeding; thyroid cancer, multiple endocrine neoplasia type 2, acute pancreatitis.

BP = blood pressure; CHF = congestive heart failure; d/c = discontinue; GI = gastrointestinal; MAOI = monoamine oxidase inhibitor; OTC = over the counter; subQ = subcutaneous; T2DM = type 2 diabetes mellitus