

OBESITY TREATMENT

Generic	Brand	Strength	Form	Dosing
CNS STIMULANT				
amphetamine sulfate	Evekeo	CII 5mg, 10mg	tabs	Adults: Take 30–60mins before meals. Usually up to 30mg/day in divided doses of 5–10mg. Children: Not recommended.
methamphetamine HCl	Desoxyn	CII 5mg	tabs	≥12yrs: 1 tab 30mins before each meal. <12yrs: Not recommended.
GLUCAGON RECEPTOR-1 AGONIST				
liraglutide	Saxenda	⊗ 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. ≥12yrs: Lower escalation dose to previous level if increased dose not tolerated; dose escalation may take up to 8wks. Reduce maintenance dose to 2.4mg daily if 3mg not tolerated; discontinue if 2.4mg not tolerated. Evaluate response after 12wks. Discontinue if ≥1% weight loss is not achieved. ≥18yrs: Delay dose escalation 1wk if increased dose not tolerated; discontinue if 3mg not tolerated if concurrent insulin secretagogues (eg, sulfonylureas) or insulin; consider reducing their doses by ½. Evaluate response after 16wks. Discontinue if ≥4% weight loss is not achieved. <i>Both:</i> If >3 days elapsed since last dose, reinstate at 0.6mg/day, then follow dose escalation schedule. <12yrs: Not established.
semaglutide	Wegovy	⊗ 0.25mg/0.5mL, 0.5mg/0.5mL, 1mg/0.5mL, 1.7mg/0.75mL, 2.4mg/0.75mL	SC inj	Adults: Give by SC inj into abdomen, thigh, or upper arm; rotate inj sites. Escalate dose gradually. Weeks 1–4: 0.25mg once weekly; Weeks 5–8: 0.5mg once weekly; Weeks 9–12: 1mg once weekly; Week 13–16: 1.7mg once weekly; Week 17 and onward: 2.4mg once weekly. Consider delaying dose escalation for 4wks if increased dose not tolerated. If the 2.4mg once-weekly dose is not tolerated, may temporarily decreased to 1.7mg once weekly for max 4wks. After 4wks, increase to the 2.4mg once weekly; discontinue if 2.4mg dose is not tolerated. Children: Not established.
LIPASE INHIBITOR				
orlistat	Alli	OTC 60mg	caps	≥18yrs: 1 cap with each fat-containing meal; max 180mg/day. Take multivitamin once daily at bedtime. <18yrs: Not recommended.
	Xenical	⊗ 120mg	caps	≥12yrs: 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. <12yrs: Not established.
MELANOCORTIN RECEPTOR AGONIST				
setmelanotide	Imcivree	⊗ 10mg/mL	soln for SC inj	6–<12yrs: Initially 1mg SC once daily for 2wks, if tolerated, may increase to 2mg daily; if starting dose is not tolerated, may reduce to 0.5mg daily. If the 2mg is tolerated and additional weight loss is desired, may increase to 3mg daily. ≥12yrs: Initially 2mg SC once daily for 2wks, if tolerated, may increase to 3mg daily if additional weight loss is desired; if starting dose is not tolerated, may reduce to 1mg daily. Titrate up or down based on tolerability and weight loss goals.
OPIOID ANTAGONIST + AMINOKETONE				
naltrexone HCl/ bupropion HCl	Contrave	⊗ 8mg/90mg	ext-rel tabs	Avoid high-fat meals. Escalate dose gradually. ≥18yrs: 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). <18yrs: Not recommended.
SYMPATHOMIMETIC				
benzphetamine HCl	—	CIII 50mg	scored tabs	≥17yrs: Initially 25–50mg once daily in mid-morning or mid-afternoon. Increase if needed to 25–50mg 1–3 times daily. <17yrs: Not recommended.
diethylpropion HCl	—	CIV 25mg 75mg	tabs sust-rel tabs	>16yrs: 25mg 3 times daily 1hr before meals and in midevening for night hunger or one 75mg sust-rel tab daily in midmorning. ≤16yrs: Not recommended.
phendimetrazine tartrate	—	CIII 105mg 35mg	ext-rel caps scored tabs	≥17yrs: 1 cap in AM, 30–60mins before morning meal. <17yrs: Not recommended. Adults: 35mg 2–3 times daily, 1hr before meals; may reduce to 17.5mg/dose. Max 210mg/day in 3 divided doses. Children: Not recommended.
phentermine HCl	—	CIV 15mg, 30mg	powder-filled or pellet-filled caps	Avoid late evening dosing. >16yrs: Individualize. 15–30mg at approx. 2hrs after breakfast. ≤16yrs: Not recommended.
	Adipex-P	37.5mg	caps, scored tabs	Avoid late evening dosing. >16yrs: 37.5mg once daily before or 1–2 hrs after breakfast, or 18.75mg 1–2 times daily. ≤16yrs: Not recommended.
	Lomaira	8mg	scored tabs	Avoid late evening dosing. >16yrs: Individualize; usually 1 tab 3 times daily at approx. 30mins before meals. ≤16yrs: Not recommended.
SYMPATHOMIMETIC + ANTI-EPILEPTIC				
phentermine HCl/ topiramate extended-release	Qsymia	CIV 3.75mg/23mg, 7.5mg/46mg, 11.25mg/69mg, 15mg/92mg	caps	Take once daily in AM. ≥18yrs: 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. <18yrs: Not recommended.

NOTES

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

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