

FDA Approved Weight-Loss Medications

The following table is intended to give providers a quick tool for comparing weight-loss medications. The information on this page is not intended to serve as a comprehensive list of side effects, contraindications, or precautions. This table was up to date as of April, 2015. For the latest and most complete information, view the medication's latest package insert.

Medication/Expected Weight Loss	Mechanism/Function	Pros/Cons	Side Effects	Contraindications
Orlistat 3-4% average weight loss at 1 year	Mechanism: Lipase inhibitor Function: Blocks 1/3 of the fat consumed from being absorbed by the small intestines.	Pros: Non-systemic. Approved by the FDA for long-term use. Less expensive, over-the-counter version is less expensive (Alli™). Cons: Relatively less weight loss. Unpleasant changes in bowel movements when foods >30% fat are consumed.	Decreased absorption of fat-soluble vitamins, steatorrhea, oily spotting, flatulence with discharge.	Cyclosporine (taken within 2 hours), Chronic malabsorption syndrome, pregnancy and breastfeeding.
Lorcaserin 5-10% weight loss at 1 year	Mechanism: Serotonin receptor agonist Function: Stimulates the 2c receptor, inducing satiety.	Pros: Side effect profile, long-term data available. Cons: Expensive	Headache, nausea, dry mouth, dizziness, fatigue, constipation	Pregnancy and breastfeeding
Phentermine/Topiramate 5-10% weight loss at 1 year	Mechanism: Combination anorectic and anticonvulsant medication Function: Phentermine suppresses appetite and topiramate decreases appetite and causes feelings of fullness to last longer after eating.	Pros: Relatively better weight loss (>5%) Cons: Expensive; teratoge	Insomnia, dry mouth, constipation, paraesthesia, dizziness, dysgeusia	Pregnancy and breastfeeding, hyperthyroidism, glaucome, MAO inhibitor
Bupropion/Naltrexone 3-5% weight loss at 1 year	Mechanism: Combination antidepressant and opioid receptor blocker Function: Bupropion weakly inhibits reuptake of dopamine and norepinephrine, which activates POMC neurons in the hypothalamus, Naltrexone potentiates feedback inhibition of POMC neurons.	Pros: Addresses food addiction, long-term data available Cons: Side effect profile, moderate cost	Nausea, constipation, headache, vomiting, dizziness	Uncontrolled hypertension, seizure disorders, anorexia nervosa or bulimia, drug or alcohol withdrawal, MAO inhibitors.
Lariglutide 5% at 1 year	Mechanism: GLP-1 agonist Function: Acts on the POMC neurons in the first order anorexigenic pathway, producing satiety.	Pros: Side effect profile, long-term data available Cons: Expensive, injectable	Nausea, vomiting, pancreatitis	Medullary thyroid cancer history, multiple endocrine neoplasia type 2 history

(Domecq et al., 2015; Apovian et al., 2015; Huizinga, 2007)

REFERENCES

Apovian CM , Aronne LJ, Bessesen DH . Pharmacological management of obesity: an endocrine society practice guideline . *J Clin Endocrinol Metab* . 2015. Available at:<http://press.endocrine.org/doi/pdf/10.1210/jc.2014-3415> Accessed on: 2015-01-23.

Domecq JP, Prutsky G, Leppin A. Drugs commonly associated with weight change: a systematic review and meta-analysis. *Drugs commonly associated with weight change: a systematic review and meta-analysis*. 2015; 100: . Available at: <http://www.ncbi.nlm.nih.gov/pubmed/25590213> Accessed on: 2015-03-20.

Huizinga MM . Weight-loss pharmacotherapy: a brief review . *Clinical Diabetes* . 2007; 25: 135-140. Available at: <http://clinical.diabetesjournals.org/content/25/4/135.long> Accessed on: 2015-01-26.