

PREFERRED WEIGHT-LOSS MEDICATIONS: INDIVIDUALIZATION OF THERAPY						
KEY: ■ PREFERRED DRUG ■ USE WITH CAUTION ■ AVOID						
CLINICAL CHARACTERISTICS OR CO-EXISTING DISEASES		MEDICATIONS FOR CHRONIC WEIGHT MANAGEMENT				
		Orlistat	Lorcaserin	Phentermine/topiramate ER	Naltrexone ER/bupropion ER	Liraglutide 3 mg
Diabetes Prevention (metabolic syndrome, prediabetes)			Insufficient data for T2DM prevention		Insufficient data for T2DM prevention	
Type 2 Diabetes Mellitus						
Hypertension				Monitor heart rate	Monitor BP and heart rate Contraindicated in uncontrolled HTN	Monitor heart rate
Cardiovascular Disease	CAD			Monitor heart rate	Monitor heart rate, BP	Monitor heart rate
	Arrhythmia		Monitor for bradycardia	Monitor heart rate, rhythm	Monitor heart rate, rhythm, BP	Monitor heart rate, rhythm
	CHF	Insufficient data	Insufficient data	Insufficient data	Insufficient data	Insufficient data
Chronic Kidney Disease	Mild (50–79 mL/min)					
	Moderate (30–49 mL/min)			Do not exceed 7.5 mg/46 mg per day	Do not exceed 8 mg/90 mg bid	
	Severe (<30 mL/min)	Watch for oxalate nephropathy	Urinary clearance of drug metabolites	Urinary clearance of drug	Urinary clearance of drug	Avoid vomiting and volume depletion
Nephrolithiasis		Calcium oxalate stones		Calcium phosphate stones		
Hepatic Impairment	Mild-Moderate (Child-Pugh 5–9)	Watch for cholelithiasis	Hepatic metabolism of drug	Do not exceed 7.5 mg/46 mg per day	Do not exceed 8 mg/90 mg in AM	Watch for cholelithiasis
	Severe (Child-Pugh >9)	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended
Depression			Insufficient safety data Avoid combinations of serotonergic drugs	Avoid maximum dose: 15 mg/92 mg per day	Insufficient safety data Avoid in adolescents and young adults	
Anxiety				Avoid max dose: 15 mg/92 mg per day		
Psychoses		Insufficient data	Insufficient data	Insufficient data	Insufficient data	Insufficient data
Binge Eating Disorder			Insufficient data; however, possible benefit based on reduction in food cravings	Insufficient data; however, possible benefit based on studies with topiramate	Insufficient data, though possible benefit based on studies with bupropion Avoid in patients with purging or bulimia nervosa	Insufficient data
Glaucoma				Contraindicated, may trigger angle closure	May trigger angle closure	
Seizure Disorder				If discontinuing from max dose, taper slowly	Bupropion lowers seizure threshold	
Pancreatitis		Monitor for symptoms				Monitor for symptoms Avoid if prior or current disease
Opioid Use					Will antagonize opioids and opiates	
Women of Reproductive Potential	Pregnancy	Use contraception and discontinue orlistat should pregnancy occur	Use contraception and discontinue lorcaserin should pregnancy occur	Use contraception and discontinue phentermine/topiramate should pregnancy occur (perform monthly pregnancy checks to identify early pregnancy)	Use contraception and discontinue naltrexone ER/bupropion ER should pregnancy occur	Use contraception and discontinue liraglutide 3 mg should pregnancy occur
	Breast-feeding	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended
Age ≥65 years *		Limited data available	Insufficient data	Limited data available	Insufficient data	Limited data available
Alcoholism/Addiction			Might have abuse potential due to euphoria at high doses	Insufficient data, though topiramate might exert therapeutic benefits	Avoid due to seizure risk and lower seizure threshold on bupropion	
Post-Bariatric Surgery		Insufficient data	Insufficient data	Limited data available	Insufficient data	Data available at 1.8 – 3.0 mg/day

* Use medications only with clear health-related goals in mind; assess patient for osteoporosis and sarcopenia.

Abbreviations: BP = blood pressure; CAD = coronary artery disease; CHF = congestive heart failure; HTN = hypertension; T2DM = Type 2 Diabetes Mellitus.