

Comparison of Weight Loss Products

Modified May 2025



The chart below reviews pertinent information about use of approved weight-loss products, including dosing, expected weight loss, cost, and considerations for use. For information on bariatric surgery, see our chart, [Bariatric Surgery and Medication Use](#).

Drug/Cost ^c	Weight Loss ^b	Usual Dose ^a	Comments ^a
Products that work as a sympathomimetic, anorectic, or to reduce appetite^d			
Diethylpropion (generics, US only) Cost: <\$1/day (IR); <\$5 (CR) Schedule IV	~3.6% to 8% ^{6,7,10}	- For short-term use (a few weeks)^e in patients 16 years and older: » IR: 25 mg PO TID one hour before meals or QID (TID plus mid-evening dose). » CR: 75 mg once daily mid-morning. - Discontinue if tolerance develops or if not effective after four weeks (e.g., <1.8 kg [4 pounds] lost).	- Monitor BP and HR.⁸ - Avoid abrupt discontinuation to prevent withdrawal symptoms after prolonged use. - Evidence quality is low.⁸ Discontinuation rate due to adverse effects: ~1 in 12 patients.⁶
Phentermine (US only: Adipex-P, generics; Lomaira; generic 15 mg and 30 mg capsules) Cost: - Adipex-P: <\$1/day (generic) - Lomaira: <\$5/day - generic 15 mg, 30 mg capsules: <\$1/day Schedule IV	~3.63% to 5.1% ^{5,8}	- For short-term use (a few weeks)^e in patients 17 years and older: » Adipex-P: 37.5 mg PO once daily before breakfast OR one to two hours after breakfast. » Lomaira: 8 mg PO TID 30 minutes before meals. » generic 15, 30 mg capsule: 15 to 30 mg ~2 hours after breakfast. - Discontinue if tolerance develops.	- Avoid in CV disease.⁸ Monitor BP and HR.⁸ - Avoid late evening dosing to prevent insomnia. - Withdrawal symptoms may occur after prolonged use of high doses. - Evidence quality is low.⁸ Discontinuation rate due to adverse effects: ~1 in 18 patients (37.5 mg once daily);¹ ~1 in 10 patients (15 mg once daily).²
Phentermine/topiramate ER (Qsymia, US only) Cost: <\$10/day Schedule IV Provide a MedGuide with each Rx. Pharmacy must be REMS-certified (www.qsymiarems.com).	~6.6% to 8.6% ⁵	For patients 12 years and older: - Start with 3.75 mg/23 mg PO once daily in the morning x 14 days, then double the dose. Increase to 11.25/69 mg, then to 15/92 mg if needed. - Discontinue after 12 weeks at max dose if patient has not achieved a reduction of ≥5% of baseline body weight (adults) or BMI (pediatrics).	- Consider for patients with migraine.⁸ - Avoid in CV disease and uncontrolled hypertension.⁸ Monitor BP and HR.⁸ - Monitoring: see footnote f. - Avoid evening dosing to prevent insomnia. - Avoid abrupt discontinuation to prevent withdrawal symptoms (including seizures), especially with higher doses. Discontinuation rate due to adverse effects: ~1 in 6 patients.³
Products that work as a GLP-1 receptor agonist (and GIP receptor agonist [tirzepatide]) to reduce appetite and food/calorie intake. See our chart, Comparison of GLP-1 and GIP/GLP-1 Receptor Agonists.			
Product that works to inhibit GI lipase to prevent fat absorption			
Orlistat (Xenical) (Alli [over-the-counter (OTC); US only]) Cost: US: ~\$15/day (Xenical); <\$5/day (Alli) Canada: ~\$6/day (Xenical)	~2.78 to 4% ^{5,8}	- For patients 12 years and older: » Xenical: 120 mg PO TID with each main meal containing fat (and a diet with ~30% of calories from fat). - For patients 18 years and older: » Alli: 60 mg PO up to TID with meals containing fat. - Recommend an MVI with A, D, E, K, and beta-carotene at bedtime or ≥2 hours before or after orlistat.	- Not a preferred option due to side effects (e.g., fecal incontinence, gas).⁸ - May carry small risk of cholelithiasis.⁸ - May reduce absorption of certain meds. See product labeling for specifics (e.g., timing, monitoring, dose adjustments). - Recommend additional contraception if patients taking an oral contraceptive experience severe diarrhea (Canada). Discontinuation rate for Xenical due to adverse effects: ~1 in 12 patients.

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Product that works to reduce appetite and cravings⁹			
Naltrexone 8 mg/ bupropion 90 mg ER (Contrave) Provide a MedGuide with each Rx (US). Cost: • US: ~\$20/day • Canada: \$10/day	~3.2% ⁵	For patients 18 years and older: • 2 tabs PO BID (start with 1 tab once daily, increase by 1 tab weekly to target dose). » Avoid taking with a high-fat meal to minimize seizure risk. • Discontinue after 12 weeks at the maintenance dose if <5% weight loss achieved.	• Requires dose reduction with CYP2B6 inhibitors, or kidney or liver impairment. CYP2B6 inducers can reduce efficacy. • Avoid in patients taking opioids (due to naltrexone). • Monitor for increases in BP, HR, and suicidal thoughts/behavior (due to bupropion). • Discontinuation rate due to adverse effects: ~1 in 4 patients.
Product that works to reduce hepatic gluconeogenesis, insulin production, and appetite¹¹			
Metformin Cost: • US: <\$1/day (IR); ~\$2/day (ER) • Canada: <\$1/day (IR); ~\$3/day (ER)	Pediatrics: BMIz score ⁹ reduction 0.26 (a modest reduction); ~5 kg ¹⁶	For patients 6 to 17 years of age: • IR: 500 mg BID, increased over 3 weeks to 1,000 mg BID. Decrease dose by 250 mg/dose if not tolerated, and try to escalate after a week. ¹² • ER (for adolescents only): 1,000 mg once daily, increased over 3 weeks to 2,000 mg once daily. Decrease dose by 500 mg/day if not tolerated, and try to escalate after a week. ¹²	• Suggested by Canadian guidelines for patients ≥12 years of age. ¹³ • GI side effects (e.g., nausea, vomiting, diarrhea) are common. ¹⁴ • Lactic acidosis is rare in children and adolescents. ¹⁴
Product that works as a melanocortin 4 (MC4) receptor agonist to reduce appetite			
Setmelanotide (Imcivree) Cost: • US: ~\$360/mg • Canada: available only from a specialty distributor.	~3.5% ⁹	• For patients 6 years of age and older, target dose is 3 mg once daily (start with 1 to 2 mg once daily [US], or 0.5 to 1 mg once daily [Canada], depending on age, increasing every two weeks as tolerated). • See product labeling for titration details. • Discontinue after 12 to 16 weeks at full dose if <5% weight loss achieved.	• Approved in patients with obesity due to Bardet-Biedl syndrome or abnormality of one of the following: » proopiomelanocortin (POMC) » proprotein convertase subtilisin/kexin type 1 (PCSK1) » leptin receptor (LEPR) • Requires dose reduction for eGFR • 15 to 29 mL/min/1.73 m ² . • Discontinuation rate due to adverse effects: ~1 in 20 patients. ⁹

Abbreviations: BID = twice daily; BP = blood pressure; CR = controlled-release; CV = cardiovascular; ER = extended-release; GI = gastrointestinal; GIP = glucose-dependent insulinotropic polypeptide; GLP = GLP-1 = glucagon-like peptide-1; HR = heart rate; IR = immediate-release; PO = orally; TID = three times daily; QID = four times daily.

Footnotes:

- Information from product labeling, unless otherwise noted. US prescribing information:** diethylpropion extended-release (Lannett Company, December 2019); diethylpropion hydrochloride tablet (Chartwell, March 2023); Adipex-P (March 2024); Lomaira (December 2023); phentermine capsule 15 mg, 30 mg (Sunrise, April 2022); Qsymia (September 2024); Xenical (July 2024); Alli (January 2024); Contrave (May 2024); Imcivree (November 2023). **Canadian product monographs:** Xenical (July 2023); Contrave (August 2023); Imcivree (May 2023).
- Expected weight loss** with lifestyle changes and/or diet. **Weight loss is the amount above that seen with placebo.** Weight loss varies based on lifestyle modification, dose achieved, concomitant medications, etc.
- Pricing (for generic when available) based on wholesale acquisition cost (WAC). US medication pricing by Elsevier, accessed January 2025 (metformin April 2025).
- Older amphetamines indicated for weight loss (e.g., benzphetamine [US], methamphetamine [US], phendimetrazine [US]) are not included in the chart. However, adverse effects, contraindications, and cautions are similar to diethylpropion and phentermine. Product labeling should be consulted for more specific information.
- Though product labeling may specify use should be limited to a few weeks, guidelines suggest that if weight loss from an approved medication is at least 5% at 12 weeks, medications can be continued long-term.^{4,8}
- Qsymia: monitor for (due to topiramate):
 - decreased sweating, hyperthermia
 - pregnancy (test baseline and monthly due to risk of birth defects)
 - mood, behavior, or sleep changes; suicidal ideation/behaviors
 - cognitive impairment
 - metabolic acidosis
 - reduced kidney function
 - hypokalemia
 - vision changes (angle closure glaucoma)
- BMIz score is body mass index adjusted for child sex and age.¹⁵ Minimally important difference is 0.25.¹⁶

Clinical Resource, *Comparison of Weight Loss Products. Pharmacist's Letter/Pharmacy Technician's Letter/Prescriber Insights*. January 2025. [410268].

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