

Obesity Medication Details

Drug	Description	Main Side Effects	Contraindications/Considerations	Illustrative Drug Interactions
<p>Phentermine (and other sympathomimetic amines) Capsule or tablet taken daily, twice daily, or three times daily with or without food</p>	<ul style="list-style-type: none"> • Sympathomimetic amine approved in 1959 • DEA Schedule IV stimulant agent • Approved for short-term use (12 weeks) • Reported weight loss varies from 5%–12% after 3–6 months 	<p>Headache, blood pressure elevation, increased heart rate, overstimulation, tremor, dry mouth, restlessness, constipation, and insomnia</p>	<p>Contraindications Uncontrolled hyperthyroidism, uncontrolled high blood pressure, seizure disorder, cardiovascular disease, use of MAO inhibitors within 14 days, glaucoma, agitated states, drug abuse</p>	<p>During or within 14 days following MAO inhibitors, sympathomimetics, alcohol, adrenergic neuron blocking drugs, and possibly some anesthetic agents</p>
<p>Orlistat Capsule to be taken with meals</p>	<ul style="list-style-type: none"> • Gastrointestinal lipase inhibitor that impairs digestion of dietary fat • Lower doses are approved over-the-counter • Average reported weight loss of 5% 	<p>Oily stools and flatus, especially after fatty foods; can promote gallstones and kidney stones and malabsorption of fat-soluble vitamins (A, D, E, K); a multivitamin daily is recommended; rare cases of severe liver injury and pancreatitis have been reported</p>	<p>Contraindications Chronic malabsorption syndrome and cholestasis</p>	<p>Cyclosporine, oral hormone contraceptives, antiseizure medications, thyroid hormone, and warfarin</p>
<p>Naltrexone/Bupropion Tablets to be taken twice daily not at meals</p>	<ul style="list-style-type: none"> • Combination of naltrexone (opioid antagonist used for addictions) and bupropion (used for depression and smoking cessation) 	<p>Nausea, constipation, headache, vomiting, dizziness, insomnia, dry mouth, diarrhea, and acute closure glaucoma; bupropion can increase the risk of</p>	<p>Contraindications Uncontrolled high blood pressure, seizure disorders, or drug/alcohol withdrawal</p>	<p>Opioid pain medications, anti-seizure medications, MAO inhibitors</p>

	<ul style="list-style-type: none"> • Average weight loss 5%–6% of body weight 	suicidal ideation in children, adolescents, and young adults		
Phentermine/Topiramate Capsule to be taken once daily in the morning	<ul style="list-style-type: none"> • Combination of phentermine (sympathomimetic amine, antiobesity drug) and topiramate (used to treat seizures and migraine headaches) • DEA Schedule IV drug • Average weight loss of 10% of body weight 	Same as for phentermine; additional side effects due to topiramate include paresthesia (tingling or numb feelings to extremities), dizziness, dysgeusia (abnormal taste); monitor for increased heart rate, suicidal behavior/ideation, mood and sleep disorders, cognitive impairment, metabolic acidosis, elevated creatinine, and low blood sugars in patients on anti-diabetes medications; discontinue with acute myopia and secondary angle glaucoma	Contraindications Glaucoma or hyperthyroidism; topiramate is teratogenic; a negative pregnancy test is required prior to phentermine/topiramate initiation; thereafter, the FDA recommends women use effective contraception and have monthly pregnancy tests during treatment with phentermine/topiramate	Should not be taken during or within 14 days of MAO inhibitor use; avoid use with alcohol, due to potentiation of depressant effects; may potentiate hypokalemia when used with non-potassium-sparing diuretics
Liraglutide Daily subcutaneous injection	<ul style="list-style-type: none"> • GLP-1 receptor agonist • Average weight loss of 7%–8% of body weight 	Nausea, vomiting, bloating, fullness, diarrhea, constipation, dyspepsia, abdominal pain, fatigue, dizziness, headache, worsening depression, increase in	Contraindications Personal or family history of medullary thyroid cancer or type 2 multiple endocrine neoplasia syndrome Special considerations Discontinue with suspected pancreatitis, gall bladder disease, or	May slow gastric emptying, consequently affecting absorption of certain oral medications

		lipase, and rarely renal insufficiency	suicidal behavior and ideation; may promote hypoglycemia, particularly in patients with diabetes mellitus treated with insulin or sulfonylureas	
Semaglutide Weekly subcutaneous injection	<ul style="list-style-type: none"> • GLP-1 receptor agonist • Average weight loss of 15%–16% of body weight 	Same as liraglutide	Same as liraglutide Additional considerations Can worsen retinopathy in patients with preexisting diabetic retinopathy	Same as liraglutide
Tirzepatide Weekly Subcutaneous injection	<ul style="list-style-type: none"> • Dual GLP-1 receptor agonist and glucose-dependent insulinotropic peptide receptor agonist • Average weight loss 22%–23% of body weight 	Same as liraglutide and semaglutide; studies suggest that the medication is better tolerated than the other two GLPs	Contraindications Same as liraglutide and semaglutide	Same as liraglutide and semaglutide

GLP-1 = glucagon-like peptide-1, MAO = monoamine oxidase.

Reference: Obesity Medicine Association (OMA). Obesity Algorithm 2025. Accessed February 13, 2026. <https://obesitymedicine.org/resources/obesity-algorithm/>.