

Anti Obesity Medication Algorithm

Mechanism	Mean Weight Loss	Dose	Side Effect	Contraindication	FDA Status	Cost
<p>Topiramate GABA receptor modulator Reduces glutamate release by blocking voltage gated Na channels</p> <p>Recommend to dose in the PM</p>	6-9%	<p>Titrate Dose: 25 mg q hs x 7 days 50 mg q hs x 7 days 75 mg q hs x 7 days Final dose: 100 mg q hs Can go as high as 200 mg q hs or divide BID</p>	Brain fog, fatigue, dry mouth, paresthesia, nausea, temporary vision loss, irritability	Pregnancy, glaucoma	Youth 2 + for seizure control Youth 12+ for migraine control No indication for weight control	Covered by almost all insurances GoodRx coupon available (\$10/mo out of pocket)
<p>Phentermine Norepinephrine (NE) releasing agent Reduces uptake of NE from synapse Increased serotonin and dopamine (DA) reuptake</p> <p>Recommend to dose in the AM</p>	5-7.8%	8 mg, 10 mg, 15 mg and 37.5 mg Dose q AM	Headache, increased BP, anxiety, palpitations, tachycardia, dry mouth, insomnia, diarrhea	h/o heart disease, uncontrolled HTN, glaucoma, h/o drug abuse, on MAOi, pregnancy	Youth 16+ for weight control	Not covered by insurance for those <16 yo GoodRx coupon available (\$5-8/mo out of pocket)
<p>Topiramate/Phentermine (Qysmia)</p> <p>Recommend to dose in the AM</p>	7-10%	<p>Titrate Dose: 3.75/23 mg QD x 14 days 7.5/36 QD x 3 months if <3% weight loss at week 12, titrate up to 15/92 mg daily</p>	See above	See above	Youth 12+ for weight control	Not covered by insurance No Goodrx Cheaper to prescribe

						separately
Metformin	3-4%	Titrate Dose: 500 mg QD 500 mg BID 500 mg AM and 1000 mg PM Final Dose: 1000 mg BID	Diarrhea, nausea, abdominal cramping	renal failure, elevated ALT more than 300	Youth 10+ for type 2 diabetes	Covered by all insurance for weight management if you can show insulin resistance Goodrx (\$5/month out of pocket)
Liraglutide (Saxenda) GLP-1 agonist Recommend to dose in the PM	7%	Titrate Dose: 0.6 mg SQ daily x 7 days 1.2 mg SQ daily 1.8 mg SQ daily 2.4 mg SQ daily Final Dose: 3.0 mg SQ daily dose	Nausea, vomiting, diarrhea, abdominal cramping	Pancreatitis, gallbladder disease, MTC, MEN2	Youth 12+ for weight control	Variable coverage Always rejected by Blue Cross/Blue Shield Approved by Medical for those 12 and up
Semaglutide GLP-1 agonist	7-10%	Ozempic Titrate Dose: 0.25 mg SQ weekly x 4 weeks	Nausea, vomiting, diarrhea, abdominal cramping	Pancreatitis, gallbladder disease, MTC, MEN2	Youth 18+ for weight control	Variable coverage Always

<p>Recommend to dose in the PM</p>		<p>0.5 mg SQ weekly x 4 weeks 0.75 mg SQ weekly x 4 weeks Final Dose: 1.0 mg SQ weekly</p> <p>Wegovy Titration: 0.25 mg SQ weekly x 4 weeks 0.5 mg SQ weekly x 4 weeks 1.0 mg SQ weekly x 4 weeks 1.7 mg SQ weekly x 4 weeks Final Dose: 2.4 mg SQ weekly</p>				<p>rejected by Blue Cross/Blue Shield</p>
<p>Naltrexone/Bupropion Opiate antagonist/reuptake inhibitor of DA and NE</p>	<p>4-6%</p>	<p>Titrate dose to 8mg/90 mg 1 tab QD x 7 days 1 tab BID x 7 days 2 tabs QAM and 1 tab QPM x 7 days Final Dose: 2 tabs BID</p>	<p>Nausea, constipation, headache, vomiting, dizziness</p>	<p>Uncontrolled HTN, seizure disorder, anorexia nervosa, bulimia nervosa, drug or alcohol withdrawal and MAOi inhibitors</p>	<p>Youth 16+ for mental health treatment (Anxiety, Depression, Binge Eating Disorder)</p>	<p>Variable coverage If mental health disorder diagnosed then covered</p>

Phentermine

1. **What is it used for?** Phentermine is used to decrease appetite in people who carry extra weight AND who are enrolled in a weight management program that includes dietary, physical activity, and behavior changes.
2. **How does it work?**
 - a. Phentermine is in a class of medications called anorectics. It works by decreasing appetite. Patients taking phentermine find that they:
 - i. feel less hunger
 - ii. find it easier to push the plate away
 - iii. have an easier time eating less
 - b. For some patients, these feelings are very real and immediate. For other patients, the feelings are less obvious. Like all weight loss medications, phentermine works best when you help it work. This means:
 - i. limit tempting high calorie (“junk”) food in your house
 - ii. avoid situations or people that may trigger your food craving
 - iii. eat out only one time or less each week
 - iv. eat your meals at a table with the TV or computer off
3. **How should I take this medication?** Phentermine is usually taken as a single daily dose in the morning. Do not take a larger dose, take it more often, or take it for a longer period than your doctor tells you to.
4. **Is phentermine safe?** Phentermine is not FDA approved for use in children or adolescents 16 years of age or younger. You should not take phentermine if you have uncontrolled high blood pressure, heart disease, hyperthyroidism (overactive thyroid gland), glaucoma, or if you are taking stimulant ADHD medications.
5. **What are the side effects?**
 - a. Call your doctor right away if you have any of these side effects:
 - i. increased blood pressure or heart palpitations
 - ii. severe restlessness or dizziness
 - iii. difficulty doing exercises that you have previously been able to do
 - iv. chest pain or shortness of breath
 - v. swelling of the legs and ankles
 - b. If you notice these less serious side effects talk with your doctor:
 - i. dry mouth
 - ii. diarrhea or constipation
 - iii. trouble sleeping

6. Patient Selection:

- a. BMI
 - i. BMI \geq 1.2 times 95th percentile or
 - ii. BMI \geq 95th percentile with comorbidities
- b. Age
 - i. "Not recommended" for people \leq 16 years old

7. Other Considerations

- a. Consider for patients with:
 - i. strong hunger or poor satiety
 - ii. low energy

8. CONTRAINDICATIONS

- a. history of substance abuse
- b. history of CVD including arrhythmias, CAD, uncontrolled HTN
- c. Hyperthyroidism
- d. Glaucoma
- e. history or current use of MAOI
- f. agitated state
- g. taking other psychostimulants

9. USE CAUTION

- a. high blood pressure (obtain cardiac echo and ensure adequate control of HTN before starting phentermine)
- b. history of congenital heart disease (consider cardiology consult before starting)
- c. taking SSRIs (fluoxetine/Prozac, sertraline/Zoloft, citalopram/Celexa) or SNRIs (duloxetine/Cymbalta, venlafaxine/Effexor, mirtazapine/Remeron)
- d. taking insulin
- e. renal impairment

10. To Start Phentermine:

- a. Check for heart murmur, BP, HR, creatinine
- b. Review warnings with patient and family:
 - i. Cardiovascular
 - 1. High blood pressure
 - 2. Palpitations

- 3. Tachycardia
- 4. SOB, chest pain, lower extremity edema (primary pulmonary hypertension)
- ii. CNS
- c. Start phentermine 15 mg QAM
 - i. Formulations: 8 mg tab, 15 mg cap, 30 mg cap, 37.5 mg tab and cap
 - ii. Phentermine is a controlled substance (Class IV); follow local prescribing regulations
 - iii. FDA approved for only "short term use" – 12 weeks
 - iv. Document off-label use and consent for treatment in medical record ("We discussed that phentermine is not FDA approved for the indication of weight loss in youth under 17. We reviewed the side effects of this medication, and that there are unknown side effects as well. Patient's parent/guardian consents to treatment.")
- d. Give family: phentermine patient info and off-label prescribing info
- e. **Can also consider using Vyvanse as an alternative stimulate medications:**
 - i. **Formulation: 30 mg q AM, can titrate by 20 mg monthly to max dose of 70 mg q AM**
 - 1. **Prior to treatment, assess for presence of cardiac disease**
 - 2. **Severe renal impairment: Maximum dose is 50 mg/day (2.5)**
 - 3. **End stage renal disease**
 - 4. **Maximum dose is 30 mg/day (2.5)**
 - ii. **Controlled substance IV**
 - iii. **FDA approved for ADHD does not weight management**
 - iv. **Side Effects: dry mouth, decreased appetite, constipation, anxiety, trouble sleeping, increased heart rate, feeling jittery**

11. Follow-up:

- a. Check BP and HR in 2-3 days
- b. See patient monthly x 3, at least to start
- c. Review BP, HR, exam, side effects, risks/benefits, and off-label use at each visit
- d. Dosage should be individualized to obtain adequate response with lowest effective dose. If BMI is not stabilized or if patient develops tolerance, consider: 1) discontinuing phentermine, or 2) increasing dose to 30-37.5 mg QD (or divided), or 3) adding topiramate

12. Discontinue:

- a. If BMI continues to increase
- b. Develops adverse side effects

Topiramate:

1. Patient Selection:

- a. BMI
 - i. BMI \geq 1.2 times 95th percentile or
 - ii. BMI \geq 95th percentile with comorbidities
- b. Age
 - i. FDA approved for seizures \geq 2 years
 - ii. FDA approved for migraine prophylaxis \geq 12 years
- c. Other Considerations
 - i. Consider for patients with
 1. poor satiety
 2. food cravings
 3. symptoms of binge eating disorder
 4. weight gain due to atypical antipsychotic medication (e.g. aripiprazole/Abilify, olanzapine/Zyprexa, ziprasidone/Geodon, risperidone/Risperdal) AND do not have insulin resistance/prediabetes
 5. migraine headaches
 6. night eating
 7. seizures (discuss with neurologist: depakote+topiramate may increase risk of hyperammonemia)
 8. mood swings who could benefit from mood stabilizer

2. **CONTRAINDICATIONS** – h/o heart disease, uncontrolled HTN, glaucoma, h/o drug abuse, on MAOi, pregnancy

3. USE CAUTION

- a. kidney stones
- b. glaucoma
- c. high risk for pregnancy due to fetal toxicity (and because topiramate may render oral contraceptives less effective)
- d. metabolic acidosis – especially if on acetazolamide (as for pseudotumor cerebri) or with kidney disease or diabetes
- e. active suicidal ideation
- f. poor cognitive function and academic struggles

4. To Start Topiramate:

- a. Check baseline basic metabolic panel to assess for metabolic acidosis and kidney function
- b. Check baseline urine pregnancy test
- c. Review warnings with patient and family

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- i. Paresthesia - most common
 - ii. Fatigue
 - iii. Cognitive dysfunction – especially short-term memory loss and word finding difficulty at doses above 100 mg QD
 - iv. Teratogenic potential
 - v. Symptoms of kidney stones
 - vi. Oligohydrosis and hyperthermia, especially in summer months – encourage good hydration
 - vii. Mood changes
 - viii. Acute myopia
- d. Start topiramate: 25 mg Q am for week 1, 50 mg Q am for week 2, then 75 mg Q am for week 3 and thereafter 100 mg nightly and monitor effect. Can consider titrating to 200 mg nightly as tolerated. Consider dosing at night if patient is fatigued at baseline or develops fatigue
- e. Include discussion of off-label use of topiramate and consent for treatment in documentation (“We discussed that topiramate is not FDA approved for the indication of weight loss, but that it has been shown to help reduce weight in well controlled clinical studies. We reviewed the side effects of this medication, and that there are unknown side effects as well. Patient’s parent/guardian consents to treatment.”)
- f. Give family: topiramate patient info and off-label prescribing info

5. Follow-up:

- a. See patient monthly x 3, at least to start
- b. Recheck electrolytes at 3 months to monitor bicarbonate and regularly thereafter
- c. Review side effects, risks/benefits, and off-label use monthly
- d. Expect BMI stabilization at a minimum; may need to split dose or increase dose (up to 75-200 mg BID?) if patient not responding; consider adding phentermine if BMI stabilizes but not yet decreasing

6. Discontinue:

- a. If BMI continues to increase at full dose (75-100 mg BID) after 3-4 months or with side effects
- b. To stop topiramate, wean off slowly. Abrupt discontinuation may precipitate seizures

Topiramate/Phentermine:

1. Patient Selection:

- a. BMI
 - i. BMI \geq 1.2 times 95th percentile or
 - ii. BMI \geq 95th percentile with comorbidities
- b. Age
 - i. FDA approved for weight control \geq 12 years

Same information as above contraindications and side effects.

Dose: Titrate Dose: 3.75/23 mg QD x 14 days; 7.5/36 QD x 3 months; if $<3\%$ weight loss at week 12, titrate up to 15/92 mg daily

Liraglutide (Saxenda):

1. Patient Selection:

- a. BMI
 - i. BMI \geq 1.2 times 95th percentile or
 - ii. BMI \geq 95th percentile with comorbidities
- b. Age
 - i. FDA approved for T2DM in children \geq 10 yo
 - ii. FDA approved for obesity in children \geq 12 yo

2. Other Considerations

- a. Consider for patients with
 - i. T2DM
 - ii. insulin resistance
 - iii. poor satiety
 - iv. food cravings

3. CONTRAINDICATIONS

- a. personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2

4. USE CAUTION

- a. thyroid c-cell tumors
- b. pancreatitis
- c. acute gall bladder disease
- d. renal impairment
- e. serious hypoglycemia

5. To Start Liraglutide:

- a. Check baseline basic metabolic panel to assess kidney function
- b. Review warnings with patient and family
 - i. nausea, diarrhea, constipation, vomiting, abdominal pain, dyspepsia
 - ii. headache, dizziness, fatigue
 - iii. hypoglycemia
- c. Start liraglutide: 0.6 mg daily subq for 1 week, then increase by 0.6 mg sub q daily each week to max dose of 3.0 mg daily
- d. Give family: Liraglutide patient info and off-label prescribing info if indicate

6. Follow-up:

- a. See patient monthly x 3, at least to start
- b. Review side effects, risks/benefits, and off-label use monthly
- c. Expect BMI stabilization at a minimum

7. Discontinue:

- a. If BMI continues to increase at full dose after 3-4 months or with side effects

Semaglutide (Ozempic is 1 mg weekly dose and Wegovy is 2.4 mg weekly dose):

8. Patient Selection:

- a. BMI
 - i. BMI \geq 1.2 times 95th percentile or
 - ii. BMI \geq 95th percentile with comorbidities
- b. Age
 - i. FDA approved for T2DM in children \geq 18 yo

9. Other Considerations

- a. Consider for patients with
 - i. T2DM
 - ii. insulin resistance
 - iii. poor satiety
 - iv. food cravings
 - v. hypertriglyceridemia

10. CONTRAINDICATIONS

- a. personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2

11. USE CAUTION

- a. thyroid c-cell tumors
- b. pancreatitis
- c. acute gall bladder disease
- d. renal impairment
- e. serious hypoglycemia

12. To Start Semaglutide:

- a. Check baseline basic metabolic panel to assess kidney function
- b. Review warnings with patient and family
 - i. nausea, diarrhea, constipation, vomiting, abdominal pain, dyspepsia
 - ii. headache, dizziness, fatigue
 - iii. hypoglycemia
- c. Start liraglutide: 0.25 mg weekly subq for 1 month, then increase to 0.5 mg weekly for month 2, final dose for Ozempic is 1 mg weekly (can go up to 2 mg weekly via two injections). For Wegovy can give 2.4 mg dose weekly.
- d. Give family: Semaglutide patient info and off-label prescribing info if indicate

13. Follow-up:

- a. See patient monthly x 3, at least to start
- b. Review side effects, risks/benefits, and off-label use monthly
- c. Expect BMI stabilization at a minimum

14. Discontinue:

- a. If BMI continues to increase at full dose after 3-4 months or with side effects

Patient Resources:

Phentermine

What is it used for?

Phentermine is used to decrease appetite in patients who carry extra weight AND who are enrolled in a weight loss program that includes dietary, physical activity, and behavior changes.

How does it work? Phentermine is in a class of medications called anorectics. It works by decreasing appetite. Patients on Phentermine find that they:

- feel less hunger
- find it easier to push the plate away
- have an easier time eating less

For some of our patients, these feelings are very real and immediate. For other patients, the feelings are less obvious. They don't feel much of a change but find they've lost weight. Like all weight loss medications, phentermine works best when you help it work. This means:

- Having less tempting high calorie (fattening) food around the house
- Staying away from situations or people that may trigger your cravings
- Eating out only one time or less each week.
- Eating your meals at a table with the TV or computer off.

How should I take this medication? Phentermine is usually is taken as a single daily dose in the morning. Phentermine can be habit-forming. Do not take a larger dose, take it more often, or take it for a longer period than your doctor tells you to.

Is phentermine safe? Phentermine is not FDA approved for use in children or adolescents 16 years of age or younger. You should not take phentermine if you have high blood pressure, heart disease, hyperthyroidism (overactive thyroid gland), glaucoma, or if you are taking stimulant ADHD medications.

What are the side effects?

- Call your doctor right away if you have any of these side effects:
- increased blood pressure or heart palpitations
- severe restlessness or dizziness
- difficulty doing exercises that you have been previously able to do
- chest pain or shortness of breath
- swelling of the legs and ankles
- If you notice these less serious side effects talk with your doctor:
 - dry mouth or unpleasant taste
 - diarrhea or constipation
 - trouble sleeping

Topiramate

What is it used for?

Topiramate helps patients feel full more quickly and feel less hungry. It may also help patients binge eat less often.

Topiramate may help you stick to a healthy diet, though used alone, it will not cause weight loss.

Although topiramate is not currently approved by the FDA for weight management, it is used commonly in weight management clinics for this purpose.

Just how topiramate helps with weight loss has not been exactly determined. However it seems to work on areas of the brain to quiet down signals related to eating.

Topiramate may help you:

- feel less interest in eating in between meals
- think less about food and eating

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- find it easier to push the plate away
- find giving up pop easier
- have an easier time eating less

For some of our patients, the pills work right away. They feel and think quite differently about food. Other patients don't feel much of a change but find, in fact, they have lost weight! Like all weight loss medications, topiramate works best when you help it work.

This means:

- have less tempting high calorie (fattening) food around the house
- have lower calorie food (fruits, vegetables, low fat meats and dairy) for snacks
- eat out only one time or less each week.
- eat your meals at a table with the TV or computer off.

How does it work? Topiramate is a medication that was originally developed to treat seizures in children and migraine headaches in adults. It affects chemical messengers in the brain, but the exact way it works to decrease weight is unknown.

How should I take this medication?

- Start one tab, 25 mg, for a week.
- Increase to 50 mg (2 tabs) for the next week.
- At the third week, take 3 tabs (75 mg). Stay at 3 tabs until you are seen again.

Is topiramate safe? Most people tolerate topiramate with no problems. Please tell your doctor if you have a history of kidney stones, if you are taking phenytoin or birth control pills, or if you are pregnant. Topiramate is harmful in pregnancy. Topiramate can decrease your ability to tolerate hot weather. You should be sure to drink plenty of water to prevent dehydration and kidney stones.

What are the side effects?

Call your doctor right away if you notice any of these side effects:

- Change in mood, especially thoughts of suicide
- Rash Pain in your flanks (side and back) or groin

If you notice these less serious side effects, talk with your doctor:

- Numbness or tingling in hands and feet
- Nausea
- Mental fogging, trouble concentrating, memory problems
- Diarrhea

One of the dangers of topiramate is the possibility of birth defects--if you get pregnant when you are taking topiramate, there is the risk that your baby will be born with a cleft lip or palate. If you are on topiramate and of childbearing age, you need to be on a reliable form of birth control or refrain from sexual intercourse.

Important note: Topiramate may decrease the effectiveness of birth control pills.

Metformin

What is it used for?

- Metformin is a medication that has been FDA approved to treat diabetes/obesity in adolescents and adults.

How does it work?

- Metformin helps your body use a hormone called insulin better which results in lower blood sugar and slows down the rate that food leaves your stomach. Together, these actions help you feel less hungry.

How should I take this medication?

- For 1st week: take 500mg Metformin by mouth (with meal) at dinner
- For 2nd week: take 500mg Metformin by mouth (with meal) at breakfast and take 500mg Metformin by mouth (with meal) at dinner
- For 3rd week: take 500mg Metformin by mouth (with meal) at breakfast and take 1000mg Metformin by mouth (with meal) at dinner

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- For 4th week: take 1000mg Metformin by mouth (with meal) at breakfast and take 1000mg Metformin by mouth (with meal) at dinner

What are the side effects?

- The most common side effects of Metformin include nausea, vomiting, decreased appetite, indigestion and constipation.
- Metformin may make your stomach feel upset. To avoid that:
 - Eat smaller meals and eat slower. This means eat about half of what you usually eat and take about 15 – 20 minutes to eat your meal.
 - Pay attention to how you are feeling when you eat. When you feel full: stop eating. This will give your stomach time to empty.
 - Usually, the nausea goes away. If it doesn't, please call us. We can help you with other ideas.

There is a small chance you may have some low blood sugar after taking the medication. (Note: If you are also taking insulin, your doctor may recommend adjusting your insulin dose to avoid low blood sugars.) The signs of low blood sugar are:

- Weakness
- Shaky
- Hungry
- Sweating
- Confusion

How much Metformin do I take?

To reduce the side effects, it is recommended to *slowly increase* the dose of Wegovy monthly until you reach your prescribed dose.

When to call the clinic:

- Call the clinic if experiencing any stomach upset symptoms: diarrhea (more than 1 time per day), nausea, intolerable stomach pain; DO NOT stop medication unless instructed by weight management team member

Liraglutide (Victoza or Saxenda)

What is it used for?

- Saxenda (3 mg dose) is a medication that has been FDA approved to treat obesity in adults and children ages 12 and up. The same medication, at a different dose, is also known as Victoza (1.8 mg dose) and is approved to treat type 2 diabetes.

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How does it work?

- Saxenda and Victoza works by mimicking the actions of a hormone called glucagon-like peptide-1, or GLP-1.
- This medication stimulates insulin secretion in response to rising blood sugar levels after a meal, which results in lowering blood sugar.
- Saxenda and Victoza also stimulates part of the brain that controls appetite and slows down the rate that food leaves your stomach.
- Together, these actions help you feel less hungry.

How should I take this medication?

- Saxenda and Victoza are taken once a day – most people either chose to give it either in the morning or in the evening.
- For both Victoza:
 - Week 1: 0.6 mg injection daily
 - Week 2: 1.2 mg injection daily
 - Final Dose (as tolerated): 1.8 mg injection daily
- For both Saxenda:
 - Week 1: 0.6 mg injection daily
 - Week 2: 1.2 mg injection daily
 - Week 3: 1.8 mg injection daily
 - Week 4: 2.4 mg injection daily
 - Final Dose (as tolerated): 3.0 mg injection daily
- Saxenda and Victoza can be injected into your stomach, upper thigh, upper arm, or upper buttock. Use a different place for each injection
- Make sure to count to 5 very S-L-O-W-L-Y while you are injecting the medication. Your body needs only a very tiny amount of the medication, so only a tiny amount comes out of the needle. By counting to 5 slowly before you withdraw the needle from your skin you are making sure that your body has gotten all the medication.
- If you miss a dose of Saxenda or Victoza, skip that dose and take your next dose at the next prescribed time. Do not take 2 doses of Saxenda or Victoza at the same time.

What are the side effects?

- The most common side effects include nausea, vomiting, decreased appetite, indigestion and constipation.
- Both Saxenda and Victoza may make your stomach feel upset. To avoid that:

- Eat smaller meals and eat slower. This means eat about half of what you usually eat and take about 15 – 20 minutes to eat your meal.
- Pay attention to how you are feeling when you eat. When you feel full: stop eating. This will give your stomach time to empty.
- Usually, the nausea goes away. If it doesn't, please call us. We can help you with other ideas.

There is a small chance you may have some low blood sugar after taking the medication. (Note: If you are also taking insulin, your doctor may recommend adjusting your insulin dose to avoid low blood sugars.) The signs of low blood sugar are:

- Weakness
- Shaky
- Hungry
- Sweating
- Confusion

The risk of pancreatitis, inflammation of the pancreas, has been rarely associated with Saxenda and Victoza. If you have had pancreatitis in the past these medications may not be the right medication.

Please let us know about any past history of pancreas problems. Symptoms of pancreatitis include pain in your upper stomach area which may travel to your back and may worsen after eating. Your stomach area may be tender to the touch. You may have vomiting, nausea and/or fever. If you should develop any of these symptoms, stop the Saxenda or Victoza and contact your doctor. They will do a blood test to check for pancreatitis.

Saxenda and Victoza has been associated with thyroid cancer in animal studies. You should not use Saxenda and Victoza if you have a history of certain types of thyroid cancers or if you have a family history of Multiple Endocrine Neoplasia (MEN) syndrome. Alert your doctor if you develop a lump on your neck, hoarseness, or difficulty swallowing, or breathing.

How do I store Victoza/Saxenda?

Victoza/Saxenda is good at room temperature, or in the refrigerator, for 30 days after opening. Do not freeze Victoza or leave the pen in high temperatures.

Semaglutide (Ozempic, Wegovy)

What is it used for? Semaglutide is a medication that has been FDA approved to treat diabetes/obesity in adults.

How does it work? Semaglutide works by mimicking the actions of a hormone called glucagon-like peptide-1, or GLP-1. This medication

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stimulates insulin secretion in response to rising blood sugar levels after a meal, which results in lowering blood sugar. Semaglutide also stimulates part of the brain that controls appetite and slows down the rate that food leaves your stomach. Together, these actions help you feel less hungry.

How should I take this medication?

- Semaglutide is taken weekly
- Start with 0.25 mg injection; use this strength once a week for 4 weeks. If you tolerate it well you can increase to 0.5mg once a week for 4 weeks. Stay at this dose for 4 weeks. Then increase to 1mg weekly
- Semaglutide can be injected into your stomach, upper thigh, upper arm, or upper buttock. Use a different place for each injection.
- Make sure to count to 5 very S-L-O-W-L-Y while you are injecting Semaglutide Your body needs only a very tiny amount of the medication, so only a tiny amount comes out of the needle. By counting to 5 slowly before you withdraw the needle from your skin you are making sure that your body has gotten all the medication.

What are the side effects? The most common side effects of semaglutide include nausea, vomiting, decreased appetite, indigestion and constipation.

Semaglutide may make your stomach feel upset. To avoid that:

- Eat smaller meals and eat slower. This means eat about half of what you usually eat and take about 15 – 20 minutes to eat your meal.
- Pay attention to how you are feeling when you eat. When you feel full: stop eating. This will give your stomach time to empty.
- Usually, the nausea goes away. If it doesn't, please call us. We can help you with other ideas.

There is a small chance you may have some low blood sugar after taking the medication. (Note: If you are also taking insulin, your doctor may recommend adjusting your insulin dose to avoid low blood sugars.) The signs of low blood sugar are:

- Weakness
- Shaky
- Hungry
- Sweating
- Confusion

The risk of pancreatitis, inflammation of the pancreas, has been rarely associated with Semaglutide If you have had pancreatitis in the past Semaglutide may not be the right medication. Please let us know about any history of pancreas problems. Symptoms of pancreatitis include: pain in your upper stomach area which may travel to your back and may worsen after eating. Your stomach area

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may be tender to the touch. You may have vomiting, nausea and/or fever. If you should develop any of these symptoms, stop the Semaglutide and contact your doctor. They will do a blood test to check for pancreatitis.

Semaglutide has been associated with thyroid cancer in animal studies. You should not use Semaglutide if you have a history of certain types of thyroid cancers or if you have a family history of Multiple Endocrine Neoplasia (MEN) syndrome. Alert your doctor if you develop a lump on your neck, hoarseness, or difficulty swallowing, or breathing.

How much Ozempic/Wegovy do I take?

To reduce the side effects, it is recommended to *slowly increase* the dose of Wegovy monthly until you reach your prescribed dose.

Ozempic:

0.25 mg pen:

First 4 weeks
Take 0.25mg once a week

from _____ to _____

0.5 mg pen:

week 5 - 8
Take 0.5 mg once a week

from _____ to _____

1 mg pen:

week 9 - 13
Take 1 mg once a week

from _____ and continuing weekly.

Wegovy:

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0.25 mg pen:

First 4 weeks
Take 0.25mg once a week

from _____ to _____

0.5 mg pen:

week 5 - 8
Take 0.5 mg once a week

from _____ to _____

1 mg pen:

week 9 - 13
Take 1 mg once a week

from _____ to _____

1.7 mg pen:

week 14 - 18
Take 1.7 mg once a week

from _____ to _____.

2.4 mg pen:

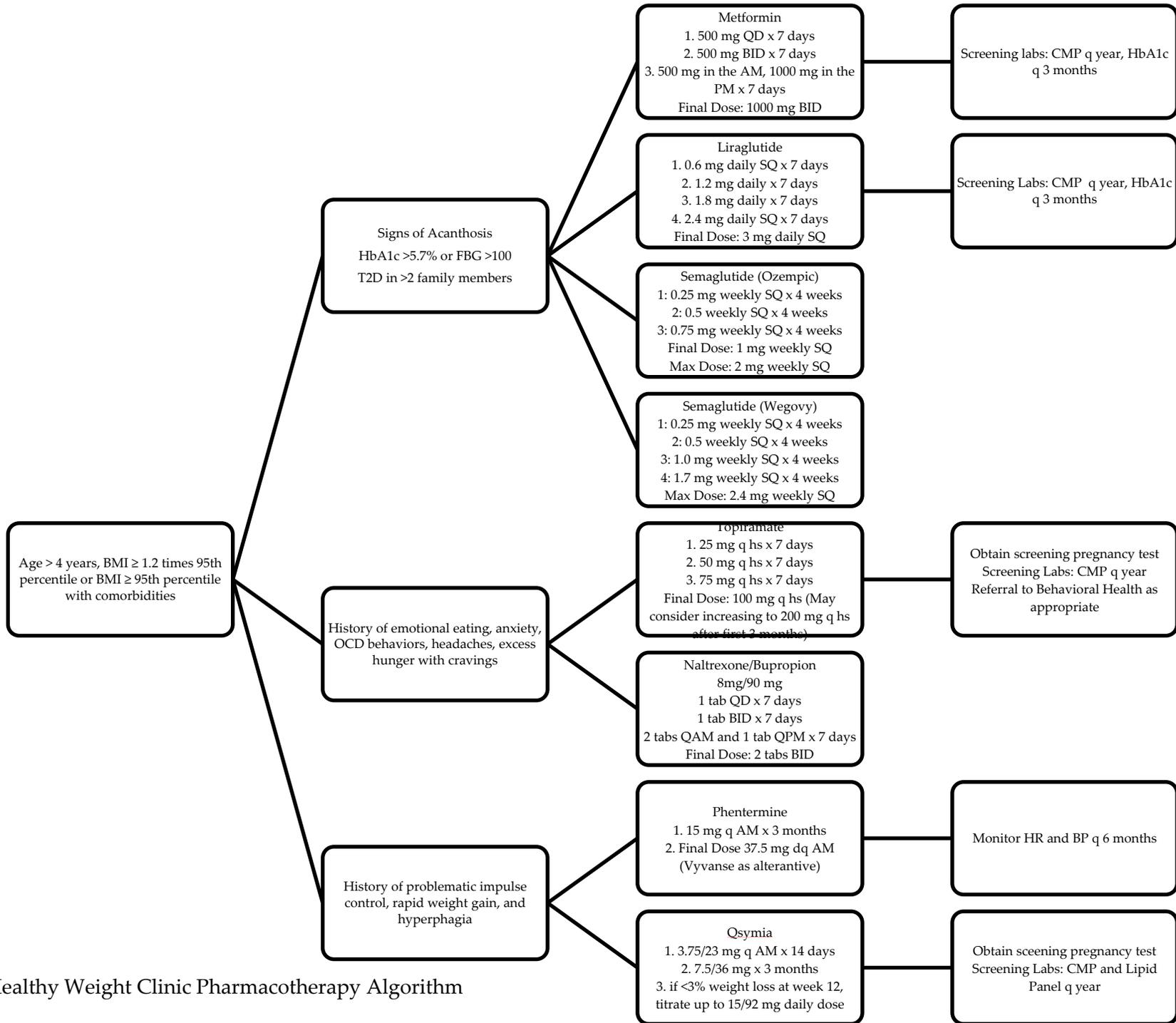
week 19 - 22
Take 2.4 mg once a week

from _____ and continuing weekly.

How do I store Ozempic/Wegovy?

Ozempic/Wegovy is good at room temperature, or in the refrigerator, for 30 days after opening. Do not freeze Ozempic/Wegovy or leave the pen in high temperatures.

WEIGHT LOSS MEDICATION	ESTIMATED WEIGHT LOSS IN ADULTS	ESTIMATED WEIGHT LOSS IN PEDIATRICS
Phentermine	Percent weight loss: 5-10% at 56 weeks based on dose (15 mg, 37.5 mg daily)	Percent weight loss: 3-10% at 56 weeks (15 mg daily)
Vyvanse	NA	Only case reports
Topiramate	Percent weight loss: 5-8% at 56 weeks (96 mg, 192 mg, 256 mg)	Percent reduction in excess percent of the 95 th percentile (%BMI _{p95}): 2% at 28 weeks (75 mg nightly)
Phentermine/Topiramate	Percent weight loss: 5-10% at 56 weeks (3.75 mg/23 mg, 7.5 mg/46 mg daily, 15 mg/92 mg dosage)	Percent reduction in %BMI _{p95} : 4-8% at 56 weeks
Liraglutide	Percent weight loss: 5% at 56 weeks	Percent reduction in %BMI _{p95} : 6% BMI at 56 weeks
Semaglutide (Ozempic)	Percent weight loss: 8-11% at 56 weeks	NA
Semaglutide (Wegovy)	Percent weight loss: 12-20% at 56 weeks	NA
Orlistat	Percent weight loss: 0-3% at 56 weeks	Percent reduction in %BMI _{p95} : 0-3% BMI at 56 weeks
Metformin	Percent weight loss: 2-5% after 56 weeks	Percent reduction in %BMI _{p95} : 0-3% BMI at 56 weeks



CHLA Healthy Weight Clinic Pharmacotherapy Algorithm