Orlistat Prescribing and Medication Review Guidelines

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Appendix 1: Guidance for Prescribing and Reviewing Orlistat

This document is intended for use in primary care as a guide on the appropriate use of Orlistat. This is not a substitute for clinical judgement or any advice given by a clinician. The information provided here such as costs and presentations is correct at the time of publishing and will undergo periodic reviews to ensure that it remains up to date.

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Orlistat Prescribing and Medication Review Guidelines
(adults over 16 years of age)

Background Information

The National Institute for Health and Care Excellence (NICE)\(^1\) recommends pharmacological treatment as an option for the management of obesity for people who have not reached their target weight loss or have reached a plateau following dietary, activity and behavioural changes, e.g. Orlistat therapy. Orlistat is a lipase inhibitor which can also be used to maintain weight loss after achieving weight loss target, rather than to continue to lose weight.

The co-prescribing of orlistat with other drugs aimed at weight loss is not recommended. Please see Appendix 1 for further guidance on prescribing and reviewing Orlistat.

Assessment and Identification

Prescribe Orlistat ONLY as part of a weight management plan (diet, activity and behavioural approaches) for managing obesity in adults who are motivated to engage with a weight management plan and meet one of the following criteria:
- BMI ≥28kg/m\(^2\) with comorbidities, e.g. type 2 diabetes, hypertension, sleep apnoea
- BMI ≥30kg/m\(^2\)

Starting Orlistat Therapy

Before prescribing Orlistat:
- discuss potential benefits, risks and limitations of treatment
- explain how the drug works / possible adverse side effects
- explain side-effects and low fat dietary advice
- explain and establish a MONTHLY review plan delivered by the practice OR if the client is seen by the existing Tier 3 weight management team, progress reports will be provided on a 3 monthly basis in line with NICE guidance

Prescribe ONLY if the patient is motivated to engage with treatment and review plan. **If Orlistat is prescribed:** please consider referring to Barnsley Tier 3 Change4Life weight management service if the referral criteria are met.

Please see: http://www.southwestyorkshire.nhs.uk/our-services/directory/change4life-weight-management-service/

Recommended Dose & Cost

Orlistat (oral treatment) 120mg, TDS.

Nutrition Advice

- Recommend a low fat (30%) diet, e.g. 22g of fat per meal (based on a diet of 2000 calories and 3 meals per day)
- Take Orlistat with meals (immediately before, during or up to 1 hour after a meal)
- Distribute fat from the diet evenly over the 3 main meals
- Avoid fatty foods in between meals, e.g. cakes, biscuits, crisps
- DO NOT take Orlistat if a meal is missed or does not contain fat

Side Effects

Potential side effects (taken from the British National Formulary (BNF)): Abdominal distension; abdominal pain (gastro-intestinal effects minimised by reduced fat intake); anxiety; faecal incontinence; faecal urgency; flatulence; gingival disorders; headache;
Reviewing Orlistat

It is recommended that Orlistat is monitored regularly, ideally monthly and that diet and lifestyle changes are reinforced at each review:

Continue treatment >3 months ONLY if people achieve at least 5% weight loss from their initial body weight during the treatment (less strict goals may be considered for those with type 2 diabetes).

Treatment can continue past 12 months for weight maintenance (ONLY after discussing benefits, risks and limitations with the patient).

Stopping Orlistat

Orlistat should be discontinued if weight loss <5% after the first 12 weeks or if the patient regains weight at any time whilst receiving drug treatment. Less strict goals may be considered for those with type 2 diabetes.

If treatment is withdrawn, please offer alternative support such as reviews at the practice or other local groups which patients may wish to use for support. For more details, please visit: www.livewellbarnsley.co.uk

Contraindications

Breastfeeding, cholestasis & chronic malabsorption syndrome.

Weight loss is not recommended during pregnancy due to potential harm to the health of the unborn child. However, a healthy weight gain during pregnancy is very important if BMI is above 30kg/m² at dating scan. Please consider referral to Barnsley Tier 3 Change4Life weight management service if this is applicable.

Please see: http://www.southwestyorkshire.nhs.uk/our-services/directory/change4life-weight-management-service/

Orlistat is not recommended for people taking Acarbose®.

Other warnings & Drug Interactions

Cautions: Pregnancy, chronic kidney disease; may impair absorption of vitamins such as vitamin A, E, and D.

Vitamin supplementation (especially of vitamin D) may be considered if there is concern about deficiency of fat-soluble vitamins. If a multivitamin supplement is recommended, it should be taken at least two hours after the administration of Orlistat or at bedtime.

Potential Drug Interactions: Orlistat may modify the activity of other drugs—consider separating administration. Particular care should be taken with the following drugs:

Anticoagulant drugs (e.g. warfarin®), Ciclosporin®, Iodine salts, Levothyroxine® (cases of hypothyroidism and/or reduced control of hypothyroidism may occur), Amiodarone®, antiretrovirals, and antiepileptic drugs.
Contact names and details for further support

<table>
<thead>
<tr>
<th>Contact Details</th>
<th>Telephone number</th>
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</thead>
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</tbody>
</table>

References
Appendix 1: Guidance for Prescribing and Reviewing Orlistat

**OPTION 1: STARTING PRESCRIPTION** - Does the patient meet the prescribing criteria?
BMI >30kg/m\(^2\) OR BMI >28kg/m\(^2\) AND comorbidities, e.g. Diabetes, hypertension, or sleep apnoea


**YES**
Discuss benefits and risk of treatment
Explain how the drug works / side effects
Explain monthly reviews plan
Is the patient motivated to engage with the plan?

**NO**
DO NOT PRESCRIBE
Offer diet & lifestyle support at the practice or refer to other services – for details of local services, please visit: [www.livewellbarnsley.co.uk](http://www.livewellbarnsley.co.uk)

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**OPTION 2: REVIEWING PRESCRIPTION** (MONTHLY REVIEWS RECOMMENDED)

How long has the patient been on Orlistat?

<3 Months
Continue with MONTHLY reviews & lifestyle and dietary advice

>3 Months
Has the patient lost/maintaining ≥5%* of their initial body weight since starting the treatment?
ONLY continue >12 months after discussing benefits & risks
*Consider less strict target for those with type 2 diabetes

>12 Months
NO

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**Main Side Effects**
Abdominal distension /pain (effects minimised by reduced fat intake); faecal incontinence /urgency; flatulence; hypoglycaemia; liquid stools; oily leakage from rectum; oily stools.

**Contraindications/Cautions**
Breastfeeding, pregnancy, cholestasis & chronic malabsorption syndrome

**Potential Drug Interactions**
Arcabose®, Anticoagulants, Ciclosporin®, Iodine salts, Levothyroxine®, Amiodarone®, antiretroviral, antiepileptic

**Discontinue treatment**
Orlistat should be discontinued if weight loss <5%* after the first 12 weeks or if the individual regains weight at any time whilst receiving drug treatment.

**Nutrition Advice**
Low fat diet (30% or 22g of fat per meal, based on 2000 calories & 3 meals per day)
Take Orlistat immediately before, during, or up to 1 hour after a meal
Distribute fat from diet evenly over the 3 main meals
Avoid fatty foods in between meals, e.g. cakes, biscuits, crisps
DO NOT take Orlistat if a meal is missed or contains no fat

**Orlistat (120mg) TDS**
Provide Nutrition Advice
Book monthly reviews
Prescribe ONLY as part of a weight management plan (diet, activity and behavioural approaches)