

Xenolip[®] (Orlistat)

Category:

Lipase Inhibitor

Mechanism of action:

Orlistat is a reversible lipase inhibitor for obesity management that acts by inhibiting the absorption of dietary fats. It exerts its therapeutic activity in the lumen of the stomach and small intestine.

Pharmacokinetics:

Absorption – Systemic exposure to orlistat is minimal. Peak plasma concentrations occurred at approximately 8 hours following oral dosing with 360 mg orlistat; plasma concentrations of intact orlistat were near the limits of detection (less than 5 ng/mL).

Distribution – In vitro orlistat was greater than 99% bound to plasma proteins (lipoproteins and albumin were major binding proteins). Orlistat minimally partitioned into erythrocytes.

Metabolism – It is likely that the metabolism of orlistat occurs mainly within the GI wall. In obese patients, 2 metabolites, M1 (4-member lactone ring hydrolyzed) and M3 (M1 with N-formyl leucine moiety cleaved), accounted for approximately 42% in plasma.

Excretion – Fecal excretion was the major route of elimination following a single oral dose of 360 mg orlistat in healthy and obese subjects. Orlistat and its M1 and M3 metabolites also underwent biliary excretion. Approximately 97% was excreted in feces; 83% of that was found to be unchanged orlistat. The cumulative renal excretion was less than 2%. Based on limited data, the half-life of the absorbed drug is in the range of 1 to 2 hours.

Indications:

Obesity management: For management of obesity including weight loss and weight maintenance when used in conjunction with a reduced-calorie diet. Orlistat also is indicated to reduce the risk for weight regain after prior weight loss. Orlistat is indicated for obese patients with an initial body mass index (BMI) greater than or equal to 30 kg/m², or greater than or equal to 27 kg/m² in the presence of other risk factors (eg, hypertension, diabetes, dyslipidemia).

Administration and Dosage:

The recommended dose of orlistat is one 120 mg capsule 3 times a day with each main meal containing fat (during or up to 1 hour after the meal).

Contraindications:

Chronic malabsorption syndrome or cholestasis; hypersensitivity to orlistat or to any component of this product.

Precautions:

Diet: Advise patients to adhere to dietary guidelines. GI events may increase when orlistat is taken with a diet high in fat (greater than 30% total daily calories from fat).

The daily intake of fat should be distributed over 3 main meals. If orlistat is taken with any 1 meal that is very high in fat, the possibility of GI effects increases.

Vitamin supplement: Counsel patients to take a multivitamin supplement that contains fat-soluble vitamins to ensure adequate nutrition because orlistat reduces the absorption of some fat-soluble vitamins and beta-carotene. Instruct patients to take the supplement once a day at least 2 hours before or after the administration of orlistat, such as at bedtime.

Urinary oxalate: Some patients may develop increased levels of urinary oxalate following treatment. Exercise caution in patients with a history of hyperoxaluria or calcium oxalate nephrolithiasis.

Diabetic patients: Weight-loss induction by orlistat may be accompanied by improved metabolic control in diabetic patients, which might require a reduction in dose of oral hypoglycemic medication (eg, sulfonylureas, metformin) or insulin.

Misuse potential: As with any weight-loss agent, the potential exists for misuse of orlistat in inappropriate patient populations (eg, patients with anorexia nervosa or bulimia).

Pregnancy and breast feeding:

Pregnancy: Category X

Lactation: It is not known if orlistat is secreted in breast milk.

Drug Interactions:

Drugs that may interact with orlistat include cyclosporine, fat-soluble vitamins, pravastatin, and warfarin.

Side effects:

Adverse reactions occurring in at least 3% of patients include the following:

GI: Oily spotting; flatus with discharge; fecal urgency; fatty/oily stool; oily evacuation; increased defecation; fecal incontinence.

Miscellaneous: Anxiety; depression; dizziness; headache; rash; abdominal pain/discomfort; gingival disorder; infectious diarrhea; nausea; rectal pain/discomfort; tooth disorder; vomiting; arthritis; back pain; myalgia; lower extremity pain; menstrual irregularity; vaginitis; influenza; upper/lower respiratory tract infection; fatigue; otitis; sleep disorder; urinary tract infection.

Storage:

- Store below 30 °C
- Protect from moisture and light
- Keep out of the reach of children

Packaging:

Xenolip[®] is available as 120 mg capsul in box of 30 and 60 capsuls.