Belviq (lorcaserin hydrochloride) - Drug Summary

Eisai Inc.

Related Drug Information

Belviq (lorcaserin hydrochloride)

THERAPEUTIC CLASS

Serotonin 2C receptor agonist

DEA CLASS

CIV

ADULT DOSAGE & INDICATIONS

Weight Loss

Adjunct to reduced-calorie diet and increased physical activity for chronic weight management in patients w/ initial BMI ≥30kg/m^2, or ≥27kg/m^2 in the presence of ≥1 weight-related comorbid condition

Usual: 10mg bid

Evaluate response to therapy by Week 12; d/c therapy if patient has not lost at least 5% of baseline weight

ADMINISTRATION

Oral route

Take w/ or w/o food

HOW SUPPLIED

Tab: 10mg

CONTRAINDICATIONS

Pregnancy.

WARNINGS/PRECAUTIONS

Potentially life-threatening serotonin syndrome or neuroleptic malignant syndrome (NMS)-like reactions reported; monitor for emergence of serotonin syndrome or NMS-like signs/symptoms. Regurgitant cardiac valvular disease reported; evaluate and consider discontinuation of therapy if signs/symptoms of valvular heart disease develop. Caution with chronic heart failure (CHF). May impair mental/physical abilities. Monitor for emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior; d/c in patients who experience suicidal thoughts or behaviors. Hypoglycemia reported; measure blood glucose levels prior to and during therapy in patients with type 2 diabetes. Caution in men who have conditions that might predispose them to priapism, or in men with anatomical deformation of the penis. Caution with bradycardia or history of heart block >1st degree, moderate renal impairment, and severe hepatic impairment. Not recommended with severe renal impairment or ESRD. Decrease in WBCs and RBCs reported; consider monitoring CBC periodically during therapy. May elevate prolactin levels. May increase risk for pulmonary HTN.

ADVERSE REACTIONS

Nasopharyngitis, headache, constipation, diarrhea, hypoglycemia, cough, dizziness, fatigue, back pain, N/V, dry mouth, URTI, peripheral edema, UTI, muscle spasms.

DRUG INTERACTIONS

Use extreme caution, particularly during initiation and dose increases, with drugs that may affect the serotonergic neurotransmitter system (eg, triptans, drugs that impair metabolism of serotonin including MAOIs [eg, linezolid], SSRIs, SNRIs, dextromethorphan, TCAs, bupropion, lithium, tramadol, tryptophan, St. John's wort, antipsychotics, other dopamine antagonists); d/c lorcaserin and any concomitant serotonergic or antidopaminergic agents immediately if serotonin syndrome occurs. Consider decreasing dose of non-glucose dependent antidiabetic medications in order to mitigate risk of hypoglycemia. Caution with CYP2D6 substrates. Avoid with serotonergic and dopaminergic drugs that are potent 5-HT_{2B} receptor agonists and are known to increase the risk for cardiac valvulopathy (eg, cabergoline). Caution with medications indicated for erectile dysfunction (eg, PDE-5 inhibitors).

PREGNANCY AND LACTATION

Category X, not for use in nursing.

MECHANISM OF ACTION

Serotonin 2C receptor agonist; not established. Believed to decrease food consumption and promote satiety by selectively activating 5-HT_{2C} receptors on anorexigenic pro-opiomelanocortin neurons located in the hypothalamus.

PHARMACOKINETICS

Absorption: T_{max}=1.5-2 hrs. **Distribution:** Plasma protein binding (70%). **Metabolism:** Liver (extensive); lorcaserin sulfamate (M1) (major circulating metabolite), N-carbamoyl glucuronide lorcaserin (major metabolite in urine). **Elimination:** Urine (92.3%), feces (2.2%); $T_{1/2}$=11 hrs.

ASSESSMENT

Assess for CHF, bradycardia or history of heart block >1st degree, renal/hepatic impairment, pregnancy/nursing status, and possible drug interactions. Assess for conditions in men that might predispose them to priapism and assess for anatomical deformities of the penis. Assess baseline body weight and CBC. Assess baseline blood glucose levels in patients with type 2 diabetes.

MONITORING

Monitor for signs/symptoms of serotonin syndrome or NMS-like reactions, valvular heart disease, emergence or worsening of depression, suicidal thoughts or behavior, any unusual changes in mood or behavior, and other adverse reactions. Monitor CBC periodically during therapy. Monitor blood glucose levels in patients with type 2 diabetes. Evaluate response to treatment by Week 12 of therapy.

PATIENT COUNSELING

Inform about the risk and benefits of the drug. Inform that therapy is indicated for chronic weight management only in conjunction with a reduced-calorie diet and increased physical activity. Instruct to d/c therapy if patient has not achieved 5% weight loss by 12 weeks of therapy. Inform of the possibility of serotonin or NMS-like reactions. Instruct to use caution when operating hazardous machinery, including automobiles, until aware of the effects of the medication. Instruct not to increase the dose. Instruct to notify physician if signs/symptoms of valvular heart disease, emergence or worsening of depression, suicidal thoughts or behavior, or if any unusual changes in mood or behavior develop. Instruct men who have an erection lasting >4 hrs to immediately d/c and seek emergency medical attention. Advise to avoid pregnancy/breastfeeding while on therapy and to inform physician if planning to get pregnant/breastfeed. Instruct to inform physician about all medications, nutritional supplements, and vitamins that patient is taking while on therapy.

STORAGE

25°C (77°F); excursions permitted to 15-30°C (59-86°F).

Back to top