WHAT IS CLAIMED IS:

1. An injectable monotherapeutic formulation for regional adiposity reduction by local administration, wherein the single active agent is a lipophilic long-acting selective beta-2 adrenergic receptor agonist, or a salt, solvate, or polymorph thereof that is present in an amount that is less than about 20 μg and wherein the formulation consists of one or more subcutaneously acceptable inactive ingredients and a lipophilic long-acting selective beta-2 adrenergic receptor agonist, or a salt, solvate, or polymorph thereof.

2. A method for reducing adiposity in a human patient for cosmetic purposes by local injection of a monotherapy formulation wherein the single active agent is a lipophilic long-acting selective beta-2 adrenergic receptor agonist, or a salt, solvate, or polymorph thereof that is present in an amount that is less than about 20 μg and wherein the injectable formulation consists of one or more subcutaneously acceptable inactive ingredients and a lipophilic long-acting selective beta-2 adrenergic receptor agonist, or a salt, solvate, or polymorph thereof.

3. An injectable formulation according to claim 1 for use for cosmetic reduction of adiposity in a human.

4. A method according to claim 2 for use in aesthetic treatment of contour defects comprising abdominal bulging.

5. An injectable formulation according to claim 1 for use in treating thyroid eye disease by contacting a targeted fat deposit in the eye with said formulation.

6. Use of an injectable formulation according to claim 1 in the manufacture of a medicament for use in reducing adiposity, inducement of lipolysis in adipose tissue or treating thyroid eye disease, wherein the formulation is to be administered subcutaneously.

7. Use of an injectable formulation according to claim 1 in a cosmetic method or aesthetic treatment, wherein the formulation is administered subcutaneously; optionally wherein the use is for reducing adiposity, inducement of lipolysis in adipose tissue, treating thyroid eye disease, or aesthetic application to contour defects.

8. The method, use or formulation according to any one of the preceding claims wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is salmeterol, formoterol, salts, solvates, or polymorphs thereof.

9. The method, use or formulation of claim 8 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is salmeterol, or a salt, solvate, or polymorph thereof.

10. The method, use or formulation of claim 9 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is salmeterol xinafoate.

11. The method, use or formulation of any of claims 1, 2, and 3-7 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is ultra long-acting.

12. The method, use or formulation of claim 11 wherein the ultra long-acting lipophilic selective beta-2 adrenergic receptor agonist is indacaterol, or a salt, solvate, or polymorph thereof.

13. The method, use or formulation of claim 8 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is formoterol fumarate.

14. The method, use or formulation of claim 10 wherein the formulation is formulated into a weekly dose of salmeterol xinafoate in an amount that is between about 5 ng to about 20 μg.

15. The method, use or formulation of claim 10 wherein the formulation is formulated to contain between about 5 ng to about 20 μg of salmeterol xinafoate and that is further formulated to be administered to a patient once every two weeks.

16. The method, use or formulation of claim 10 wherein the formulation is formulated to contain between about 5 ng to about 20 μg of salmeterol xinafoate and that is further formulated to be administered to a patient once per month.

17. The method, use or formulation of claim 10 wherein the formulation is administered to a patient once per week at a single session dose of salmeterol xinafoate that is between about 5 ng to about 20 μg.

18. The method, use or formulation of claim 17 wherein the session dose is divided into at least two sub-doses of salmeterol xinafoate wherein each sub-dose is in an amount that is between about 1 ng to about 10 μg.

19. The method, use or formulation of claim 10 wherein the formulation is administered to a patient once per week at a single session dose of salmeterol xinafoate that is less than about 5 μg.

20. The method, use or formulation of claim 10 wherein the formulation provides a mean blood plasma Cmax of salmeterol xinafoate that is equal to or less than about 300 pg/mL when administered to a patient.

21. The method, use or formulation of claim 10 wherein the formulation provides a mean blood plasma Cmax of salmeterol xinafoate that is equal to or less than about 50 pg/mL when administered to a patient.

22. The method, use or formulation of claim 10 wherein the formulation provides a mean blood plasma Cmax of salmeterol xinafoate that is equal to or less than about 10 pg/mL when administered to a patient.

23. The method, use or formulation of claim 8 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist selectively partitions into adipose tissue relative to blood plasma when administered to a patient.

24. The method, use or formulation of claim 8 that provides a partition ratio of between about 0.01 to about 0.4 when the lipophilic long-acting selective beta-2 adrenergic receptor agonist is administered subcutaneously.

25. The method, use or formulation of claim 10 wherein the formulation provides a partition ratio of the lipophilic long-acting selective beta-2 adrenergic receptor agonist that is at least about four times lower than the partition ratio of formoterol.

26. The method, use or formulation according to any one of the preceding claims wherein the administration comprises at least one injection into a submental region of the patient, an abdominal region of the patient, a hip region of the patient, a thigh region of the patient, a buttocks region of the patient, a back region of the patient, an upper arms region of the patient, or a chest region of the patient.

27. The method, use or formulation of claim 26 wherein the administration comprises at least one injection into the submental area of the patient.

28. The method, use or formulation of claim 26 wherein the administration comprises at least one injection into the abdominal region of the patient.

29. The method, use or formulation according to any one of the preceding claims wherein the injectable formulation is substantially free of glucocorticosteroids.

WHAT IS CLAIMED IS:

1. An injectable formulation for regional adiposity reduction consisting essentially of:

(a) active ingredient that consists essentially of an adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

2. An injectable formulation for regional adiposity reduction consisting of:

(a) active ingredient that consists essentially of an adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

3. An injectable formulation for regional adiposity reduction comprising:

(a) active ingredient that consists essentially of an adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

4. A cosmetic method for reducing adiposity in a human patient comprising subcutaneously administering a pharmaceutical formulation suitable for subcutaneous injection consisting essentially of:

(a) active ingredient that consists essentially of a cosmetically effective adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

5. A cosmetic method for reducing adiposity in a human patient comprising subcutaneously administering a pharmaceutical formulation suitable for subcutaneous injection consisting of:

(a) active ingredient that consists essentially of a cosmetically effective adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

6. A cosmetic method for reducing adiposity in a human patient comprising subcutaneously administering a pharmaceutical formulation suitable for subcutaneous injection comprising:

(a) active ingredient that consists essentially of a cosmetically effective adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

7. A cosmetic method for inducing lipolysis in adipose tissue of a human patient comprising subcutaneously administering a pharmaceutical formulation suitable for subcutaneous injection consisting essentially of:

(a) active ingredient that consists essentially of a cosmetically effective adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

8. A method for the aesthetic treatment of contour defects comprising abdominal bulging in a human patient, said method comprising subcutaneously administering a formulation suitable for subcutaneous injection comprising:

(a) active ingredient that consists essentially of a cosmetically effective adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients.

9. Use of a composition comprising:

(a) active ingredient that consists essentially of an adipose tissue-reducing amount of one or more lipophilic long-acting selective beta-2 adrenergic receptor agonists, or salts, solvates, or polymorphs thereof; and

(b) one or more subcutaneously acceptable inactive ingredients, in the manufacture of a medicament for treating thyroid eye disease wherein said medicament is to be contacted with a targeted fat deposit in the eye.

10. The method, use or formulation of any of claims 1- 9 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is salmeterol, formoterol, salts, solvates, or polymorphs thereof.

11. The method, use or formulation of claim 10 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is salmeterol, or a salt, solvate, or polymorph thereof.

12. The method, use or formulation of claim 11 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is salmeterol xinafoate.

13. The method, use or formulation of any of claims 1-9 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is ultra long-acting.

14. The method, use or formulation of claim 13 wherein the ultra long-acting lipophilic selective beta-2 adrenergic receptor agonist is indacaterol, or a salt, solvate, or polymorph thereof.
15. The method, use or formulation of claim 10 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist is formoterol fumarate.
16. The method, use or formulation of claim 12 wherein the formulation is formulated into a weekly dose of salmeterol xinafoate in an amount that is between about 5 ng to about 20 μg.
17. The method, use or formulation of claim 12 wherein the formulation is formulated to contain between about 5 ng to about 20 μg of salmeterol xinafoate and that is further formulated to be administered to a patient once every two weeks.
18. The method, use or formulation of claim 12 wherein the formulation is formulated to contain between about 5 ng to about 20 μg of salmeterol xinafoate and that is further formulated to be administered to a patient once per month.
19. The method, use of claim 12 wherein the formulation is administered to a patient once per week at a single session dose of salmeterol xinafoate that is between about 5 ng to about 20 μg.
20. The method, use of claim 19 wherein the session dose is divided into at least two sub-doses of salmeterol xinafoate wherein each sub-dose is in an amount that is between about 1 ng to about 10 μg.
21. The method, use of claim 12 wherein the formulation is administered to a patient once per week at a single session dose of salmeterol xinafoate that is less than about 5 μg.
22. The method, use or formulation of claim 12 wherein the formulation provides a mean blood plasma C_{max} of salmeterol xinafoate that is equal to or less than about 300 pg/mL when administered to a patient.
23. The method, use or formulation of claim 12 wherein the formulation provides a mean blood plasma C_{max} of salmeterol xinafoate that is equal to or less than about 50 pg/mL when administered to a patient.
24. The method, use or formulation of claim 12 wherein the formulation provides a mean blood plasma C_{max} of salmeterol xinafoate that is equal to or less than about 10 pg/mL when administered to a patient.
25. The method, use or formulation of claim 10 wherein the lipophilic long-acting selective beta-2 adrenergic receptor agonist selectively partitions into adipose tissue relative to blood plasma when administered to a patient.

26. The method, use or formulation of claim 10 that provides a partition ratio of between about 0.01 to about 0.2 when the lipophilic long-acting selective beta-2 adrenergic receptor agonist is administered subcutaneously.
27. The method, use or formulation of claim 12 wherein the formulation provides a partition ratio of the lipophilic long-acting selective beta-2 adrenergic receptor agonist that is at least about four times lower than the partition ratio of formoterol.
28. The method, use of any of claims 4-9 wherein the administration comprises at least one injection into a submental region of the patient, an abdominal region of the patient, a hip region of the patient, a thigh region of the patient, a buttocks region of the patient, a back region of the patient, an upper arms region of the patient, or a chest region of the patient.
29. The method, use of claim 28 wherein the administration comprises at least one injection into the submental area of the patient.
30. The method, use of claim 28 wherein the administration comprises at least one injection into the abdominal region of the patient.
31. The method, use or formulation of claims 1-9 wherein the injectable formulation is substantially free of glucocorticosteroids.