CONTRAVE is proven to help patients lose weight and keep it off[1,2]

CONTRAVE—a nonstimulant, oral weight-loss medication that was FDA approved in 2014—is designed to **reduce hunger and control cravings.**[1,3*]

#1 PRESCRIBED ORAL WEIGHT-LOSS BRAND†

*The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.[1]

†Based on the number of prescription fills for brand name weight-loss drugs in the IQVIA database, through November 2024.

Indication

CONTRAVE is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of:

- 30 kg/m^2 or greater (obese) or
- 27 kg/m^2 or greater (overweight) in the presence of at least one weight-related comorbid condition (eg, hypertension, type 2 diabetes mellitus, or dyslipidemia)

Limitations of Use

The effect of CONTRAVE on cardiovascular morbidity and mortality has not been established. The safety and effectiveness of CONTRAVE in combination with other products intended for weight loss, including prescription drugs, over-the-counter drugs, and herbal preparations, have not been established.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

Suicidality and Antidepressant Drugs

CONTRAVE® is not approved for use in the treatment of major depressive disorder or other psychiatric disorders. CONTRAVE contains bupropion, the same active ingredient as some antidepressant medications (including, but not limited to, WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN). Antidepressants increased the risk of suicidal thoughts and behavior in children, adolescents, and young adults in short-term trials. These trials did not show an increase in the risk of suicidal thoughts and behavior with antidepressant use in subjects over age 24; there was a reduction in risk with antidepressant use in subjects aged 65 and older. In patients of all ages who are started on CONTRAVE, monitor closely for worsening, and for the emergence of suicidal thoughts and behaviors. Advise families and caregivers of the need for close observation and communication with the prescriber. CONTRAVE is not approved for use in pediatric patients.

Please see Important Safety Information throughout this brochure and the Full Prescribing Information, including Medication Guide, for CONTRAVE.

When it comes to creating a weight-loss plan for your patients, one size does not fit all[4]

Different causes of obesity create unique challenges for weight-loss success.

The **Acosta et al observational study** found that an individualized treatment approach based on 4 phenotypes was associated with **significantly greater weight loss after 12 months compared with the non–phenotype-guided groups**.[4]

Treatment decisions in the phenotype-guided treatment group were based on the mechanism of action of the antiobesity medications and the results of randomized, placebo-controlled trials.[4]

EMOTIONAL HUNGER	HUNGRY BRAIN	SLOW BURN	HUNGRY GUT
Emotional/reward	Satiation	Energy expenditure	Satiety
Eating to cope with positive or negative emotions	More calories consumed per meal	Decreased metabolic rate	Appetite returns more quickly after a meal
			
Treatment: CONTRAVE (naltrexone/ bupropion ER)	Treatment: Phentermine/ Topiramate	Treatment: Phentermine and increased resistance training	Treatment: Liraglutide

These phenotypes were derived from an Acosta et al observational study consisting of 2 cohorts of patients with obesity. This study was designed to evaluate the effectiveness of phenotype-guided treatment selection, not the clinical efficacy of specific treatments within each phenotype.[4]

The primary objective of the first cohort (N=450) was to identify and classify obesity phenotypes utilizing validated biological and behavioral testing of key components of energy balance. The primary objective of the second cohort (N=312) was to evaluate whether choosing an antiobesity medication based on a patient's obesity phenotype would lead to a greater percentage of weight loss compared with a more conventional approach at 12 months. All participants in the second cohort were given diet and exercise recommendations.[4]

Study limitations necessitating further research included potential "testing" bias, lack of blinded randomization, and potential group-difference confounders, such as age and comorbidities.[4]

This study was not sponsored by Currax Pharmaceuticals LLC. There are no randomized, controlled, head-to-head studies comparing the safety or efficacy of CONTRAVE with other AOMs.

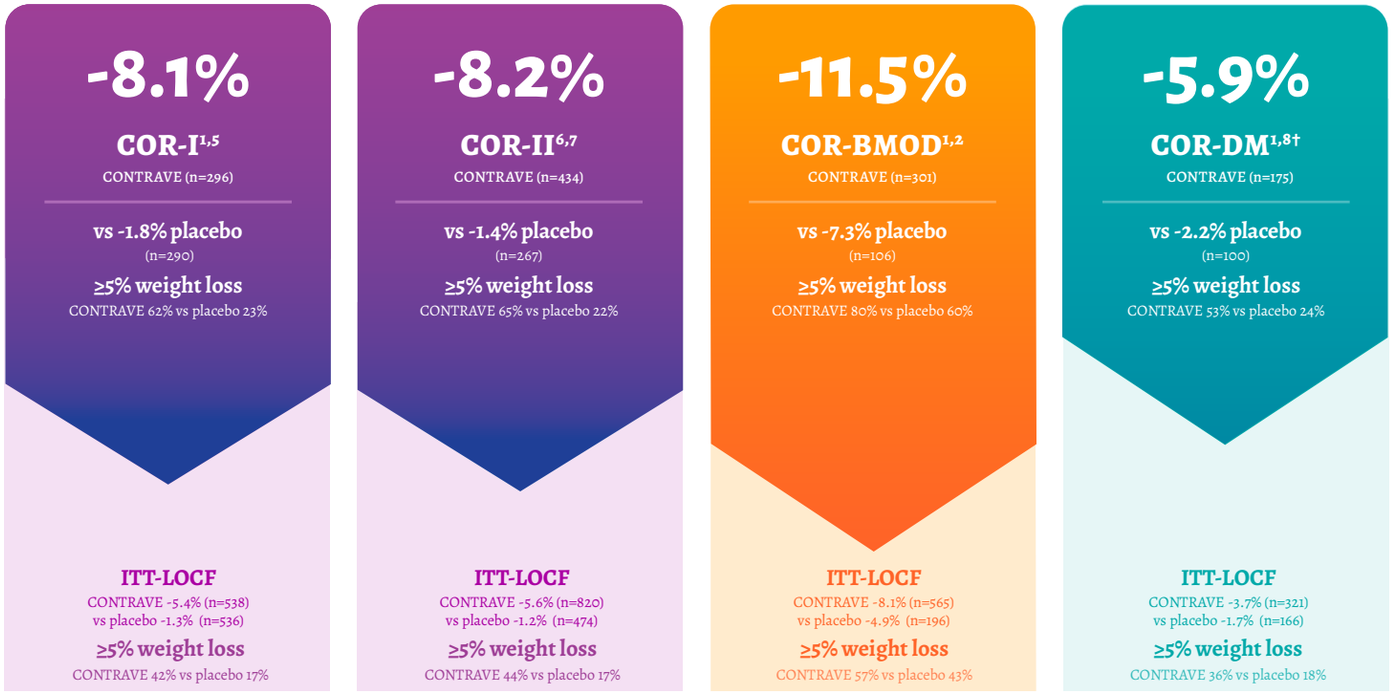
IMPORTANT SAFETY INFORMATION (cont'd)

Contraindications

CONTRAVE is contraindicated in: uncontrolled hypertension; seizure disorder or a history of seizures; use of other bupropion-containing products; bulimia or anorexia nervosa, which increase the risk for seizure; chronic opioid or opiate agonist (eg, methadone) or partial agonist (eg, buprenorphine) use, or acute opiate withdrawal; patients undergoing an abrupt discontinuation of alcohol, benzodiazepines, barbiturates, and antiepileptic drugs; use during/within 14 days following treatment with monoamine oxidase inhibitors (MAOIs), as there is an increased risk of hypertensive reactions when CONTRAVE is used concomitantly with MAOIs, including reversible MAOIs such as linezolid or intravenous methylene blue; known allergy to any component of CONTRAVE, as anaphylactoid/anaphylactic reactions and Stevens-Johnson syndrome have been reported.

Patients taking CONTRAVE demonstrated weight loss across multiple clinical trials[1,2,5-8]

Completers analysis results: mean weight change from baseline at week 56.*



Discontinuation rates of the study drug were similar in the CONTRAVE and placebo groups.[1,6]

COR-I: CONTRAVE 49.2% and placebo 50.1%; **COR-II:** CONTRAVE 46.2% and placebo 45.7%; **COR-BMOD:** CONTRAVE 42.1% and placebo 41.6%; **COR-DM:** CONTRAVE 47.8% and placebo 41.2%.

Study design: Four 56-week, multicenter, double-blind, placebo-controlled obesity trials (CONTRAVE Obesity Research [COR]) evaluated the effect of CONTRAVE in conjunction with lifestyle modifications in patients randomized to CONTRAVE or placebo. COR-I, COR-II, and COR-BMOD enrolled patients with obesity (BMI 30 kg/m² or greater) or who were overweight (BMI 27 kg/m² or greater) and had at least 1 comorbidity (hypertension or dyslipidemia). COR-BMOD included an intensive behavioral modification program consisting of 28 group counseling sessions over 56 weeks as well as a prescribed diet and exercise regimen. Baseline characteristics in COR-I, COR-II, and COR-BMOD were similar. The coprimary endpoints were percent change from baseline body weight and the proportion of patients achieving ≥5% reduction in body weight at week 56. The COR-II primary endpoint was assessed at week 28 and included a blind re-randomization and the addition of a higher dose of naltrexone at week 28 in half of the patients who did not respond adequately to CONTRAVE treatment. Week 56 results (secondary endpoint) presented here include only patients randomized to the approved CONTRAVE dose. ITT data analysis included all randomized patients who had body-weight measurements at baseline and at least once postbaseline. LOCF was used for missing data. COR-DM evaluated patients with a BMI ≥27 kg/m² and type 2 diabetes with or without hypertension and/or dyslipidemia not achieving the glycemic goal of an HbA1c <7% either with oral antidiabetic agents or with diet and exercise alone. The coprimary endpoints were percent change from baseline body weight and the proportion of patients achieving ≥5% reduction in body weight at week 56.[1,6]

*Difference from placebo, *P*<0.001.[1,6]

†COR-DM secondary endpoint: Patients taking CONTRAVE had a significantly greater HbA1c reduction vs placebo (-0.6% vs -0.1%; *P*<0.001). CONTRAVE is not indicated for the treatment of diabetes.[1,8]

BMI=body mass index; BMOD=behavior modification; DM=diabetes mellitus; HbA1c=hemoglobin A1c; ITT=intent to treat; LOCF=last observation carried forward.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Suicidal Behavior and Ideation

All patients being treated with antidepressants for any indication should be monitored and observed for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes.

Families and caregivers of patients being treated with antidepressants for major depressive disorder or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of suicidality, anxiety, agitation, irritability, unusual changes in behavior, and other symptoms, and to report such symptoms immediately to healthcare providers. Such monitoring should include daily observation by families and caregivers. Prescriptions for CONTRAVE should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose.

Please see Important Safety Information throughout this brochure and the Full Prescribing Information, including Medication Guide, for CONTRAVE.

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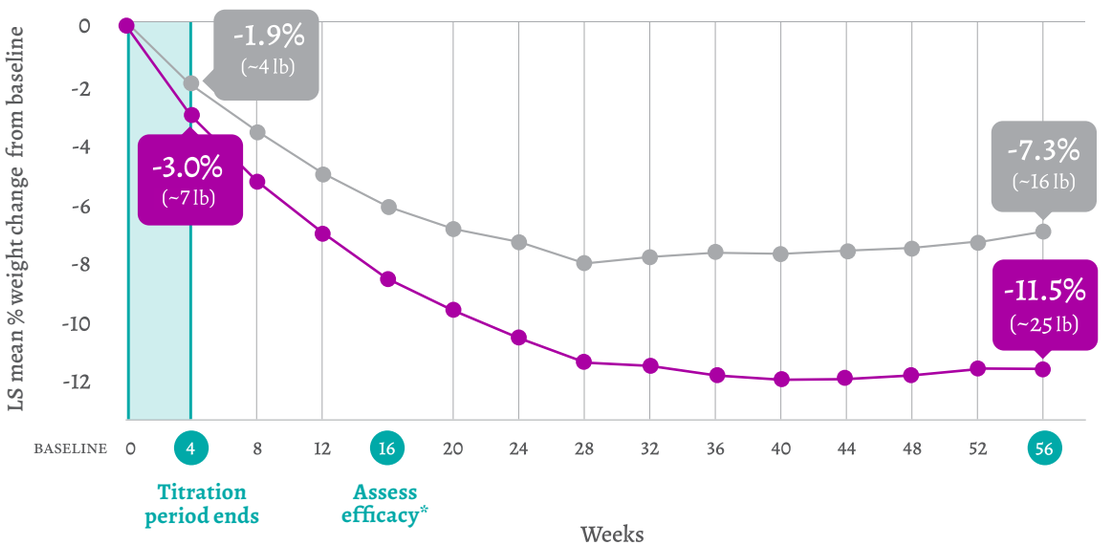
Clinically proven to help patients achieve sustained weight loss[2]

In the COR-BMOD study, patients with obesity participated in 28 group counseling sessions across 56 weeks and received individualized daily caloric goals and a prescribed exercise regimen.[1,2]

COR-BMOD: mean percent weight change over 56 weeks in completers[1,2,9]



Completers lost an average of 25 lb with CONTRAVE

vs 16 lb with placebo at 56 weeks[9†]

ITT-LOCF at 56 weeks: -8.1% weight loss (~18 lb) for CONTRAVE† and -4.9% (~11 lb) for placebo[1]

- CONTRAVE + BMOD (n=301)
- Placebo + BMOD (n=106)

41.6% in the placebo group and 42.1% in the CONTRAVE group discontinued the study.[1]
*Response to therapy should be evaluated after 12 weeks at the maintenance dosage.[1]
†Difference from placebo, *P*<0.001.[1,2,9]
LS=least squares.

Study design (cont'd from page 3): Patients in COR-BMOD met in groups of 10 to 20 people for 90 minutes and received intensive behavioral modification by registered dietitians, behavioral psychologists, or exercise specialists. Group meetings were held weekly for the first 16 weeks, every other week for the next 12 weeks, and monthly thereafter (28 sessions in total).[2]

CONTRAVE ITT: n=565; placebo ITT: n=196. Average baseline parameters were CONTRAVE: 221 lb, 43-in waist circumference; placebo: 224 lb, 43-in waist circumference. Patients who completed 56 weeks of treatment: CONTRAVE: 57.9%; placebo: 58.4%.[1,2]

IMPORTANT SAFETY INFORMATION (cont'd)

Neuropsychiatric Adverse Events and Suicide Risk in Smoking Cessation Treatment

CONTRAVE is not approved for smoking cessation. Serious neuropsychiatric adverse events have been reported in patients taking bupropion for smoking cessation. These postmarketing reports have included changes in mood (including depression and mania), psychosis, hallucinations, paranoia, delusions, homicidal ideation, aggression, hostility, agitation, anxiety, and panic, as well as suicidal ideation, suicide attempt, and completed suicide.

Some patients who stopped smoking may have been experiencing symptoms of nicotine withdrawal, including depressed mood. Depression, rarely including suicidal ideation, has been reported in smokers undergoing a smoking cessation attempt without medication. However, some of these adverse events occurred in patients taking bupropion who continued to smoke.

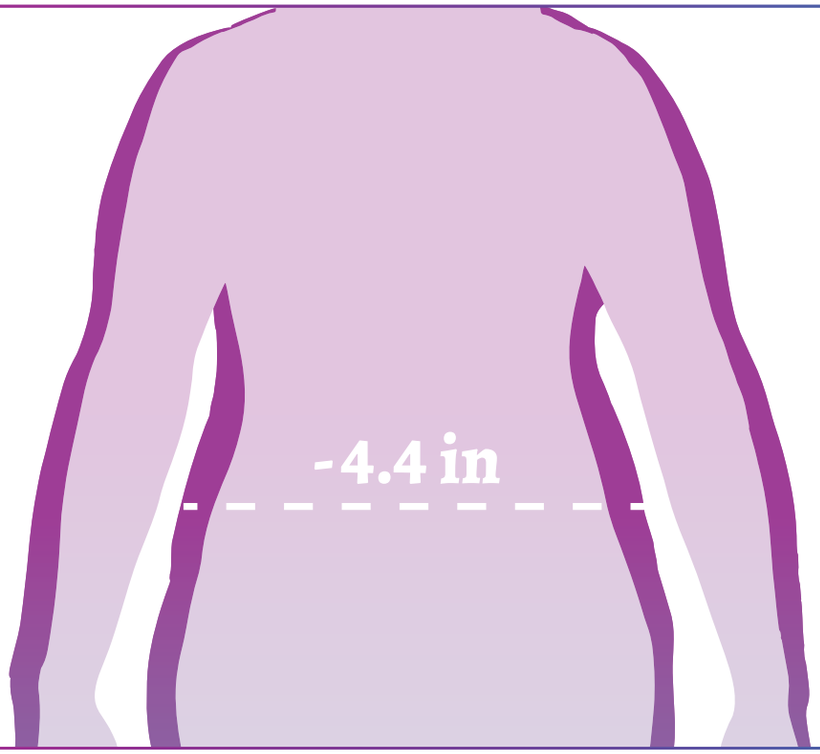
Neuropsychiatric adverse events occurred in patients without and with pre-existing psychiatric disease; some patients experienced worsening of their psychiatric illnesses. Observe patients for the occurrence of neuropsychiatric adverse events. Advise patients and caregivers that the patient should stop taking CONTRAVE and contact a healthcare provider immediately if agitation, depressed mood, or changes in behavior or thinking that are not typical for the patient are observed, or if the patient develops suicidal ideation or suicidal behavior.

Please see Important Safety Information throughout this brochure and the Full Prescribing Information, including Medication Guide, for CONTRAVE.

Give your patients more control to achieve measurable weight-loss success[1,2,10]

There were significantly greater reductions in average waist circumference with CONTRAVE at 56 weeks versus placebo in COR-BMOD (secondary endpoint).[1,2,10]

Reduction in waist circumference after CONTRAVE + BMOD[10]



In patients who completed the trial:

-4.4 in CONTRAVE + BMOD

-3.0 in Placebo + BMOD

- **Significantly greater reductions were observed with CONTRAVE in the ITT population** (CONTRAVE: 3.9-inch decrease; placebo: 2.7-inch decrease)[1,10‡ §]

‡ *P*<0.001 between groups.[1,10]
§ Based on LOCF.[1,10]

In COR-I, with baseline parameters similar to COR-BMOD, mean change in waist circumference over 56 weeks (completers/ITT) was -2.7/-2.4 in for CONTRAVE (n=296/471) vs. -1.1/-1.0 in for placebo (n=290/511).[1,5,10]

IMPORTANT SAFETY INFORMATION (cont'd)

Seizures

Bupropion, a component of CONTRAVE, can cause seizures. The risk of seizure is dose-related. Discontinue treatment and do not restart CONTRAVE in patients who experience a seizure. Use caution when prescribing CONTRAVE to patients with an elevated risk of seizure, including: history of head trauma or prior seizure, severe stroke, arteriovenous malformation, central nervous system tumor or infection, or metabolic disorders (eg, hypoglycemia, hyponatremia, severe hepatic impairment, and hypoxia); excessive use of alcohol or sedatives, addiction to cocaine or stimulants, or withdrawal from sedatives; patients with diabetes treated with insulin and/or oral diabetic medications (sulfonylureas and meglitinides) that may cause hypoglycemia; concomitant administration of medications that may lower the seizure threshold, including other bupropion products, antipsychotics, tricyclic antidepressants, theophylline, and systemic steroids.

Clinical experience with bupropion suggests that the risk of seizure may be minimized by adhering to the recommended dosing recommendations, in particular: the total daily dose of CONTRAVE does not exceed 360 mg of the bupropion component (ie, four tablets per day); the daily dose is administered in divided doses (twice daily); the dose is escalated gradually; no more than two tablets are taken at one time; coadministration of CONTRAVE with high-fat meals is avoided; if a dose is missed, a patient should wait until the next scheduled dose to resume the regular dosing schedule.

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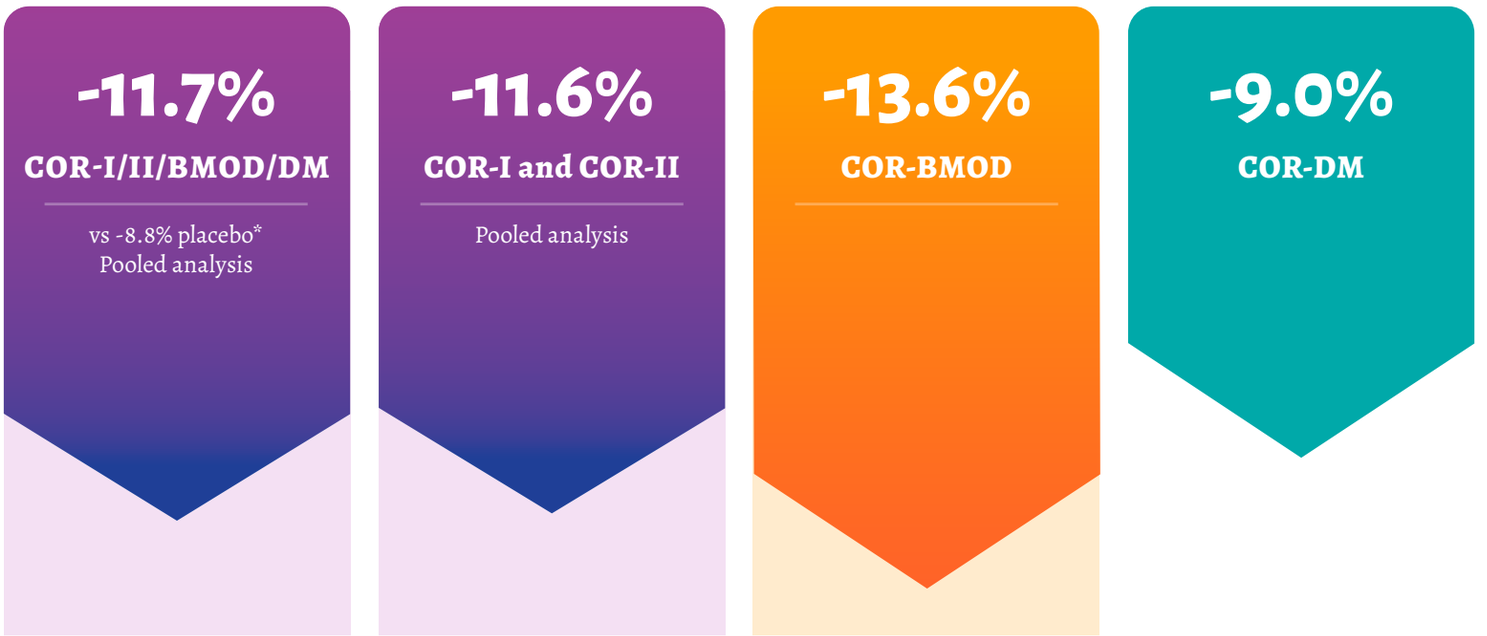
Completers who had a response at week 16 on average achieved double-digit weight loss at week 56[11]

Exploratory analysis results of completers who achieved ≥5% weight loss at week 16 (responders/completers)[11]



Data are descriptive only.

Over half (51%) of the patients receiving CONTRAVE in the modified ITT population lost ≥5% body weight by week 16 vs 19% receiving placebo.[11]

*Average weight loss calculated for responder/completers in the placebo group was not reported individually by study, but rather as a pooled analysis of the placebo groups across COR-I, COR-II, COR-BMOD, and COR-DM.[11]

Data analyses: Participant-level responder/completers data from COR-I, COR-II, COR-BMOD, and COR-DM. Exploratory analysis examined the relationship between participant achievement of various weight-loss thresholds at week 8, 12, or 16 of treatment and the associated weight loss at week 56. Efficacy analyses were performed on the modified ITT population (participants with a baseline and at least 1 postbaseline weight measurement while on study treatment with LOCF imputation of missing data; CONTRAVE n=2043, placebo n=1319, for the pooled analysis of the four COR clinical trials) and the completers population (participants who had a baseline and week 56 weight measurement while on study treatment; CONTRAVE n=1310, placebo n=763). Week 16 responders who received CONTRAVE had a high retention rate, with 87% continuing treatment for 1 year. At week 56, 57% of week 16 responder/completers who received CONTRAVE lost ≥10% body weight vs 39% for placebo.[11]

Losing weight takes time[1]

Remind your patients that weight loss doesn't happen overnight—it's a process that requires patience However, if they're willing to stick with CONTRAVE, they could achieve sustained weight loss.[11]

IMPORTANT SAFETY INFORMATION (cont'd)

Patients Receiving Opioid Analgesics

Vulnerability to Opioid Overdose: CONTRAVE should not be administered to patients receiving chronic opioids, due to the naltrexone component, which is an opioid receptor antagonist. If chronic opiate therapy is required, CONTRAVE treatment should be stopped. In patients requiring intermittent opiate treatment, CONTRAVE therapy should be temporarily discontinued and lower doses of opioids may be needed. Patients should be alerted that they may be more sensitive to opioids, even at lower doses, after CONTRAVE treatment is discontinued. An attempt by a patient to overcome any naltrexone opioid blockade by administering large amounts of exogenous opioids is especially dangerous and may lead to a fatal overdose or life-threatening opioid intoxication (e.g., respiratory arrest, circulatory collapse). Patients should be told of the serious consequences of trying to overcome the opioid blockade.

Precipitated Opioid Withdrawal: An opioid-free interval of a minimum of 7 to 10 days is recommended for patients previously dependent on short-acting opioids, and those patients transitioning from buprenorphine or methadone may need as long as two weeks. Patients should be made aware of the risks associated with precipitated withdrawal and encouraged to give an accurate account of last opioid use.

Please see Important Safety Information throughout this brochure and the Full Prescribing Information, including Medication Guide, for CONTRAVE.

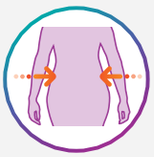
Weight loss was primarily due to a reduction in fat mass[7]

In a sub-study of COR-I, patients taking CONTRAVE lost significantly more fat mass vs placebo at week 52.[7]

Effect on body composition[1,7]

10.4 lb
(11.7%) decrease for patients taking CONTRAVE (n=79)

vs 3.2 lb (4.3%) placebo (n=45).
Treatment difference: 7.2 lb (7.4%); *P*<0.01



In an additional analysis, patients taking CONTRAVE experienced **significant reduction of visceral fat mass** vs placebo at week 52 (secondary endpoint).[7]

- CONTRAVE (n=34): 1.2-lb decrease from baseline; placebo (n=24): 0.4-lb decrease from baseline
- LS mean difference: 0.82 lb; *P*=0.037

Study design: The COR-I sub-study primary endpoint was change from baseline in body composition, measured by total fat mass using DEXA, in the CONTRAVE and placebo groups at week 52. Eligible patients were selected to undergo body composition analysis using DEXA and visceral fat analysis using multislice CT. The CONTRAVE group combined subjects treated with a lower dose of naltrexone (16 mg/day) and the approved CONTRAVE dose (32 mg/day). Mean total body fat mass at baseline was 91.1 lb in the placebo group and 86.9 lb in the CONTRAVE group. Mean visceral fat mass at baseline was slightly higher for the placebo group (8.9 lb) compared with the CONTRAVE group (8.3 lb). Analysis included all randomized patients who had body-composition analysis at baseline and at least once postbaseline during the defined treatment phase. LOCF was used for missing data. Data presented are LS means.[1,7]

LS mean change and percent change in total body weight from baseline in this sub-study were -15.4 lb (7.2%) for patients taking CONTRAVE and -4.4 lb (2.1%) for placebo.[7]

CT=computed tomography; DEXA=dual energy X-ray absorptiometry.

IMPORTANT SAFETY INFORMATION (cont'd)

Increase in Blood Pressure (BP) and Heart Rate (HR)

CONTRAVE can cause an increase in systolic BP, diastolic BP, and/or resting HR. These events were observed in both patients with and without evidence of preexisting hypertension. In clinical practice with other bupropion-containing products, hypertension, in some cases severe and requiring acute treatment, has been reported. Blood pressure and pulse should be measured prior to starting therapy with CONTRAVE and should be monitored at regular intervals consistent with usual clinical practice, particularly among patients with controlled hypertension prior to treatment.

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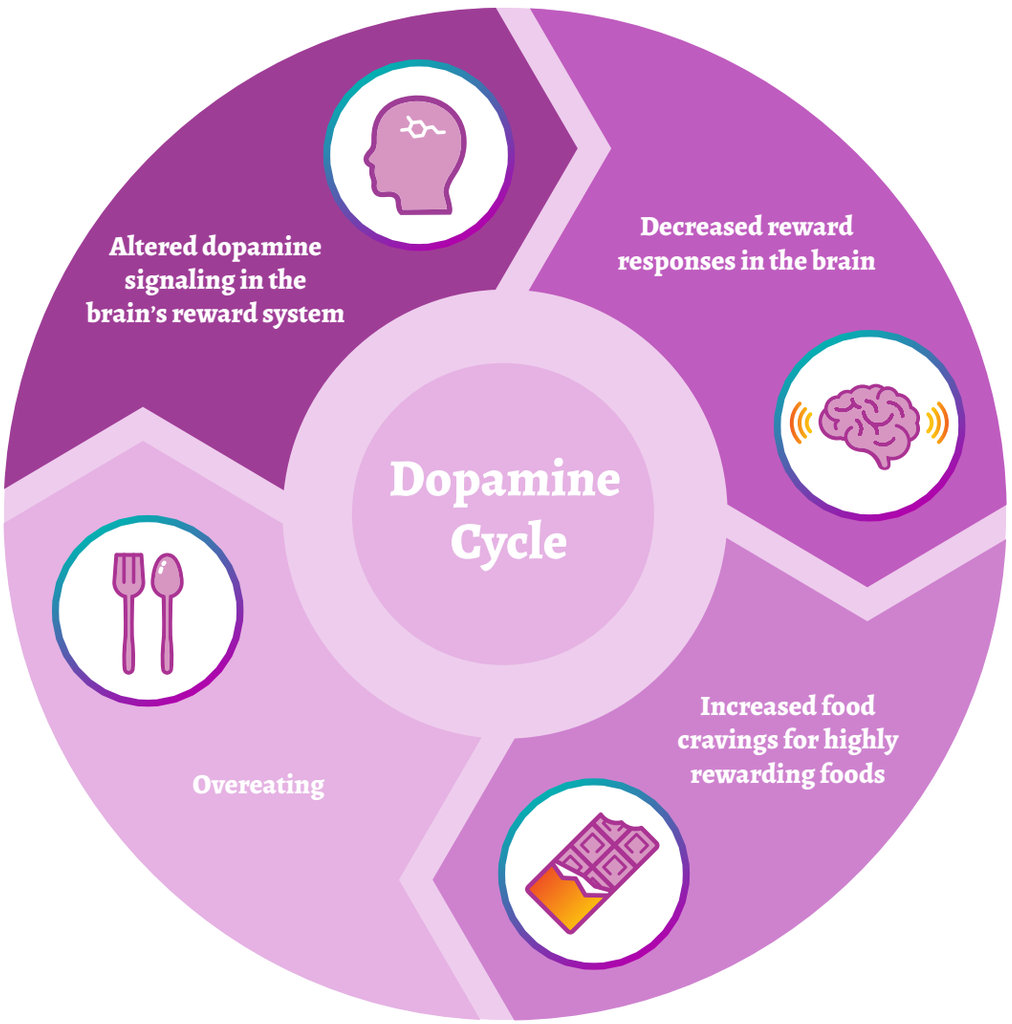
For some people struggling with obesity, altered dopamine signaling may be affecting the brain's reward system[12-14]

Increased food cravings—especially for highly rewarding foods—can lead to overeating to compensate for decreased reward responses. This overeating can further affect dopamine pathways, potentially creating a self-reinforcing cycle.[13-16]



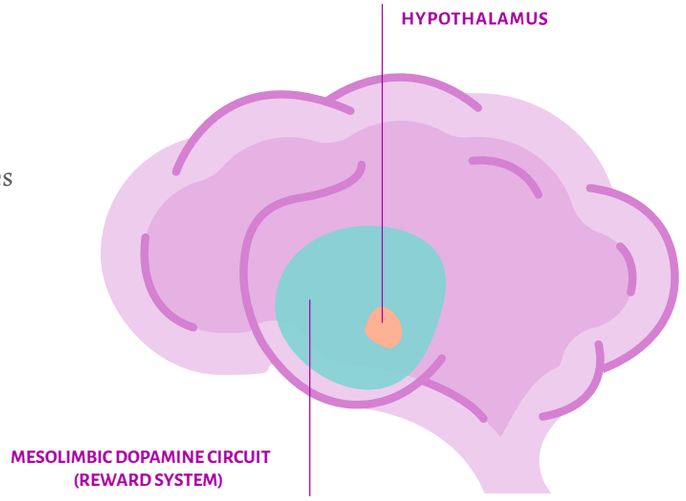
Obesity is a complex condition influenced by multiple factors not limited to the potential role of dopamine signaling, including genetics, environment, and individual behaviors.[17]

CONTRAVE is specifically formulated to help control hunger and cravings[8]

CONTRAVE targets 2 key areas of the brain to help reduce hunger and control cravings, so patients can lose weight and keep it off.[1*]

The only FDA-approved 2-in-1 combination drug containing extended-release (ER) naltrexone and bupropion that targets[1]:

1. **Mesolimbic dopamine circuit (reward system)**[5,16]
   Involved with feeling pleasure during rewarding experiences like eating. This may cause intense cravings, making food a source of comfort.
2. **Hypothalamus**[3,4]
   Regulates hunger and satiety signals. This part of the brain balances the body's energy needs and can be influenced by emotional states, potentially affecting eating behavior.



*Other areas of the brain may be involved. The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.[1]

- CONTRAVE is a unique, proprietary combination of 2 drugs—naltrexone and bupropion—within a single extended-release (ER) tablet clinically proven to help your patients lose weight and keep it off when combined with diet and exercise[1,2]
- The individual medicines of naltrexone and bupropion are not the same dose or formulation used in CONTRAVE and are not approved for weight loss when used on their own[1,18,19]

IMPORTANT SAFETY INFORMATION (cont'd)

Allergic Reactions

Anaphylactoid/anaphylactic reactions and symptoms suggestive of delayed hypersensitivity have been reported with bupropion, as well as rare spontaneous reports of erythema multiforme, Stevens-Johnson syndrome, and anaphylactic shock. Instruct patients to discontinue CONTRAVE and consult a healthcare provider if they develop an allergic or anaphylactoid/anaphylactic reaction (eg, skin rash, pruritus, hives, chest pain, edema, or shortness of breath) during treatment.

Hepatotoxicity

Cases of hepatitis, clinically significant liver dysfunction, and transient asymptomatic hepatic transaminase elevations have been observed with naltrexone exposure. Warn patients of the risk of hepatic injury and advise them to seek medical attention if they experience symptoms of acute hepatitis. Use of CONTRAVE should be discontinued in the event of symptoms and/or signs of acute hepatitis.

Activation of Mania

Bupropion, a component of CONTRAVE, is a drug used for the treatment of depression. Antidepressant treatment can precipitate a manic, mixed, or hypomanic episode. The risk appears to be increased in patients with bipolar disorder or who have risk factors for bipolar disorder. Prior to initiating CONTRAVE, screen patients for history of bipolar disorder and the presence of risk factors for bipolar disorder (eg, family history of bipolar disorder, suicide, or depression). CONTRAVE is not approved for use in treating bipolar depression.

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The tolerability of CONTRAVE has been demonstrated in thousands of patients across multiple phase 3 clinical trials[1]

Adverse reactions reported with ≥4% incidence with CONTRAVE and more commonly than placebo[1]

ADVERSE REACTION	CONTRAVE (N=2545)	PLACEBO (N=1515)
Nausea	32.5%	6.7%
Constipation	19.2%	7.2%
Headache	17.6%	10.4%
Vomiting	10.7%	2.9%
Dizziness	9.9%	3.4%
Insomnia	9.2%	5.9%
Dry mouth	8.1%	2.3%
Diarrhea	7.1%	5.2%
Anxiety	4.2%	2.8%
Hot flush	4.2%	1.2%
Fatigue	4.0%	3.4%
Tremor	4.0%	0.7%

- **Common GI-related adverse events, including nausea or vomiting, were generally transient in nature and resolved over time (about 2 to 4 weeks)[2,5,20]**
- 24% of patients receiving CONTRAVE and 12% of patients receiving placebo discontinued treatment because of an adverse event[1]
- The most frequent adverse reactions leading to discontinuation with CONTRAVE were nausea (6.3%), headache (1.7%), and vomiting (1.1%)[1]

IMPORTANT SAFETY INFORMATION (cont'd)

Angle-Closure Glaucoma

The pupillary dilation that occurs following use of many antidepressant drugs, including bupropion, may trigger an angle-closure attack in a patient with anatomically narrow angles who does not have a patent iridectomy.

Hypoglycemia with Use of Antidiabetic Medications

Weight loss may increase the risk of hypoglycemia in patients with type 2 diabetes mellitus treated with insulin and/or insulin secretagogues (eg, sulfonylureas). Measurement of blood glucose levels prior to starting CONTRAVE and during CONTRAVE treatment is recommended in patients with type 2 diabetes. Decreases in medication doses for antidiabetic medications that are non-glucose-dependent should be considered to mitigate the risk of hypoglycemia.

Adverse Reactions

Most common adverse reactions (≥5%) include: nausea (32.5%), constipation (19.2%), headache (17.6%), vomiting (10.7%), dizziness (9.9%), insomnia (9.2%), dry mouth (8.1%), and diarrhea (7.1%).

Please see Important Safety Information throughout this brochure and the Full Prescribing Information, including Medication Guide, for CONTRAVE.

CONTRAVE allows for full titration within 1 month[1]

A full maintenance dose is reached by week 4.[1*]

Standard dosing for CONTRAVE (8 mg/90 mg)[1]

	AM	PM
Week 1	1	
Week 2	1	1
Week 3	2	1
Week 4 (and beyond)	2	2

Tip: take with breakfast | **Tip: take before dinner**

Do not administer CONTRAVE with high-fat meals due to increased risk of seizures.[1]

*__Dose adjustments are needed for patients with hepatic impairment and/or moderate, severe, or end-stage renal impairment__. Maximum recommended daily doses are as follows: Moderate or severe renal impairment: 2 tablets per day (1 in the AM, 1 in the PM). Moderate hepatic impairment: 2 tablets per day (1 in the AM, 1 in the PM). End-stage renal disease or severe hepatic impairment: not recommended for use in these patients. Concomitant use with CYP2B6 inhibitors: 2 tablets per day (1 in the AM, 1 in the PM).[1]

Not actual tablet size.

The patient starter kit.

There is no generic or generic equivalent to CONTRAVE that has been extensively studied for weight loss efficacy and safety.

IMPORTANT SAFETY INFORMATION (cont'd)

Drug Interactions

Use caution and consider dose reduction of drugs metabolized by CYP2D6 when using with CONTRAVE. Avoid concomitant use with MAOIs and CYP2B6 inducers. Reduce CONTRAVE dose when taken with CYP2B6 inhibitors. Dose CONTRAVE with caution when used with drugs that lower seizure threshold. Use caution and monitor for CNS toxicity when using CONTRAVE concomitantly with dopaminergic drugs (levodopa and amantadine). CONTRAVE can cause false positive urine test results for amphetamines.

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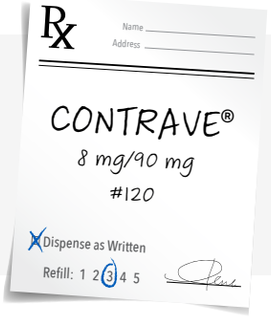
CurAccess PATIENT SUPPORT PROGRAM

CurAccess gets your patients CONTRAVE for $99 or less with fast, free shipping and can assist in prior authorization submissions.*†

Not an actual patient.

Scan the QR code to visit CONTRAVEHCP.com and learn more about what your patients can do to start saving on CONTRAVE.



*The price of CONTRAVE is $99 per month with free shipping through the CurAccess program. If your patient's insurance covers CONTRAVE, it may cost less. The CurAccess program is offered by our partner pharmacies. Subject to patient eligibility. Patients who participate in federal programs such as Medicaid, Medicare Part D, and TRICARE are eligible for the program. To receive benefits from the CurAccess program, the prescription will be processed with the assumption that the participant is a cash-paying customer. Please see Terms and Conditions at sign-up for eligibility.

†Home delivery is offered by a third-party partner.

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Please see Important Safety Information throughout this brochure and the Full Prescribing Information, including Medication Guide, for CONTRAVE.

Currax pharmaceuticals LLC

Contrave®
(naltrexone HCl/bupropion HCl)
8 mg/90 mg • Extended-Release Tablets