

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

Real patients. Real results.[†]

Meet 3 real patients who were able to lose weight and keep it off with CONTRAVE[‡]

CONTRAVE is an oral weight-loss medication designed to help control cravings and reduce hunger.[‡] It is in a different class than GLP-1 agonists.^{1,2}

*Based on the number of prescription fills for brand name oral weight-loss drugs in the IQVIA database through January 2025.

†All stories reflect real patients taking CONTRAVE at the time of their interviews and compensated for sharing their inspiring stories. Individual results may vary.

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



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/m² or greater (obese) or
- 27 kg/m² 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.

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

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.

Wondering which of your patients may be appropriate for CONTRAVE?

Meet 3 real patients who found weight-loss success with CONTRAVE.

Many patients who are overweight or living with obesity and are trying to lose weight may find it hard to manage cravings and hunger.* Understanding their unique weight-loss challenges and goals may help you identify CONTRAVE candidates in your practice—and help you create a treatment plan that **best supports their journey**.



Jennifer | Mammographer, wife, mother, grandmother
Looking for a medication that could help control her cravings* and the weight she gained during menopause.



Brian | Retired police officer, grandfather
After trying a GLP-1, Brian sought an option that would provide lasting results while fitting his budget.



Jeanette | Therapeutic foster care case manager, fiancée, mother
An emotional eater who, after surgery and a GLP-1 treatment, struggled to maintain healthy habits and regained the weight.

*The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.¹
All stories reflect real patients taking CONTRAVE at the time of their interviews and compensated for sharing their inspiring stories. Individual results may vary.

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.



GAINED WEIGHT DURING MENOPAUSE

“Being a very impulsive, emotional eater, I really noticed gaining weight when I started going through menopause.”



Get to know

Jennifer

Age: 52 | **Initial BMI:** Obesity Class I (BMI 30-34.9)

Chief complaint

Looking for a medication that could help control her cravings* and the weight she gained during menopause.

Medical history

- High cholesterol
- Controlled hypertension

Weight-loss treatment history

Non-pharmacologic: Keto diet, popular commercial weight-loss programs

Pharmacologic: Phentermine

Questions to ask a patient like Jennifer

- “Do you struggle with cravings in your weight-loss efforts?”
- “What challenges did you face with prior weight-loss attempts?”

70% of patients experiencing cravings said that **those cravings prevent them from reaching their ideal weight.**^{3†}



For patients who **struggle with cravings**,* consider **CONTRAVE** along with diet and exercise.

*The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.¹
†Based on a Currax-sponsored online market research survey conducted March 2025 (N=1,000; analysis among those reporting food cravings, n=868). Please see full Study Design on back cover.³

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 additional Important Safety Information throughout and Full Prescribing Information, including Medication Guide, for CONTRAVE.

Get to know

Brian

Age: 67 | Initial BMI: Obesity Class I (BMI 30-34.9)

Chief complaint

After trying a GLP-1, Brian sought an option that would provide lasting results while fitting his budget.

I tried a GLP-1—and it helped at first, but it cost too much.



Medical history

- Sleep apnea

Weight-loss treatment history

Non-pharmacologic: Calorie counting, low carb/no-sugar diets, intense exercise (90 minutes/day)

Pharmacologic: Tirzepatide, phentermine

Questions to ask a patient like Brian

- “How important is cost as a factor when considering a weight-loss medication?”
- “What are your goals with your next weight-loss treatment?”

OVER 50% of treatment-naïve patients feel that **reaching their target weight feels impossible due to the cost of weight-loss medications.**^{3*}



For patients seeking **long-term weight loss at a price that fits their budget**, consider **CONTRAVE** along with diet and exercise.

*Based on a Currax-sponsored online market research survey conducted March 2025 (N=1,000; analysis among treatment-naïve respondents; n=671). Please see full Study Design on back cover.³

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

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.

Get to know

Jeanette

Age: 39 | Initial BMI: Obesity Class III (BMI >40)

Chief complaint

An emotional eater who, after surgery and a GLP-1 treatment, struggled to maintain healthy habits and regained the weight.

I would eat when I was happy, mad, sad, or glad. I took on other people's emotions and then I would eat for them.



Medical history

- Controlled hypertension
- Anxiety

Weight-loss treatment history

Non-pharmacologic: Diets, including raw and keto

Pharmacologic: Semaglutide, OTC weight-loss medications

Surgery: Gastric bypass

Questions to ask a patient like Jeanette

- “How often do you notice that emotions are driving your eating?”
- “Have you tried strategies to address your eating habits? What's worked—or hasn't?”

OVER 70% of patients that **had stopped an injectable weight-loss medication were open to taking a non-injectable option.**^{3*}



For patients who struggle with **emotional eating**, consider **CONTRAVE** along with diet and exercise.

*Based on a Currax-sponsored online market research survey conducted March 2025 (N=1,000; analysis among past injectable weight-loss medication users, n=111). Please see full Study Design on back cover.³

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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Neuropsychiatric Adverse Events and Suicide Risk in Smoking Cessation Treatment (cont'd)

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.

Please see additional Important Safety Information throughout and [Full Prescribing Information](#), including [Medication Guide](#), for CONTRAVE.

IMPORTANT SAFETY INFORMATION (cont'd)

Neuropsychiatric Adverse Events and Suicide Risk in Smoking Cessation Treatment (cont'd)

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.

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.

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.

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.

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.

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%).

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.

Please see [Full Prescribing Information, including Medication Guide, for CONTRAVE](#).

Help patients lose weight and keep it off with CONTRAVE

CONTRAVE is an oral weight-loss medication designed to help control cravings and reduce hunger.* It is in a different class than GLP-1 agonists.^{1,2}

- The **only** FDA-approved, nonstimulant, **2-in-1, oral weight-loss medication**¹
- Targets **2 key areas of the brain** to help **control cravings and reduce hunger**^{1*}
- **#1 prescribed** non-GLP-1 oral weight-loss brand†

Visit contravehcp.com to see full efficacy data and learn more about patient savings.

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†Based on the number of prescription fills for brand name oral weight-loss drugs in the IQVIA database through January 2025.

Study design: Currax-sponsored online market research survey conducted March 18-31, 2025 (N=1,000) among US adults with obesity or who are overweight. The nationwide sample was designed to align with US census demographics (ethnicity, age) and prespecified targets for both BMI (BMI 25-30: 40%, 31-40: 45%, 41+: 15%; self-reported height/weight) and prescription obesity medication experience (67% treatment-naïve, 19% current treatment, and 14% past treatment).³

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References: 1. CONTRAVE (naltrexone HCl and bupropion HCl) [prescribing information]. Brentwood, TN: Currax Pharmaceuticals LLC. 2. Greenway FL. Physiological adaptations to weight loss and factors favouring weight regain. *Inter J Obes (Lond)*. 2015;39(8):1188-1196. doi:10.1038/ijo.2015.59 3. Data on file. Survey of Cravings and Weight Attitudes in Adults With Obesity. Currax Pharmaceuticals LLC. Brentwood, TN 2025.



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