Clinical use:

- The effect on cardiovascular morbidity and mortality has not been established
- The safety and effectiveness in combination with other products intended for weight loss, including prescription drugs, over-the-counter drugs, and herbal preparations, have not been established
- Geriatrics (≥65 years of age): Use with caution
- Pediatrics (<18 years of age): Not indicated

Contraindications:

- Uncontrolled hypertension
- Seizure disorder or a history of seizures
- Use of other bupropion hydrochloride-containing products
- Current or prior diagnosis of bulimia or anorexia nervosa
- Chronic opioid or opiate agonist or partial agonists use, or acute opiate withdrawal
- Patients undergoing an abrupt discontinuation of alcohol, benzodiazepines or other sedatives and antiepileptic drugs
- Concomitant administration of monoamine oxidase inhibitors (MAOI)
- Concomitant administration of the antipsychotic thioridazine
- Pregnancy
- Severe hepatic impairment
- End-stage renal failure

Most serious warnings and precautions:

- **Potential association with behavioural and emotional changes, including self-harm:** monitor for suicidal ideation and for agitation-type emotional and behavioural changes
- **Seizures:** to minimize the risk of seizures, the maximum recommended daily dose should not be exceeded

Other relevant warnings and precautions:

- Interference with the action of opioid-containing drug products, vulnerability to opioid overdose, and precipitated opioid withdrawal
- Increase in blood pressure and heart rate; not for use in patients with uncontrolled hypertension and caution in patients with controlled hypertension
- Dependence/tolerance
- Risk of hypoglycemia in patients with type 2 diabetes on antidiabetic therapy
- Hepatotoxicity; discontinue in the event of symptoms and/or signs of acute hepatitis
- Drugs metabolized by CYP2D6; do not use in combination with tamoxifen
- Angle-closure glaucoma
- Activation of mania and hallucinations
- Allergic reactions
- Not recommended in nursing mothers
- Closely monitor patients with hepatic and renal impairment; dose adjustments required in mild to moderate hepatic impairment and moderate or severe renal impairment
- Contains lactose

For more information:

Please consult the Product Monograph at https://pdf.hres.ca/dpd_pm/00064902.PDF for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling 1-800-361-4261.

References: 1. Wharton S, Lau DCW, Vallis M *et al*. Obesity in adults: a clinical practice guideline. *CMAJ* 2020;192:E875-91. **2.** Pedersen S, Manjoo P, Wharton S. Canadian Adult Obesity Clinical Practice Guidelines: Pharmacotherapy in Obesity Management. Available from: https://obesitycanada.ca/guidelines/pharmacotherapy. Accessed February 2021. **3.** CONTRAVE Product Monograph. Bausch Health, Canada Inc.

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CON-3-2021-M000081-E

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

Contrave Support program

REVIEWED BY PAAB

BAUSCH Health

OBESITY IS A CHRONIC DISEASE[1] Are you treating it like one?

2020 OBESITY CANADA CLINICAL PRACTICE GUIDELINES[2]

Naltrexone/bupropion combination is a recommended option, in conjuction with medical nutrition therapy, physical activity, and psychological interventions, for individuals with a BMI ≥30 kg/m² or ≥27 kg/m² with adiposity-related comorbidities.

Adapted from Pederson *et al*. 2020.[2]

For complete recommendations, please refer to the Obesity Canada guidelines.

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 comorbidity (e.g., controlled hypertension, type 2 diabetes mellitus, or dyslipidemia).

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

A DUAL-COMPONENT MECHANISM OF ACTION[3]*

Non-clinical studies suggest that CONTRAVE has effects on two separate areas of the brain involved in the regulation of food intake

The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.[3]

1. Naltrexone + **2. Bupropion** = **CONTRAVE**

An opioid antagonist

A relatively weak inhibitor of the neuronal reuptake of dopamine and norepinephrine

Hypothalamus (appetite regulatory center)

Mesolimbic dopamine circuit (reward system)

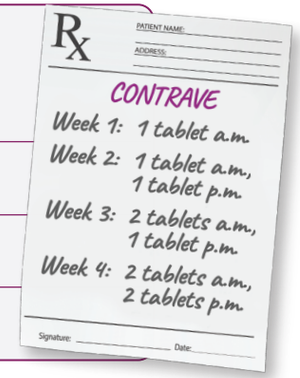
Adapted from the Product Monograph.

* Clinical significance is unknown.

RECOMMENDED DAILY DOSE: 2 TABLETS, TWICE DAILY[3]

CONTRAVE dosing should be escalated according to the following schedule:

	Morning	Evening
Week 1	●	
Week 2	●	●
Week 3	● ●	●
Week 4 and maintenance	● ●	● ●



Adapted from the Product Monograph.

The maximum recommended dose is 32 mg/360 mg per day (two tablets twice daily).

- In order to minimize the risk of seizures, the maximum recommended daily dose should not be exceeded.
- Response to therapy should be evaluated after 12 weeks at the maintenance dosage. If a patient has not lost at least 5% of baseline body weight, discontinue CONTRAVE, as it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.
- Dosage adjustments are required in patients with hepatic impairment (maximum dose 1 tablet in the morning in mild or moderate hepatic impairment) or renal impairment (maximum dose 2 tablets, one in the morning and one in the evening in moderate or severe renal impairment), and with concomitant use of CYP2B6 inhibitors (maximum dose 2 tablets, one in the morning and one in the evening). All patients with hepatic or renal impairment should be closely monitored for possible adverse effects (e.g., insomnia, dry mouth, seizures) that could indicate high drug or metabolite levels.
- CONTRAVE should not be taken with a high-fat meal. The tablets should not be cut, chewed, or crushed.
- 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. CONTRAVE should not be given to patients with uncontrolled hypertension and should be used with caution in patients with controlled hypertension prior to treatment.

Please consult the Product Monograph for complete dosage and administration information.

ExperienceContrave.ca for FREE

A patient enrolment program for all your newly prescribed CONTRAVE patients

FREE CONTRAVE for the first month +

Contrave Support program†

- Financial assistance
- Motivational counselling
- Educational tools and resources

Visit ExperienceContrave.ca

† Patients are not required to enrol in the CONTRAVE Support Program in order to qualify for a free first month's supply.