

Consider MYSIMBA® for your patients with emotional eating^{7,8}

Guidelines suggest the use of MYSIMBA® in patients with overweight or obesity, with emotional eating.^{7,8}

Your patients may find it hard to control cravings that are associated with emotional eating.^{7,8}

Consider MYSIMBA® for your patients with emotional eating as due to its Mode of Action in the brain it is designed to help to control hunger and cravings.^{7,8*}

MYSIMBA® can help your patients achieve their weight loss goals¹.

Please use the MYSIMBA® Physician Prescribing Checklist to determine who should be considered for MYSIMBA®¹.

You and your patient will know at 16 weeks if MYSIMBA® works¹.

MYSIMBA® reached 647,266 patient-years of use worldwide as of December 31, 2023.^{1,9}

References:

1. Mysimba® Summary of Product Characteristics available on www.medicines.ie
2. Martin et al, Naltrexone, an Antagonist for the Treatment of Heroin Dependence, JAMA Psychiatry, Vol. 28, No.6, <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/490912>, accessed July 2025.
3. Data on file, Nalpropion Pharmaceuticals, Inc.
4. Fava M, Rush AJ, Thase ME, et al. 15 years of clinical experience with bupropion HCl: from bupropion HCl to bupropion SR to bupropion XL. Prim Care Companion J Clin Psychiatry. 2005;7:106-113.
5. Fujioka K, Plodkowski R, O'Neil PM, Gilder K, Walsh B, Greenway FL. The relationship between early weight loss and weight loss at 1 year with naltrexone ER/bupropion ER combination therapy. Int J Obes (Lond). 2016;40:1369-1375.
6. Hong K, Herrmann K, Dybala C, Halseh AE, Lam H, Foreyt JP. Naltrexone/bupropion extended release-induced weight loss is independent of nausea in subjects without diabetes. Clin Obes. 2016;6:305-312.
7. Chianelli et al, Italian guidelines for the management of adult individuals with overweight and obesity and metabolic comorbidities that are resistant to behavioral treatment, Journal of Endocrinological Investigation, 2023, <https://doi.org/10.1007/s40618-024-02361-y>, accessed July 2025.
8. Acosta et al, Selection of Antiobesity Medications Based on Phenotypes Enhances Weight Loss: A Pragmatic Trial in an Obesity Clinic, Obesity (2021) 29, 662-671.
9. Data on file, Orexigen Pharmaceuticals.

*The exact neurochemical appetite suppressant effects of naltrexone/bupropion are not fully understood.

Treat with MYSIMBA® to help patients lose weight and keep it off¹



MYSIMBA® (naltrexone/bupropion) Prescribing Information

Mysimba Abbreviated Prescribing Information. Please refer to the Summary of Product Characteristics for full details. Mysimba 8 mg/90 mg prolonged-release tablet (8 mg naltrexone hydrochloride, equivalent to 7.2 mg naltrexone, and 90 mg bupropion hydrochloride, equivalent to 78 mg bupropion). Therapeutic indications: As an adjunct to a reduced-calorie diet and increased physical activity, for the management of weight in adult patients (≥18 years) with an initial Body Mass Index (BMI) of: ≥30 kg/m² (obese), or ≥27 kg/m² (overweight) in the presence of one or more weight-related co-morbidities (e.g., type 2 diabetes, dyslipidaemia, or controlled hypertension). Treatment with Mysimba should be discontinued after 16 weeks if patients have not lost at least 5% of their initial body weight. **Posology:** Initial treatment, the dose should be escalated over a 4-week period as follows: **Week 1:** One tablet in the morning, **Week 2:** One tablet in the morning and one tablet in the evening, **Week 3:** Two tablets in the morning and one tablet in the evening, **Week 4 and onwards:** Two tablets in the morning and two tablets in the evening (maximum recommended daily dose). Evaluate the need for continued treatment after 16 weeks and annually thereafter. The cardiovascular risks of Mysimba when given for longer than a year have not been fully determined. Discontinue after one year if patients have not maintained ≥ 5% weight loss. Conduct annual assessments to ensure no adverse change in cardiovascular risk before continuing treatment. **Missed doses:** patients should not take an additional dose, but take the next dose at the usual time. **Special populations:** Naltrexone/bupropion should be used with caution in patients over 65 years of age and is not recommended in patients over 75 years of age. Naltrexone/bupropion is contraindicated in patients with end-stage renal failure. In patients with moderate or severe renal impairment, the maximum recommended daily dose is two tablets (one tablet in the morning and one tablet in the evening). It is recommended that patients with moderate or severe renal impairment initiate treatment with one tablet in the morning for the first week of treatment and escalate to one tablet in the morning and one tablet in the evening from week 2 onwards. For individuals who are at elevated risk for renal impairment, in particular patients with diabetes or elderly individuals, estimated glomerular filtration rate (eGFR) should be assessed prior to initiating therapy with naltrexone/bupropion. Patients with hepatic impairment: naltrexone/bupropion is contraindicated in patients with severe hepatic impairment. For with mild hepatic impairment, the maximum recommended daily dose is two tablets. Degree of hepatic impairment should be assessed using the Child-Pugh score. **Paediatric population children and adolescents below 18:** Contraindicated. **Method of administration:** The tablets should be swallowed whole with some water and preferably with food, and should not be cut, chewed or crushed. **Contraindications:** Hypersensitivity to the active substance(s) or to any of the excipients, uncontrolled hypertension, current seizure disorder or a history of seizures, a known central nervous system tumour, undergoing acute alcohol or benzodiazepine withdrawal, history of bipolar disorder, receiving any concomitant treatment containing bupropion or naltrexone, current or previous diagnosis of bulimia or anorexia nervosa, currently dependent on opioids including opioid-containing medication, treated with opioid agonists used in opioid dependence, or in acute opioid withdrawal, receiving concomitant administration of monoamine oxidase inhibitors (MAOI). **Special warnings and precautions for use:** The safety and tolerability of naltrexone/bupropion should be assessed at regular intervals. **Suicide and suicidal behaviour:** Monitor patients during treatment, as bupropion, an antidepressant, may increase risk especially in young adults and during early treatment or dose changes. **Seizures and associated conditions:** The co-administration of antipsychotics, antidepressants, antimalarials, tramadol, theophylline, systemic steroids, quinolones and sedating antihistamines may lower the seizure threshold, and the consumption of alcohol during naltrexone/bupropion treatment should be minimised or avoided. Opioid containing medications including analgesics: ensure opioids are stopped for 7-10 days before starting naltrexone/bupropion, and discontinue it at least 3 days before any necessary opioid use, without increasing the opioid dose beyond standard level. **Allergic reactions have been reported:** A patient should stop taking naltrexone/bupropion and consult a doctor if experiencing allergic or anaphylactoid/anaphylactic reactions during treatment. **Severe cutaneous adverse reactions (SCARs):** such as Stevens-Johnson

syndrome (SJS) and acute generalised exanthematous pustulosis (AGEP), which can be life-threatening or fatal, have been reported. Advise patients of skin reaction symptoms and monitor closely. If symptoms occur discontinue naltrexone/bupropion immediately and consider an alternative treatment (as appropriate) do not restart naltrexone/bupropion treatment. **Elevation of blood pressure** has been observed with naltrexone/bupropion treatment. Measure blood pressure and pulse before starting naltrexone/bupropion and regularly thereafter; discontinue if there are sustained, clinically relevant increases. **Cardiovascular disease:** There is no clinical experience establishing the safety of naltrexone/bupropion in patients with a recent history of myocardial infarction, unstable heart disease or NYHA class III or IV congestive heart failure however use should be with caution. **Brugada Syndrome:** Caution is advised in patients with Brugada syndrome or a family history of cardiac arrest or sudden death. **Hepatotoxicity:** In naltrexone/bupropion completed clinical studies, where naltrexone hydrochloride daily doses ranged from 16 mg to 48 mg, drug-induced liver injury (DILI) was reported. A patient with suspected DILI should stop taking naltrexone/bupropion. **Serotonin Syndrome:** There have been post-marketing reports of serotonin syndrome when co-administered with a serotonergic agent, if concomitant treatment with other serotonergic agents is warranted, careful observation of the patient is advised, and treatment discontinuation should be considered if symptoms develop. Data in animals suggest a potential for abuse of bupropion, however studies in humans and extensive clinical expertise have shown low abuse potential. **Influence on the ability to drive and use machines:** Naltrexone/bupropion has been associated with somnolence and episodes of loss of consciousness. Patients must be advised to exercise caution while driving or operating machines during treatment. **Lactose:** Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption use contraindicated. Consult educational materials before prescribing. **Patients should be advised to carry the patient card with them at all times. Interaction with other medicinal products and other forms of interaction:** concomitant MAOIs or opioid analgesics must not be used. Drugs metabolised by cytochrome P450 (CYP) enzymes and OCT2 substrates have potential for interaction. **Pregnancy** limited data available and the drug should not be used in pregnant or women trying to become pregnant. **Breast-feeding:** Naltrexone and bupropion and their metabolites are excreted in human milk and use is contraindicated. **Fertility:** No data available. **Undesirable effects:** The most frequent adverse reactions in clinical studies were nausea (very common), constipation (very common), vomiting (very common), dizziness (common), and dry mouth (common). The most frequent adverse reactions leading to discontinuation with naltrexone/bupropion were nausea (very common), headache (very common), dizziness (common) and vomiting (very common). **Overdose:** There is no clinical experience with overdose with combined use of bupropion and naltrexone. **Excipients: Tablet core:** contains Lactose monohydrate (For a full list see the SmPC). **Shelflife:** 30 months. **Storage:** Do not store above 30°C. Nature and contents of container: PVC/PCTFE/PVC/Aluminium blisters. **Pack sizes:** 28, 112 tablets. **MARKETING AUTHORISATION HOLDER:** Orexigen Therapeutics Ireland Limited, 9-10 Fenian Street, Dublin 2, Ireland. **MARKETING AUTHORISATION NUMBER(S):** EU/1/14/988/001-002. **DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION:** 26 March 2015. Date of latest renewal: 16 January 2020. Detailed information on this medicinal product is available on www.hpra.ie. Adverse events should be reported to Orexigen Therapeutics Ireland Limited (+353 1800 849 099) or use the link to report directly to Currax.MI@primevigilance.com. Cost NWP: €83.00 IE-MYS-164(6). **Preparation Date:** August 2025.

▼ This medicinal product is subject to additional monitoring. Adverse events should be reported. Reporting forms and information are available from HPRa Pharmacovigilance on the HPRa website www.hpra.ie.

Adverse events should also be reported to Orexigen® Therapeutics Ireland Limited (+353 1800 849 099) or use the link to report directly to Currax.MI@primevigilance.com.

Helping your patient achieve their weight loss goals



MYSIMBA® (8mg / 90mg Naltrexone/Bupropion) can help your patients lose weight¹

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

- ≥ 30 kg/m² (obese), or
- ≥ 27 kg/m² (overweight) in the presence of at least one weight-related complication¹

Treatment should be discontinued if your patient does not lose at least 5% of their body weight at 16 weeks of treatment.¹



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Further information on Mysimba® can be found at www.consilienthealth.ie



MYSIMBA® has proven efficacy in weight loss⁵

An exploratory analysis of 4 registration trials showed that among patients treated with MYSIMBA®, 51% lost ≥5% of their baseline weight by Week 16

Weight loss of ≥5% in the first 16 weeks was associated with greater weight loss at 1 year^{1,5}

- Of those who responded by week 16 and completed the trial,
- 85% maintained or increased their weight loss from baseline
 - 57% lost 10% of their baseline weight at one year
 - 32% lost 15% of their baseline weight at one year
 - Patients lost an average of 11.7 % of their baseline weight at one year*

As well as proven reductions in weight loss, MYSIMBA® has a number of other benefits:

Cardio-metabolic improvements in patients with diabetes³:

- 44% patients with diabetes in the clinical trial programme achieved ADA Guideline of <7% HbA1c level (from baseline of 8.0%)
- Patients achieved on average -0.6 percentage point change in HbA1c from baseline
- HDL improved by 0.078 mmol/L
- Triglycerides decreased by 11.2%

Improvements in weight-related Quality of Life metrics³:

- Physical function
- Self-esteem
- Sexual life
- Public distress
- Work

MYSIMBA® is not indicated to treat Diabetes or improve Quality of life metrics

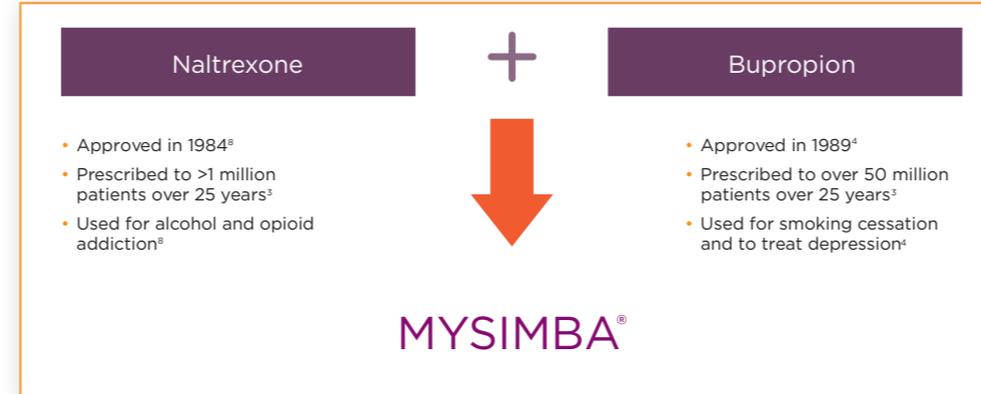
*vs.8.8% weight loss among patients receiving placebo.

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How can MYSIMBA® help your patient achieve their weight loss goals?

MYSIMBA® contains naltrexone and bupropion which together work on the **two areas of the brain responsible for hunger** (hypothalamus) and **the body's natural reward system** (mesolimbic system)¹. The exact neurochemical effects of MYSIMBA® leading to weight loss are not fully understood.



Recommended dosage of MYSIMBA® for your patients^{*1}

	Week 1	Week 2	Week 3	Week 4 and Beyond
AM Tip: Take with breakfast	1 pill in AM	1 pill in AM	2 pills in AM	2 pills in AM
PM Tip: Take before dinner		1 pill in PM	1 pill in PM	2 pills in PM

*Not actual tablet size.

MYSIMBA® is subject to additional monitoring¹ and each patient's suitability should be assessed with consideration of potential contraindications. Please refer to MYSIMBA® Physician Prescribing Checklist at www.hpra.ie

Common GI-related adverse events were generally transient in nature and tended to resolve quickly^{1,3,6}

Vomiting generally resolved within one week

Nausea generally resolved in 2 weeks (median)



- Confirm that your patient is taking MYSIMBA® at the appropriate dose
- General nausea tips
 - Remind your patients to drink plenty of water
 - Suggest that your patients take a small amount of dry toast with MYSIMBA®
 - Consider recommending an anti-nausea medication
- The weight loss seen with MYSIMBA® is independent of nausea⁶

The safety and tolerability of MYSIMBA® have been well studied in thousands of patients¹

Adverse reactions reported with ≥10% incidence with MYSIMBA® and more commonly than placebo³

ADVERSE REACTION	MYSIMBA® (N=2,545)	PLACEBO (N=1,515)
Nausea	31.8%	6.7%
Constipation	18.1%	7.2%
Headache	17.1%	10.4%
Vomiting	9.9%	2.9%

In clinical trials, 23.8% of patients receiving MYSIMBA® and 11.9% of patients receiving placebo discontinued treatment because of an adverse reaction.