

Naltrexone-Bupropion

Contrave

Weight care is a treatment plan, not a test of willpower. This medicine is one part of that plan.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

BUILD UP SLOWLY

NO OPIOIDS OR EXTRA BUPROPION

N = naltrexone; B = bupropion. Appetite/reward effects are proposed; each target's contribution is not proven.

What it is used for

For adults with obesity, or overweight plus a weight-related health problem, alongside nutrition and activity support.

This combination is not approved to treat depression, help you quit smoking, or treat opioid or alcohol use disorder.

How it works

The two medicines act on brain signals involved in appetite and reward. Benefit varies; it is not a quick fix.

Naltrexone also blocks opioids. Taking opioids to try to break through that blockade can cause a fatal overdose.

What to expect over time

WEEKS 1 & 2

Usual plan: week 1, one tablet in the morning. Week 2, one morning and one evening.

WEEKS 3 & 4

Week 3, two morning and one evening. Week 4 onward, two twice daily. Your prescribed ceiling may be lower.

RESPONSE CHECK

After 12 weeks at maintenance, your clinician checks weight change. If loss is under 5%, a different plan is needed.

Taking your medication

Follow your prescription, not an automatic dose increase. Never exceed two tablets at once or four daily.

Swallow whole. Do not split, crush or chew. Avoid high-fat meals, which increase side effects and seizure risk.

Skip missed doses; take the next at its usual time. Never double up. Ask before restarting after a longer break.

! When to get help

Call 911: seizure, collapse, slowed breathing, severe chest pain, or swelling with breathing trouble.

Stop and get urgent help: suicidal thoughts, extreme agitation or unusual behavior. Use 988 for crisis support; 911 for immediate danger.

Prompt medical care: painful red eyes/vision changes, yellow skin or eyes, dark urine, or rash with fever, blisters or mouth sores.

Early side effects

Nausea, constipation, headache, dry mouth, dizziness, vomiting or diarrhea can occur. Tell your clinician if symptoms persist or interfere with eating or drinking.

Other effects to discuss

Trouble sleeping, anxiety or a racing heartbeat need review. Report a much smaller need for sleep, unusually high energy or risky behavior promptly. Do not drive while dizzy.

What to keep track of

Track weight, blood pressure, pulse, sleep and mood. If you have diabetes, check glucose as advised: weight loss may lower your medication needs.

Before you start

Tell your clinician about seizures, anorexia/bulimia, uncontrolled blood pressure, bipolar symptoms, suicidal thoughts, head injury, heart/stroke history, glaucoma risk, diabetes and kidney/liver problems. Discuss pregnancy and breastfeeding before starting. Stop and call if pregnant; do not use it for weight loss in pregnancy. Make a feeding/treatment plan before using it while breastfeeding.

Medicines & interactions

Opioids and procedures

Disclose every opioid, including tramadol, cough medicines, methadone and buprenorphine. Starting too soon can cause severe withdrawal. Tell surgical and dental teams; never add opioids yourself.

Duplicate or interacting medicines

Do not add Wellbutrin, Zyban or another bupropion/naltrexone product. MAOIs must be separated. Ask the pharmacist to check antidepressants, antipsychotics, clopidogrel, seizure and heart medicines.

Alcohol and sedatives

Avoid or minimize alcohol. If you drink heavily or use benzodiazepines or seizure medicines, do not stop suddenly on your own. Withdrawal can increase seizure risk.

Everyday tips

Use a written dose schedule and keep follow-up visits during the gradual increase.

Choose nutrition and activity goals that fit your health, access and daily life.

Ask someone you trust to notice sudden mood or behavior changes with you.

Tell testing staff you take bupropion: some amphetamine screening results need confirmation.

Your questions, answered

How long must I avoid opioids first?

After opioid dependence, at least 7–10 days may be needed; methadone/buprenorphine may need two weeks. Your clinician must confirm readiness, not just count days.

Can I take my old opioid dose later?

No. Sensitivity can increase after missed doses or stopping. A formerly tolerated amount can cause overdose. Get a new pain plan.

Does slow weight loss mean I failed?

No. Medication response varies. The response check tells your clinician whether this treatment is worth continuing.

Can I stop taking it?

Plan routine stopping with your clinician. For a seizure, stop and never restart. Serious mood changes or reactions need immediate care, not a slow wait.

Storage & safety

Keep in the closed original container at room temperature, away from heat, moisture, children and pets. Never share. For an extra dose, call Poison Control now at 1-800-222-1222; call 911 for severe symptoms.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://www.dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=485ff360-32c8-11df-928b-0002a5d5c51b>
 2. <https://medlineplus.gov/druginfo/meds/a619020.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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