For weight-loss patients with a BMI $\geq 30$ or $\geq 27$ with other risk factors

Set a course for weight-loss success…
Diet, exercise & lifestyle modification

Suprenza provides flexibility in dosing and administration

–Consistent bioavailability taken with or without food or water– for potent appetite suppression

*An important part of a successful weight-loss regimen.
Please see Important Safety Information on pages 6 and 7 and Full Prescribing Information on pages 8-11.
Suprenza helps patients stay on course and in control

Consistent bioavailability—taken with or without food or water—for potent appetite suppression

- Rapidly absorbed
- Can be swallowed with water or dissolved on the tongue
- No need for fasting prior to administration
- No need for waiting 1 to 2 hours after a meal
  Late evening administration should be avoided (risk of insomnia).

Exclusive Orally Disintegrating Tablet (ODT) formulation is designed to optimize phentermine therapy through flexible administration

- Studies demonstrate patient preference for ODT formulations\(^1,2\)
- Increased convenience and ease of administration may help to improve compliance to drug therapy\(^3,4\)

Suprenza offers the freedom and flexibility that your weight-loss patients need

The full range of phentermine doses to help personalize therapy

- 15 mg QD
- 30 mg QD
- 37.5 mg QD

Get your patients on the MOVE with Suprenza…

Motivated
- To achieve weight-loss goals

Overcome
- Obstacles in the way

Visualize
- Success

Execute
- The plan

Dosage should be individualized to obtain an adequate response with the lowest effective dose. Use caution in patients with even mild hypertension (risk of increased blood pressure). A reduction in dose of insulin or oral hypoglycemic medication may be required in patients with diabetes mellitus.

Phentermine is a Schedule IV controlled substance. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use. Suprenza is indicated only as short-term (a few weeks) monotherapy for the management of exogenous obesity. The safety and efficacy of combination therapy with Suprenza and any other drug products for weight loss including prescribed drugs, over-the-counter preparations, and herbal products, or serotonergic agents such as selective serotonin reuptake inhibitors (eg, fluoxetine, sertraline, fluvoxamine, paroxetine), have not been established. Therefore, conadministration of Suprenza and these drug products is not recommended.

See full Prescribing Information inside back pages.
Results of a recent patient survey highlight challenges of taking weight-loss medications (N=50)\(^5\)

Taking a weight-loss medication between meals can deter compliance

Majority of respondents prefer a weight-loss drug that can be taken without regard for meals

Nearly half of respondents reported that taking their weight-loss drug between meals is a deterrent

<table>
<thead>
<tr>
<th>1 = Agree Somewhat</th>
<th>2 = Agree</th>
<th>3 = Agree Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>12%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Important Safety Information
Suprenza is a sympathomimetic amine anorectic indicated as a short-term adjunct (a few weeks) in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity for patients with an initial body mass index of greater than or equal to 30 kg/m², or greater than or equal to 27 kg/m² in the presence of other risk factors (eg, controlled hypertension, diabetes, hyperlipidemia). The limited usefulness of this class, including Suprenza should be measured against possible risk factors inherent in their use.

Suprenza is contraindicated in patients with a history of cardiovascular disease (eg, coronary artery disease, stroke, arrhythmias, congestive heart failure, uncontrolled hypertension), during or within 14 days following the administration of monoamine oxidase inhibitors, hyperthyroidism, glaucoma, agitated states, history of drug abuse, pregnancy, nursing, known hypersensitivity, or idiosyncracy to the sympathomimetic amines.

Coadministration of Suprenza with other drugs for weight loss is not recommended. Primary pulmonary hypertension (PPH) has been reported to occur in patients receiving a combination of phentermine with fenfluramine or dexfenfluramine. The possibility of an association between PPH and the use of Suprenza alone cannot be ruled out; there have been rare cases of PPH in patients who reportedly have taken phentermine alone. Serious regurgitant cardiac valvular disease, primarily affecting the mitral, aortic and/or tricuspid valves, has been reported in otherwise healthy persons who had taken a combination of phentermine with fenfluramine or dexfenfluramine for weight loss. The possible role of phentermine in the etiology of these valvulopathies has not been established and their course in individuals after the drugs are stopped is not known. The possibility of the association between valvular heart disease and the use of Suprenza alone cannot be ruled out; there have been rare cases of valvular heart disease in patients who reportedly have taken phentermine alone.

The following adverse reactions to phentermine have been identified: Primary pulmonary hypertension and/or regurgitant cardiac valvular disease, palpitation, tachycardia, elevation of blood pressure, ischemic events, overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache, psychosis, dryness of mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances, urticaria, impotence, changes in libido.
5.1 Coadministration with Other Drug Products for Weight Loss
Suprene is indicated only as short-term (a few weeks) monotherapy for the management of exogenous obesity. The safety and efficacy of combination therapy with Suprene and any other drug products for weight loss including prescribed drugs, over-the-counter preparations, and herbal products, or serotoninergic agents such as selective serotonin reuptake inhibitors (e.g., fluoxetine, sertraline, bupropion, paroxetine) have not been established. Therefore, coadministration of Suprene and these drug products is not recommended.

5.2 Primary Pulmonary Hypertension
Primary Pulmonary Hypertension (PPH) – a rare, frequently fatal disease of the lungs – has been reported to occur in patients receiving a combination of phenetermine with fenfluramine or dexfenfluramine. The possibility of an association between PPH and the use of Suprene alone cannot be ruled out; there have been rare cases of PPH in patients who reportedly have taken phenetermine alone. The initial symptom of PPH is usually dyspnea. Other initial symptoms may include angina pectoris, syncope, or lower extremity edema.

Patients should be advised to report immediately any deterioration in exercise tolerance. Treatment should be discontinued in patients who develop new, unexplained symptoms of dyspnea, angina pectoris, syncope, or lower extremity edema, and patients should be evaluated for the possible presence of pulmonary hypertension.

5.3 Valvular Heart Disease
Serious regurgitant cardiac valvular disease, primarily affecting the mitral, aortic and/or tricuspid valves, has been reported in otherwise healthy persons who had taken a combination of phenetermine with fenfluramine or dexfenfluramine for weight loss. The possible role of phenetermine in the etiology of these valvulopathies has not been established and their course in individuals after the drugs are stopped is not known. The possibility of an association between valvular heart disease and the use of Suprene alone cannot be ruled out; there have been rare cases of valvular heart disease in patients who reportedly have taken Suprene alone.

5.4 Development of Tolerance, Discontinuation in Case of Tolerance
When tolerance to the anorectic effect develops, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

5.5 Effect on the Ability to Engage in Potentially Hazardous Tasks
Suprene may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

5.6 Risk of Abuse and Dependence
Suprene is related chemically and pharmacologically to amphetamines (d- and dl-amphetamine) and to other related stimulant drugs that have been extensively abused. The possibility of abuse of Suprene should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. [see Drug Abuse and Dependence (5.5) and Overdosage (16.1)].

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdose.

5.7 Usage with Alcohol
Concomitant use of alcohol with Suprene may result in an adverse drug reaction.

5.8 Use in Patients with Hypertension
Use caution in prescribing Suprene for patients with even mild hypertension (risk of exacerbation of hypertension).

5.9 Use in Patients on Insulin or Oral Hypoglycemic Medications for Diabetes Mellitus
A reduction in insulin or oral hypoglycemic medications in patients with diabetes mellitus has not been established.

5.10 Risk of Allergic Reactions due to Tartrazine
Tartrazine and its metabolites are known to cause allergic reactions including anaphylactic shock. The possibility of cross-sensitivity has not been established.

6 ADVERSE REACTIONS
7 DRUG INTERACTIONS
7.1 Monamine Oxidase Inhibitors
7.2 Alcohol
7.3 Insulin and Oral Hypoglycemic Medications
7.4 Adrenergic Neuron Blocking Drugs

* Sections or subsections omitted from the full prescribing information are not listed.

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5.1 Coadministration with Other Drug Products for Weight Loss
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Suprene is indicated only as short-term (a few weeks) monotherapy for the management of exogenous obesity. The safety and efficacy of combination therapy with Suprene and any other drug products for weight loss including prescribed drugs, over-the-counter preparations, and herbal products, or serotoninergic agents such as selective serotonin reuptake inhibitors (e.g., fluoxetine, sertraline, bupropion, paroxetine) have not been established. Therefore, coadministration of Suprene and these drug products is not recommended.

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Patients should be advised to report immediately any deterioration in exercise tolerance. Treatment should be discontinued in patients who develop new, unexplained symptoms of dyspnea, angina pectoris, syncope, or lower extremity edema, and patients should be evaluated for the possible presence of pulmonary hypertension.

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Serious regurgitant cardiac valvular disease, primarily affecting the mitral, aortic and/or tricuspid valves, has been reported in otherwise healthy persons who had taken a combination of phenetermine with fenfluramine or dexfenfluramine for weight loss. The possible role of phenetermine in the etiology of these valvulopathies has not been established and their course in individuals after the drugs are stopped is not known. The possibility of an association between valvular heart disease and the use of Suprene alone cannot be ruled out; there have been rare cases of valvular heart disease in patients who reportedly have taken Suprene alone.

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Suprene is related chemically and pharmacologically to amphetamines (d- and dl-amphetamine) and to other related stimulant drugs that have been extensively abused. The possibility of abuse of Suprene should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. [see Drug Abuse and Dependence (5.5) and Overdosage (16.1)].

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdose.

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A reduction in insulin or oral hypoglycemic medications in patients with diabetes mellitus has not been established.

5.10 Risk of Allergic Reactions due to Tartrazine
Tartrazine and its metabolites are known to cause allergic reactions including anaphylactic shock. The possibility of cross-sensitivity has not been established.

6 ADVERSE REACTIONS
7 DRUG INTERACTIONS
7.1 Monamine Oxidase Inhibitors
7.2 Alcohol
7.3 Insulin and Oral Hypoglycemic Medications
7.4 Adrenergic Neuron Blocking Drugs

* Sections or subsections omitted from the full prescribing information are not listed.
Suprenza was not studied in patients with renal impairment. Based on the reported excretion of phenetermine in urine, exposure increases can be expected in patients with renal impairment; see Clinical Pharmacology (12.2).  

9.6 Overdosage  

Following the administration of the oral disintegrating tablet (ODT), phenetermine reaches peak concentrations (Cmax) after 3.0 to 4.0 hours. Swallowing the ODT after disintegration with or without water did not affect the extent (AUC) of phenetermine exposure. Administration of the ODT after a high-fat/high-calorie breakfast decreased the Cmax of phenetermine by approximately 5% and the AUC by approximately 12%. Despite the decrease in Cmax and AUC, phenetermine ODT can be administered with or without food. Swallowing the ODT without prior disintegration decreased the Cmax of phenetermine by approximately 7% and the AUC by approximately 8% as compared to swallowing the ODT after disintegration.  

Drug Interactions  

In a single-dose study comparing the exposures after oral administration of a combination capsule of 15 mg phenetermine and 92 mg topiramate to the exposures after oral administration of a 15 mg phenetermine capsule or a 92 mg topiramate capsule, there is no significant topiramate exposure change in the presence of phenetermine. However, in the presence of topiramate, phenetermine Cmax and AUC increase by 20% and 26%, respectively.  

Specific Populations  

Renal Impairment  

Suprenza was not studied in patients with renal impairment. The literature reported cumulative renal excretion of phenetermine under uncontrolled urinary pH conditions is 62%–85%. Exposure increases can be expected in patients with renal impairment. Use caution when administering Suprenza to patients with renal impairment; see Clinical Pharmacology (12.2).  

10 CLINICAL PHARMACOLOGY  

1.3 Carcinogenesis, Mutagenesis, Impairment of Fertility  

Studies have not been performed with Suprenza to determine the potential for carcinogenesis, mutagenesis or impairment of fertility.  

11 CLINICAL STUDIES  

No clinical studies have been conducted with Suprenza.  

In relatively short-term clinical trials, adult obese subjects instructed in dietary management and treated with "amorexic" drugs lost more weight on the average than those treated with placebo and diet alone.  

The magnitude of increased weight loss of drug-treated patients over placebo-treated patients is only a fraction of a pound a week. The rate of weight loss is greatest in the first weeks of therapy for both drug and placebo subjects and tends to decrease in succeeding weeks. The possible origins of the increased weight loss due to the various drug effects are not established. The amount of weight loss associated with the use of "amorexic" drug varies from trial to trial, and the increased weight loss appears to be related in part to variables other than the drugs prescribed.  

Sustained weight loss is associated with the use of "amorexic" drug varies from trial to trial, and the increased weight loss appears to be related in part to variables other than the drugs prescribed. Studies do not permit conclusions as to the relative importance of the drug and non-drug factors on weight loss.  

The natural history of obesity is measured over several years, whereas the studies cited are restricted to a few weeks' duration, thus, the total impact of drug-induced weight loss over that of diet alone must be considered clinically limited.  

Available as orally disintegrating tablets (ODT) containing 15 mg, 30 mg, or 37.5 mg of phenetermine hydrochloride (equivalent to 12 mg, 24 mg, or 30 mg of phenetermine base).  

Suprenza is available as described in Table 2.  

Table 2. Suprenza Orally Disintegrating Tablet Presentations  

<table>
<thead>
<tr>
<th>Tablet Strength</th>
<th>Tablet Color/Shape</th>
<th>Tablet Form</th>
<th>NDC Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 mg</td>
<td>Round, embossed tablets Yellow with blue spots</td>
<td>AX34-01 on side</td>
<td>NDC: 24090 720</td>
</tr>
<tr>
<td>30 mg</td>
<td>Round, embossed tablets Yellow</td>
<td>AX37-01 on side</td>
<td>NDC: 24090 721</td>
</tr>
<tr>
<td>37.5 mg</td>
<td>Round, embossed tablets White with blue spots</td>
<td>AX38-01 on side</td>
<td>NDC: 24090 722</td>
</tr>
</tbody>
</table>

Suprenza 15 mg, 30 mg, and 37.5 mg ODT are packaged in bottles of 30, litre at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]. Dispense in a tight container as defined in the USP, with a child-resistant closure (as required).  

Keep out of the reach of children.  

17 PATIENT COUNSELING INFORMATION  

Patients must be informed that Suprenza is a short-term (a few weeks) adjunct in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity, and that continuous medical follow-up with other drugs for weight loss is not recommended [see Indications and Usage (1) and Warnings and Precautions (5)].  

Patients must be instructed on how much Suprenza to take, and when and how to take it (see Dosage and Administration (2)).  

Advise pregnant women and nursing mothers not to use Suprenza [see Use in Specific Populations (8.1)].  

Patients must be informed about the risks of use of phenetermine (including the risks discussed in Warnings and Precautions), about the symptoms of potential adverse reactions and what to contact a physician and/or take other action. The patient information included, but are not limited to:  

- Development of primary pulmonary hypertension [see Warnings and Precautions (5.2)]  
- Development of serious valvular heart disease [see Warnings and Precautions (5.3)]  
- Effects on the ability to engage in potentially hazardous tasks [see Warnings and Precautions (5.4)]  
- The risk of an increase in blood pressure [see Warnings and Precautions (5.8)] and  
- The risk of interactions [see Contraindications (4), Warnings and Precautions (5) and Drug Interactions (13)].  

See also, for example, Adverse Reactions (6) and Use in Specific Populations (8).  

The patients must also be informed about:  

- the potential for developing tolerance and actions if they suspect development of tolerance [see Warnings and Precautions (5.4)] and age  
- the risk of dependence and the potential consequences of abuse [see Warnings and Precautions (5.4), (5.6), Drug Abuse and Dependence (9), and Overdosage (10)].  

Tell patients to keep Suprenza in a safe place to prevent theft, accidental overdose, misuse or abuse. Selling or giving away Suprenza may harm others and is against the law.  

Manufactured for:  

Akrima Pharmaceuticals, LLC  

by: AlpaCPharma S.p.A.  

Calogheri, Switzerland  

Marketed by:  

Akrima Pharmaceuticals, LLC  

Grand Island, NY 14072  

Distributed by:  

Akrima Pharmaceuticals, LLC  

Grand Island, NY 14072
Suprenza offers weight-loss patients flexibility that puts them in control

Efficacy and safety you expect from phentermine

- Potent appetite suppression
- Well-established safety and tolerability

Exclusive ODT formulation is designed to optimize phentermine therapy through flexible administration

- Rapidly absorbed
- Consistent bioavailability taken with or without food or water

Full range of phentermine doses to help personalize therapy

Dosage should be individualized to obtain an adequate response with the lowest effective dose

Late evening administration should be avoided (risk of insomnia).

Phentermine is a Schedule IV controlled substance. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use. Suprenza is indicated only as short-term (a few weeks) monotherapy for the management of exogenous obesity. The safety and efficacy of combination therapy with Suprenza and any other drug products for weight loss including prescribed drugs, over-the-counter preparations, and herbal products, or serotonergic agents such as selective serotonin reuptake inhibitors (eg, fluoxetine, sertraline, fluvoxamine, paroxetine), have not been established. Therefore, coadministration of Suprenza and these drug products is not recommended. Suprenza contains FD&C yellow No. 5 (tartrazine) which may cause allergic-type reactions. See full Prescribing Information inside.

References: