

Qsymia[®]

(phentermine and topiramate
extended-release capsules) ©

**Qsymia, the simply convenient
choice for weight management.**

DARE TO DREAM

Julie

**Dreaming of joining
the track team**

Female, 13 years old,
5' 1", 140lbs

ACTOR PORTRAYAL



**Combined with a healthy diet and
regular exercise, Qsymia is approved
to help children ages 12-17 with obesity
manage their weight.**

For adults and children 12 years and older with obesity, or some adults with overweight who also have weight-related medical problems.

Important Safety Information

Do not take Qsymia if you are pregnant, planning to become pregnant, or become pregnant during Qsymia treatment; have glaucoma; have thyroid problems (hyperthyroidism); are taking certain medicines called monoamine oxidase inhibitors (MAOIs) or have taken MAOIs in the past 14 days; are allergic to topiramate, sympathomimetic amines such as phentermine, or any of the ingredients in Qsymia. See the end of the Medication Guide for a complete list of ingredients in Qsymia.

Please see additional Qsymia Important Safety Information throughout and read the Qsymia Medication Guide in the accompanying Full Prescribing Information.

Weight management without the high monthly costs of injectable medications.



Review the savings insert:

- ✓ Choose the savings option that's right for you.
- ✓ Sign up and start saving today!

SEE ENCLOSED FOR MULTIPLE WAYS TO SAVE ON QSYMIA!



WHAT IS QSYMIA?

Qsymia is a prescription medicine that contains phentermine and topiramate extended-release. Qsymia may help adults and children 12 years and older with obesity, or some adults with overweight who also have weight-related medical problems, to help them lose excess body weight and keep the weight off.

Qsymia should be used with a reduced calorie diet and increased physical activity. It is not known if Qsymia changes your risk of heart problems or stroke or of death due to heart problems or stroke. It is not known if Qsymia is safe and effective when taken with other prescription and over-the-counter medicines, or herbal weight loss products. It is not known if Qsymia is safe and effective in children under 12 years old.

Qsymia, the simply convenient choice for weight management

In this brochure you will learn:

- 1 About the **rising challenge of obesity in children.**
- 2 If Qsymia **might be right for your child.**
- 3 About **real weight-management results** with Qsymia.
- 4 **How Qsymia works** and how to take the medication.
- 5 Ways to **support your child's weight-management plan.**

Important Safety Information

Qsymia can cause serious side effects, including:

Birth defects (cleft lip and cleft palate).

If you take Qsymia during pregnancy, your baby has a higher risk for birth defects called cleft lip and cleft palate. These defects can begin early in pregnancy, even before you know you are pregnant.

Patients who are pregnant must not take Qsymia. Patients who can become pregnant should:

1. Have a pregnancy test before taking Qsymia and every month while taking Qsymia.
2. Use effective birth control (contraception) consistently while taking Qsymia. Talk to your healthcare provider about how to prevent pregnancy.

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DARE TO DREAM

Carlos

Dreaming of earning his kickboxing blue belt

Male, 16 years old,
5' 8", 185lbs

ACTOR PORTRAYAL



Important Safety Information

If you become pregnant while taking Qsymia, stop taking Qsymia immediately, and tell your healthcare provider right away. Healthcare providers and patients should report all cases of pregnancy to: FDA MedWatch at 1-800-FDA-1088, and **because of the risk for birth defects (cleft lip and cleft palate), Qsymia is available through a restricted program called the Qsymia Risk Evaluation and Mitigation Strategy (REMS).** Qsymia is only available through certified pharmacies that participate in the Qsymia REMS program. Your healthcare provider can give you information about how to find a certified pharmacy. For more information, go to www.QsymiaREMS.com or call 1-888-998-4887.

A weight-management option caregivers can trust

Qsymia is FDA-approved for weight management in children ages 12-17



Clinically-proven weight-management results in children ages 12-17 when combined with a healthy diet and regular exercise.^{1,2}



A **once-daily oral medication** that requires no training to administer and can fit seamlessly into any patient's lifestyle.¹

- **Trusted for over a decade** to help adult patients achieve their weight-management goals.



- **The #1 prescribed** branded oral weight-management medication in adults.

Source: IQVIA Reporting: Jan 2023 - Sept 2024

Important Safety Information

Suicidal thoughts or actions.

Topiramate, an ingredient in Qsymia, may cause you to have suicidal thoughts or actions. Call your healthcare provider right away if you have any of these symptoms, especially if they are new, worse, or worry you: thoughts about suicide or dying, attempts to commit suicide, new or worse depression, new or worse anxiety, feeling agitated or restless, panic attacks, trouble sleeping (insomnia), new or worse irritability, acting aggressive, being angry, or violent, acting on dangerous impulses, an extreme increase in activity and talking (mania) or other unusual changes in behavior or mood.

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You're not alone in dealing with this condition

Concerned that your child aged 12-17 could be living with obesity? **You're not alone.**

It is estimated that:



One in five 12 to 17 year olds in the U.S. suffers from obesity — and this rate is rising.*



Left untreated, **obesity can contribute to weight-management issues as an adult**, as well as future health challenges — including **type 2 diabetes, hypertension and sleep apnea** — conditions that used to be considered “adult” diseases.[†]

Living with obesity can also greatly affect childrens' emotional well-being.[‡]

*Centers for Disease Control (n.d.). Prevalence of Childhood Obesity in the United States. Retrieved from <https://www.cdc.gov/obesity/data/childhood.html>

[†]Kumar S, Kelly AS. Review of Childhood Obesity: From Epidemiology, Etiology, and Comorbidities to Clinical Assessment and Treatment. *Mayo Clin Proc.* 2017 Feb;92(2):251-265.

[‡]Cardel MI, Jastreboff AM, Kelly AS. Treatment of Adolescent Obesity in 2020. *JAMA.* 2019 Nov 5;322(17):1707-1708.

Important Safety Information

Serious eye problems which include:

Any sudden decrease in vision, with or without eye pain and redness. A blockage of fluid in the eye causing increased pressure in the eye (secondary angle closure glaucoma).

These problems can lead to permanent vision loss if not treated.






Tell your healthcare provider right away if you have any new eye symptoms.

Qsymia can have other serious side effects. See “**What are the possible side effects of Qsymia?**”

Common side effects of Qsymia include: numbness or tingling in the hands, arms, feet, or face (paraesthesia), dizziness, change in the way foods taste or loss of taste (dysgeusia), trouble sleeping (insomnia), constipation, and dry mouth.

What causes obesity in children?

There are a number of factors contributing to obesity in children including:[§]

-  Genetics
-  Food choices and eating behaviors
-  Sleep routines and lack of physical activity
-  Stress
-  Sedentary activities such as gaming and streaming

The role of human biology[¶]

The human body is designed to store fuel in anticipation of periods when food is scarce. It deliberately craves high-calorie food to avoid running out of fuel.



This can make weight management even more challenging for your child.

Concerned about your child's weight?

Ask your healthcare provider if Qsymia could be right for your child.

[§]Rush EC, Yan MR. Evolution not Revolution: Nutrition and Obesity. *Nutrients.* 2017 May 20;9(5):519.

[¶]Amin T, Mercer JG. Hunger and Satiety Mechanisms and Their Potential Exploitation in the Regulation of Food Intake. *Curr Obes Rep.* 2016 Mar; 5(1):106-12.

Important Safety Information

Common side effects in pediatric patients aged 12 years and older include: depression, dizziness, joint pain, fever, flu, and ankle sprain.

Please see additional Qsymia Important Safety Information throughout and read the Qsymia Medication Guide in the accompanying Full Prescribing Information.

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WELCOME TO A NON INJECT

WEIGHT-MANAGEMENT BRAND FOR CHILDREN 12-17

See the average results in
12-17 year olds at 56 weeks^{1,2*}



1 PILL
Only once
per day^{*}

**13-24
POUNDS**
Average Weight
Loss^{1,2*}

**2-4
INCHES**
Average Waist
Reduction^{1,2*}

*Estimated Mean Change from Baseline in Primary and Secondary End Points at Week 56 (Mid and Top Doses vs Placebo (95% CI)).

Qsymia was studied in a 56-week, randomized, double blind trial that involved 223 pediatric patients 12 to less than 17 years of age with obesity. Eligible participants had a BMI in the 95th percentile or greater for age and sex, a Tanner stage greater than 1, a stable body weight, and a documented history of insufficient weight loss with lifestyle modification. Patients were randomized 1:1:2 to receive either placebo, phentermine 7.5 mg/topiramate 46 mg, or phentermine 15 mg/topiramate 92 mg. The primary end point was mean percent change in BMI from randomization to week 56. All participants were instructed to follow a diet modification program representing a 500 kcal/day deficit and to implement a family-based lifestyle modification program throughout the study period.

Patient results may vary depending on their weight, BMI, diet, activity level, dose of Qsymia, and other factors.

Important Safety Information

Possible side effects of Qsymia include:

Mood changes and trouble sleeping.

Mood changes and trouble sleeping. Qsymia may cause depression or mood problems, and trouble sleeping. Tell your healthcare provider if symptoms occur.

Please see additional Qsymia Important Safety Information throughout and read the Qsymia Medication Guide in the accompanying Full Prescribing Information.

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DARE TO DREAM

Simone

Dreaming of playing soccer in high school

Female, 15 years old,
5' 5", 170 lbs

ACTOR PORTRAYAL



Important Safety Information

Concentration, memory, and speech difficulties.

Qsymia may affect how you think and cause confusion, problems with concentration, attention, memory or speech. Tell your healthcare provider if symptoms occur.

Increases of acid in bloodstream (metabolic acidosis).

If left untreated, metabolic acidosis can cause brittle or soft bones (osteoporosis, osteomalacia, osteopenia), kidney stones, can slow the rate of growth in children, and may possibly harm your baby if you are pregnant. Metabolic acidosis can happen with or without symptoms. Sometimes people with metabolic acidosis will feel tired, not feel hungry (loss of appetite), feel changes in heartbeat or have trouble thinking clearly.

Your healthcare provider should do a blood test to measure the level of acid in your blood before and during your treatment with Qsymia.

Clinically-proven weight-management results^{1,2}

See the average results in real 12-17 year olds using Qsymia for 56 weeks along with a healthy diet and regular exercise.^{1,2}

	Diet and Exercise Alone (Placebo)	Diet and Exercise with Qsymia 7.5/46 mg	Diet and Exercise with Qsymia 15/92 mg
Number of patients (n)	30	37	72
Weight Lost (Pounds)	+14.6	-12.8	-24.4
Waist Circumference Reduction (Inches)	+0.05	-2.7	-4.0

See full study design on page 8.

Important Safety Information

Slowing of growth.

Qsymia may slow the increase in height in children 12 years and older.

Central nervous system (CNS) side effects.

The use of prescription sleep aids, anxiety medicines, or drinking alcohol with Qsymia may cause an increase in CNS symptoms such as dizziness and light-headedness. Do not drink alcohol with Qsymia.

Possible seizures if you stop taking Qsymia too fast.

Seizures may happen in people who may or may not have had seizures in the past if you stop Qsymia too fast. Your healthcare provider will tell you how to stop taking Qsymia slowly.

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Qsymia can help regulate your child's hunger and cravings

Once-daily Qsymia can help regulate your child's hunger and cravings for food throughout their day.¹

How Qsymia Works

Please note, the precise way Qsymia works to contribute to chronic weight management is not fully understood.¹

Hunger



Hunger occurs when you haven't eaten for several hours, like in the morning. It doesn't pass with time.*

Qsymia starts working immediately after taking it. It is thought to **decrease appetite** — giving your child more hunger control.¹

Cravings



Cravings can occur even after someone has eaten and is full. They can also be tied to emotions like boredom.*

Qsymia keeps working throughout the day to help your child feel full. It may also alter the taste of certain foods, which may reduce the pleasure of eating.¹

*Piedmont Healthcare (n.d.). Infographic: Hunger vs Cravings. Retrieved from <https://www.piedmont.org/living-better/infographic-hunger-vs-craving>
Mayo Clinic Diet. (n.d.). Hunger vs. craving: What's the difference? Retrieved from <https://diet.mayoclinic.org/diet/eat/hunger-versus-craving>

Important Safety Information

Serious skin reactions.

Qsymia may cause a severe rash with blisters and peeling skin, especially around the mouth, nose, eyes, and genitals (Stevens-Johnson Syndrome). Qsymia may also cause a rash with blisters and peeling skin over much of the body that may cause death (Toxic Epidermal Necrolysis). Call your healthcare provider right away if you develop a skin rash or blisters.

It's important to speak with your healthcare provider about weight management

Children and caregivers often don't know that their weight is an issue[†]



Almost 1 in 4 children ages 12-17 with obesity don't realize their weight is above normal.



1 in 3 caregivers don't realize that their child classifies as living with obesity.

Children ages 12-17 with obesity primarily get information about weight management online[†]



YouTube is their most commonly used source for information about weight management — but it might not always be accurate.

These children rate YouTube and social media as just as important as talking to a doctor about weight management.

[†]Halford JCG, Bereket A, Bin-Abbas B, Chen W, Fernández-Aranda F, Garibay Nieto N, López Siguero JP, Maffei C, Mooney V, Osorto CK, Reynoso R, Rhie YJ, Toro-Ramos M, Baur LA. Misalignment among adolescents living with obesity, caregivers, and healthcare professionals: ACTION Teens global survey study. *Pediatr Obes.* 2022 Jul 15:e12957.

Important Safety Information

Decreased sweating and increased body temperature (fever).

People should be watched for signs of decreased sweating and fever, especially in hot temperatures. Some people may need to be hospitalized for this condition.

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Closing the gaps between caregivers and children

Talking about obesity can be challenging. **It's easy to make assumptions — and not be on the same page as your child.** A recent study highlighted these gaps.*

Caregivers

My child is not happy with their weight.

26% Agreed

My child's weight loss is completely their responsibility.

37% Agreed

Their Children Living with Obesity

I am not happy with my weight.

37% Agreed

My weight loss is completely my responsibility.

65% Agreed

How to speak to your child about their weight

Using sensitive and non-stigmatizing language in talking about weight is important. Children prefer to use words like **'weight problem'**, **'BMI'** and **'plus size'** as opposed to words like **'fat'**, **'large'**, and **'obese'**.[†]

*Halford JCG, Bereket A, Bin-Abbas B, Chen W, Fernández-Aranda F, Garibay Nieto N, López Sigüero JP, Maffei C, Mooney V, Osorto CK, Reynoso R, Rhie YJ, Toro-Ramos M, Baur LA. Misalignment among adolescents living with obesity, caregivers, and healthcare professionals: ACTION Teens global survey study. *Pediatr Obes.* 2022 Jul 15:e12957.

[†]Puhl RM, Himmelstein MS. Adolescent preferences for weight terminology used by health care providers. *Pediatr Obes.* 2018 Sep;13(9):533-540.

Important Safety Information

Kidney stones.

Drinking plenty of fluids when taking Qsymia to help decrease your chances of getting kidney stones. If you get severe side or back pain, and/or blood in your urine, call your healthcare provider.

Weight stigmatization

In the school setting, weight-based bullying is among the most frequent forms of peer harassment.



The likelihood of being bullied increases with a student's BMI percentile.[‡]



In one study, **60%** of children living with obesity reported at **least one experience of weight-based cyber-bullying** (teasing and name-calling online).[§]



Almost 50% of children 12-17 living with obesity state that **their weight often or always makes them unhappy.**^{*}

Support for caregivers

Offering strong family support to your child throughout their weight-management plan is important.

Follow Qsymia on social media for helpful support information.



[‡]Pont SJ, Puhl R, Cook SR, Slusser W; SECTION ON OBESITY; OBESITY SOCIETY. Stigma Experienced by Children and Adolescents With Obesity. *Pediatrics.* 2017 Dec;140(6):e20173034. American Academy of Pediatrics.

[§]Lessard LM, Puhl RM. Weight-based cybervictimization: Implications for adolescent health. *Pediatr Obes.* 2022 Jun;17(6):e12888. The study involved 452 U.S. adolescents aged 11-17 years old with an average age 14.91 years.

Important Safety Information

Allergic reaction to FD&C Yellow No. 5.

Qsymia capsules contain the inactive ingredient FD&C Yellow No. 5 (tartrazine) which can cause allergic-type reactions (including bronchial asthma) in certain people, especially people who also have an allergy to aspirin.

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Convenient, once-daily dosing¹

It's important to start therapy correctly. **You should get 2 prescriptions from your child's doctor.**

After 12 weeks, if your child has not experienced a reduction of at least 3% of baseline BMI, their doctor

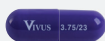
may want to escalate their dosage. If, however, your child's weight loss exceeds 2 lbs/week, their doctor may want to consider a dosage reduction.

GET STARTED



OPTIMIZE PLAN

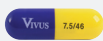
WEEKS 1-2




Take one Qsymia 3.75 mg/23 mg capsule once each morning for the first 2 weeks (Starter Dose).

Your child may or may not lose weight during this period. If not, don't be discouraged. Move onto the prescribed recommended dose for weight-loss results.

WEEKS 3-12



On the first day of week 3, start taking one Qsymia 7.5 mg/46 mg capsule daily (Recommended Dose).

 *After 12 weeks of therapy, evaluate your child's weight loss with their doctor. They may increase your child's dose of Qsymia if they have not lost a certain amount of weight.*

WEEKS 13-14




On the first day of week 13, start taking Qsymia 11.25 mg/69 mg daily (Titration Dose).

If your child's doctor has escalated their dose, they will be on this dose for 2 weeks before moving to the top dose.

WEEKS 15+



Follow with ongoing monthly prescriptions of Qsymia 15 mg/92 mg (Top Dose).

 *Continue with monthly prescriptions as directed by your child's doctor. They may tell your child to stop taking Qsymia if they have not lost a certain amount of weight after an additional 12 weeks of treatment on the higher dose.**

*Your child should not stop taking Qsymia without talking to their doctor. Stopping Qsymia suddenly can cause serious problems, such as seizures. Your child's doctor will tell them

how to stop taking Qsymia slowly.

Important Safety Information

Tell your healthcare provider if you have any side effect that bothers you or does not go away.

These are not all of the possible side effects of Qsymia. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to VIVUS LLC at 1-888-998-4887 or FDA at 1-800-FDA-1088.

Questions?

Visit [qsymia.com](https://www.qsymia.com), or call **VIVUS Medical Information at 1-888-99VIVUS (1-888-998-4887)**.

References: 1. Qsymia Full Prescribing Information. Campbell, CA: VIVUS LLC; 2024. **2.** Data on file. VIVUS LLC.

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Qsymia, the simply convenient
choice for weight management.

**Together with diet and exercise,
Qsymia is a weight-management
option you can trust.**

1 PILL

Only once
per day¹

**13-24
POUNDS**

Average Weight
Loss^{1,2*}

**2-4
INCHES**

Average Waist
Reduction^{1,2*}

*Qsymia was studied in a 56-week, randomized, double blind trial that involved 223 pediatric patients 12 to less than 17 years of age with obesity. **See full study design on page 8.** Estimated Mean Change from Baseline in Primary and Secondary End Points at Week 56 (Mid and Top Doses vs Placebo (95% CI)).

SEE ENCLOSED SAVINGS INSERT

SAVE!

Ask your healthcare provider if
Qsymia could be right for your
12-17 year old. For additional
information please visit:

Qsymia.com/Caregiver



Important Safety Information

Do not take Qsymia if you are pregnant, planning to become pregnant, or become pregnant during Qsymia treatment. If you take Qsymia during pregnancy, your baby has a higher risk for birth defects called cleft lip and cleft palate. These defects can begin early in pregnancy, even before you know you are pregnant.

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