

## IMPORTANT DRUG WARNING - PRODUCT WITHDRAWAL

October 12, 2010

Dear Healthcare Provider:

Abbott has voluntarily withdrawn Meridia® (sibutramine hydrochloride monohydrate) Capsules from the U.S. market at the request of the U.S. Food and Drug Administration (FDA). The FDA's decision is based primarily on the results of the SCOUT (Sibutramine Cardiovascular OUTcomes Trial) study, an approximately 10,000 patient, six-year study requested by European regulatory authorities as a post-marketing commitment to evaluate cardiovascular safety in high-risk patients. The majority of these patients had underlying cardiovascular disease and were not eligible to receive sibutramine under the current labeling. While Abbott believes sibutramine has a positive risk/benefit profile in the approved patient population, the company will comply with the FDA's request.

### **Advice for healthcare professionals**

Prescribers should not issue any further prescriptions for sibutramine. Pharmacists should stop dispensing the product. Patients who are currently being treated with sibutramine should discontinue treatment and be advised to make an appointment with their doctor at a convenient time to discuss alternative measures to lose weight, including use of diet and exercise regimes.

### **Further information on SCOUT**

SCOUT was a randomised, double-blind, placebo-controlled study, with a six-week lead-in period during which all participants received sibutramine. The study was conducted as a post approval commitment to the European Medicines Agency (EMA) Committee for Medicinal Products for Human Use (CHMP) to evaluate the cardiovascular safety of long-term sibutramine use.

The study included approximately 10,000 overweight or obese patients, aged 55 years or older, at high risk of cardiovascular events. In the study, these high-risk cardiovascular patients were treated with sibutramine for up to 6 years.

Patients treated with sibutramine experienced a 16% increased risk of a primary outcome event of non-fatal myocardial infarction, non-fatal stroke, resuscitated cardiac arrest, or cardiovascular death (561/4906, 11.4%) compared with placebo-treated patients (490/4898, 10.0%) (hazard ratio 1.162 [95% CI 1.029, 1.311]; p=0.015). This result was attributed to an increased risk of non-fatal myocardial infarction and stroke.



### **Patients who need information on how to dispose of sibutramine capsules**

Please refer patients who are looking for information on proper disposal of unused sibutramine capsules to the FDA website for directions for medicine disposal.

[www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm).

### **Reporting Adverse Events**

Suspected adverse events should be reported to Abbott at 1-800-633-9110. Alternatively, this information may be reported to the FDA's MedWatch reporting system by phone (1-800-332-1088), fax (1-800-332-0178), website at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or mailed to MedWatch, HF-2, 5600 Fishers Lane, Rockville, MD 20852-9787.

### **For More Information**

Should you have any questions or require further information regarding sibutramine and the market withdrawal, the Abbott Medical Information Department may be reached at 1-866-257-8909 or via email at [abbottmedinfo@abbott.com](mailto:abbottmedinfo@abbott.com). Information for your patients is available at [www.meridia.net](http://www.meridia.net) or they may also contact Abbott Medical Information at 1-866-257-8909.

Sincerely,

Robert Hoff, MD

Head, Global Medical Communications

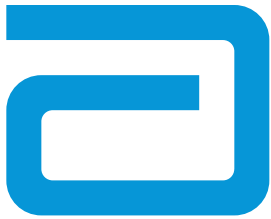
## **Indication and Important Safety Information<sup>1</sup>**

### **Indication**

- MERIDIA® (sibutramine hydrochloride monohydrate) is indicated for the management of obesity, including weight loss and maintenance of weight loss, and should be used in conjunction with a reduced calorie diet. MERIDIA is recommended for obese patients with an initial body mass index  $\geq 30$  kg/m<sup>2</sup>, or  $\geq 27$  kg/m<sup>2</sup> in the presence of other risk factors (e.g., diabetes, dyslipidemia, controlled hypertension).

### **Important Safety Information**

- **Sibutramine is contraindicated** in patients with a history of coronary artery disease (e.g., angina, history of myocardial infarction), congestive heart failure, tachycardia, peripheral arterial occlusive disease, arrhythmia or cerebrovascular disease, including stroke or transient ischemic attack; inadequately controlled hypertension  $>145/90$  mmHg; in patients over 65 years of age; in patients with a major eating disorder (anorexia nervosa or bulimia nervosa); in patients who have a hypersensitivity to sibutramine or any of the inactive ingredients of MERIDIA, and those taking other centrally acting weight loss drugs, or in patients receiving monoamine oxidase inhibitors (MAOIs). There should be at least a 2-week interval after stopping MAOIs before commencing treatment with sibutramine. There should be at least a 2-week interval after stopping sibutramine before starting treatment with MAOIs.



- Due to an increased risk of heart attack and stroke in patients with cardiovascular disease, MERIDIA should not be used in patients with a history of coronary artery disease, congestive heart failure, arrhythmias, or stroke.
- Sibutramine substantially **increases blood pressure** and/or pulse rate in some patients. Regular monitoring of blood pressure and pulse rate is required prior to starting therapy and in regular intervals thereafter. For patients who experience a sustained increase in blood pressure and/or pulse rate while receiving sibutramine, either a dose reduction or discontinuation should be considered.
- Sibutramine **should not be used** in patients with uncontrolled or poorly controlled hypertension, severe hepatic dysfunction, or severe renal impairment, including those with end stage renal disease on dialysis.
- The development of a potentially life-threatening serotonin syndrome, or Neuroleptic Malignant Syndrome (NMS)-like reactions, has been reported with SNRIs and SSRIs alone, including MERIDIA treatment, but particularly with concomitant use of serotonergic drugs (including triptans), drugs which impair metabolism of serotonin (including MAOIs), antipsychotics or dopamine antagonists. Serotonin syndrome symptoms may include mental status changes, autonomic instability, neuromuscular aberrations, and/or gastrointestinal symptoms. Serotonin syndrome, in its most severe form, can resemble neuroleptic malignant syndrome, which includes hyperthermia, muscle rigidity, autonomic instability with possible rapid fluctuation of vital signs, and mental status changes. Patients should be monitored for the emergence of serotonin syndrome or NMS-like signs and symptoms.
- Sibutramine should be **used with caution** in patients with a history of hypertension, narrow angle glaucoma, a history of seizures, depression, bleeding disorders or patients taking medications known to affect homeostasis or platelet function, a history of gallstones or mild to moderate renal impairment.
- Organic causes of obesity (e.g., untreated hypothyroidism) should be excluded before prescribing sibutramine.
- Certain centrally-acting weight loss agents that cause release of serotonin from nerve terminals have been associated with primary pulmonary hypertension (PPH), a rare but lethal disease. In premarketing clinical studies, no cases of PPH have been reported with sibutramine capsules. Because of the low incidence of this disease in the underlying population, however, it is not known whether or not sibutramine may cause this disease.
- Although sibutramine did not affect psychomotor or cognitive performance in healthy volunteers, any CNS active drug has the potential to impair judgment, thinking or motor skills.
- The use of sibutramine during pregnancy is not recommended. Women of childbearing potential should employ adequate contraception while taking sibutramine. Patients should be advised to notify their physicians if they become pregnant or intend to become pregnant while taking sibutramine.
- The use of sibutramine in **nursing** mothers is not recommended.
- Sibutramine is a Schedule IV controlled substance.
- Most common adverse events include headache, dry mouth, anorexia, constipation, and insomnia.

**For full Prescribing Information, please visit [www.rxabbott.com/pdf/meridia.pdf](http://www.rxabbott.com/pdf/meridia.pdf)**  
**For additional product information, please visit [meridia.net](http://meridia.net)**

Reference: 1. MERIDIA [package insert]. North Chicago, IL: Abbott Laboratories

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