

Olanzapine-Samidorphan

Lybalvi, an antipsychotic medicine combined with an opioid blocker

This pill treats schizophrenia and bipolar I with a second ingredient added to hold down the weight gain olanzapine can cause.

WHAT IT TREATS

Schizophrenia, bipolar I

HOW YOU TAKE IT

Once daily, food optional

WHEN IT WORKS

Days to calm; 4-6 wks full

HABIT FORMING

No

⚠️ IMPORTANT SAFETY WARNING

Older adults with dementia who take antipsychotic medicines have a higher risk of death. This medicine is not used for hallucinations or confusion caused by dementia.

① WHAT THIS MEDICINE DOES

- This is two medicines in one tablet: **olanzapine**, which treats schizophrenia and bipolar I, plus a partner drug that blunts weight gain.
- Olanzapine is one of the strongest medicines we have for calming psychosis and mania, and this version keeps all of that strength.
- The partner ingredient, samidorphan, blocks opioid receptors. It trims the weight gain, but it does not erase it completely.
- It is not a treatment for opioid use and it is not a weight-loss drug. It is a medicine for psychosis and mood episodes.

🕒 HOW TO TAKE IT

- Take it once a day, with or without food. Bedtime suits most people, because this medicine tends to make you sleepy.
- Swallow the tablet whole. Do not split, crush, or chew it, since the two ingredients are built into one coated tablet.
- If you miss a dose, take it when you remember that same day. If your next dose is close, skip the missed one entirely.
- You must be fully off all opioids for **7 to 14 days** before your first dose. Name every pain medicine you have used.
- Store it at room temperature in its own bottle, away from steam and damp, and keep it out of reach of children.

📈 WHAT TO EXPECT

- Sleep and agitation often steady within the first few days. Fuller relief from voices or mania takes **4 to 6 weeks**.
- Working looks like clearer thinking, a steadier mood, and racing thoughts or voices losing their grip on your day.
- Weight gain is smaller than with olanzapine alone, but it still happens for many people, so plan for it early rather than later.
- Expect regular weight checks and blood tests for sugar and cholesterol. Those are routine here, not a sign of trouble.
- Keep a card or phone note saying you take this, because it changes how emergency pain treatment has to be given.

💡 COMMON SIDE EFFECTS

- Sleepiness is common at the start. A bedtime dose helps, and it usually eases over the first week or two.
- Hunger and weight gain. Setting up meals, portions, and a daily walk now works much better than reacting months later.
- Dry mouth is common. Sip water, chew sugar-free gum, and keep up dental visits, since dry mouth raises the risk of cavities.
- Constipation usually answers to water, fiber, and daily movement. Ask your pharmacist before using a laxative regularly.
- Dizziness when you stand up fast is common early on. Sit on the edge of the bed for a moment before you get to your feet.
- A restless, cannot-sit-still feeling or muscle stiffness can happen. Say so, because there are good treatments for both.

⚠️ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Go to the ER for high fever with stiff muscles, confusion, and a pounding pulse. This is rare but an emergency.
- Call **911** if you take an opioid and turn suddenly sick, sweaty, and shaky. That is sudden opioid withdrawal.
- Call your prescriber for heavy thirst, frequent urination, and blurry vision, which can mean high blood sugar.
- Report twitching, or lip, tongue, or jaw movements you cannot control, as soon as you first notice them.

🚫 WHAT TO AVOID

- Do not take any opioid pain medicine while you are on this. It will not relieve pain and it can trigger sudden withdrawal.
- After you stop this medicine, your body handles opioids differently, and a dose that once felt normal could be **deadly**.
- Alcohol adds to the sleepiness and dizziness, and it works against the steady mood you are trying to build.
- Do not drive or use machinery until you know how sleepy this makes you, which usually takes a week or two.
- Tell your prescriber if you are pregnant, planning to be, or breastfeeding, so the plan can be arranged safely.

① STOPPING IT SAFELY

- Never stop suddenly on your own. Symptoms can return quickly, and an abrupt stop can bring nausea and sleepless nights.
- If you are coming off it, your prescriber will lower it in steps over weeks, which is much easier on your body.
- Tell any care team the date of your last dose, because safe opioid pain treatment depends on knowing that date.
- If side effects are the reason you want to quit, say so out loud. There are other options, and switching beats stopping.

❓ QUESTIONS TO ASK

- What is my plan for pain control if I need surgery or break a bone?
- How often will you check my weight, blood sugar, and cholesterol?
- Is the weight benefit worth it for me compared with plain olanzapine?
- What should I do if I feel restless and cannot sit still?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.