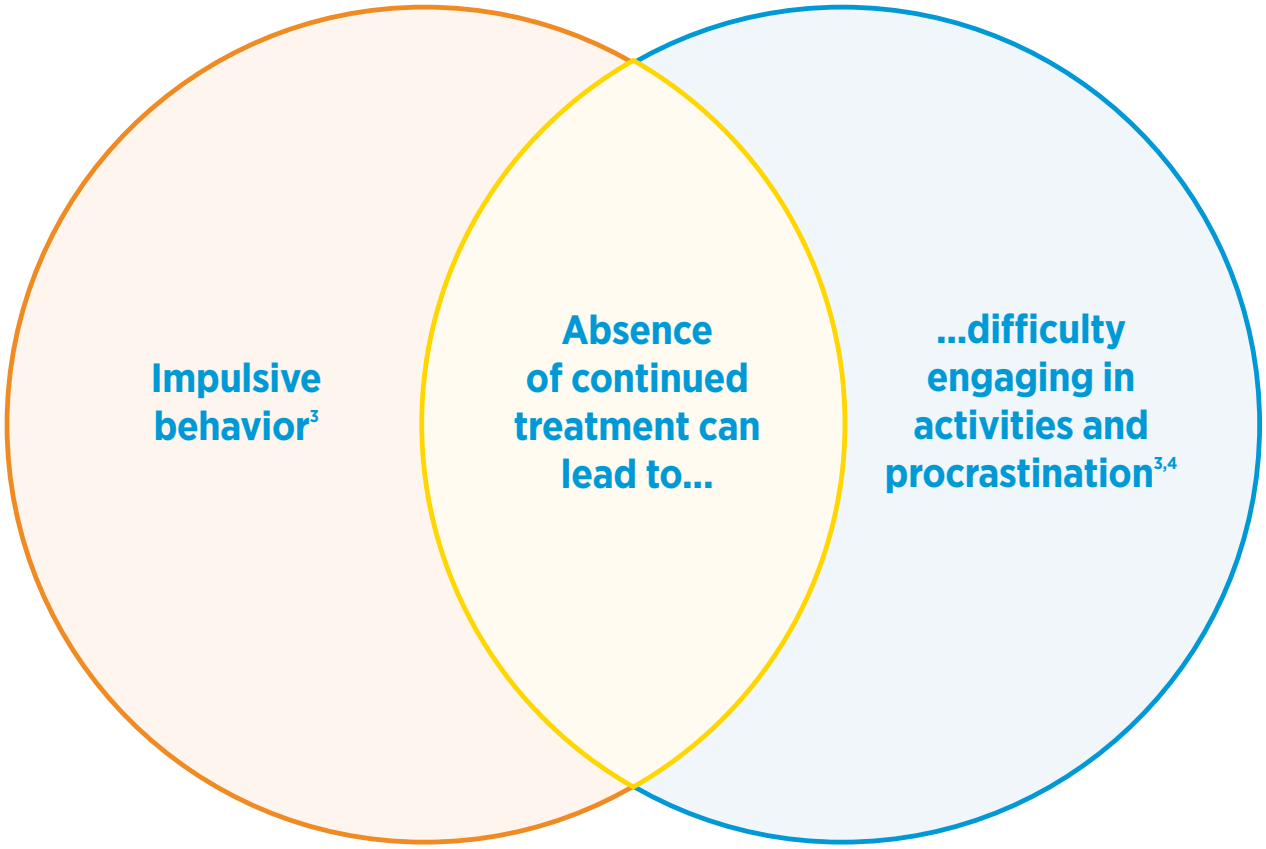
For patients 6 years and older with ADHD[1]

What do you prescribe for the multisymptom moments of summer?[1-3]

Patient portrayals.

Abbreviations: ADHD, attention-deficit/hyperactivity disorder; HCP, health care professional.

Multisymptom ADHD does not take a vacation[3]...
ADHD symptoms do not go away despite the close of school[3]



Enabling attention and ability to control impulses are important considerations for uninterrupted ADHD treatment all year long.[3,5]

INDICATION

Qelbree is indicated for the treatment of ADHD in adults and pediatric patients 6 years and older.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

In clinical studies, higher rates of suicidal thoughts and behaviors were reported in patients with ADHD treated with Qelbree than in patients treated with placebo. Closely monitor all Qelbree-treated patients for clinical worsening and for emergence of suicidal thoughts and behaviors.

Please see full Important Safety Information on page 8.

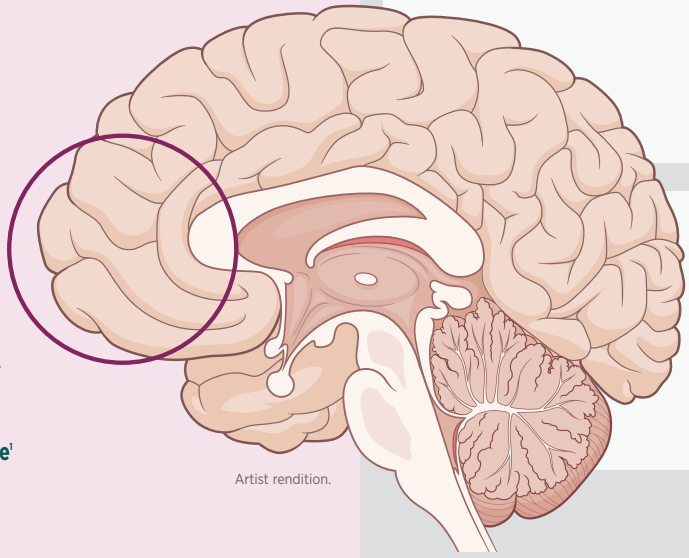
ONCE-DAILY Qelbree® viloxazine extended-release capsules 100 mg 150 mg 200 mg

Make the first and only ADHD nonstimulant with a multimodal pharmacodynamic profile[1,6-8] part of their summer plans!

Qelbree is the first and only ADHD nonstimulant treatment with a multimodal pharmacodynamic profile[1,6-8]

Qelbree

- **NET inhibition**[1*]
- **Serotonin 5-HT$_{2C}$ partial agonist**[1]
  - Qelbree is the only ADHD treatment with serotonin pharmacodynamics approved in the FDA product labeling[1,9]
- **Qelbree is not a controlled substance**[1]



Artist rendition.

Atomoxetine
- **NET inhibition**[6*]

Psychostimulants
- **NET inhibition**[10,11*]
- **DAT inhibition**[10,11]

Psychostimulants impact DAT in the addiction regions of the brain and **are controlled substances**[12,13]

*Inhibition of NET increases NE and DA levels in the PFC.[14]

The pharmacodynamic activity of viloxazine is based on non-clinical studies and the clinical significance of the data is unknown. The mechanism of action of viloxazine in the treatment of ADHD is unclear; however, it is thought to be through inhibiting the reuptake of norepinephrine.[1]

Abbreviations: DA, dopamine; DAT, dopamine transporter; NE, norepinephrine; NET, norepinephrine transporter; PFC, prefrontal cortex.

CONTRAINDICATIONS

- Concomitant administration of a monoamine oxidase inhibitor (MAOI), or dosing within 14 days after discontinuing an MAOI, because of an increased risk of hypertensive crisis
- Concomitant administration of sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range

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Make the first and only ADHD nonstimulant with a multimodal pharmacodynamic profile[1,6-8] part of their summer plans!

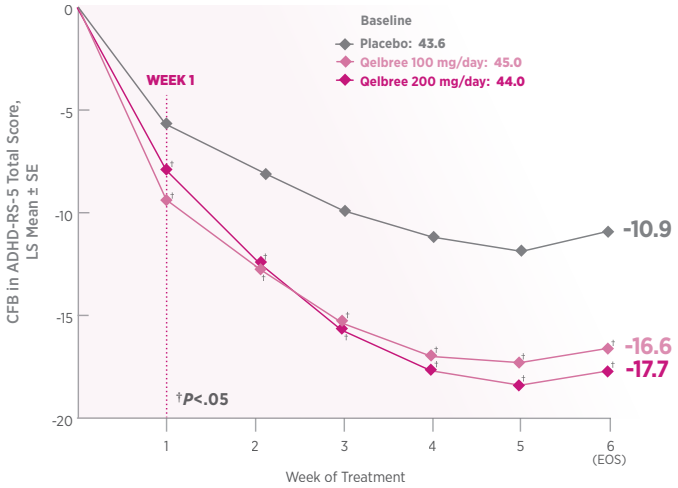
Pediatric clinical trials[1]

Methodology[1]: Randomized, DB, placebo-controlled, fixed-dose, parallel-group, multicenter studies of children 6 to 11 years of age with ADHD (Study P301 and P303) and teens 12 to 17 years of age (Study P302). **Primary endpoint[1]:** CFB in ADHD-RS-5 Total Score at EOS. **Results[1]:** ADHD-RS-5 Total Scores at EOS were significantly reduced in pediatric patients treated with Qelbree vs placebo in all 3 trials. The CFB in ADHD-RS-5 Total Score at EOS (Study P301) (LS mean ± SE) was -16.6 ± 1.16 for Qelbree 100 mg/day, -17.7 ± 1.12 for Qelbree 200 mg/day, and -10.9 ± 1.14 for placebo. The CFB in ADHD-RS-5 Total Score at EOS (Study P302) (LS mean ± SE) was -16.0 ± 1.45 for Qelbree 200 mg/day, -16.5 ± 1.38 for Qelbree 400 mg/day, and -11.4 ± 1.37 for placebo.

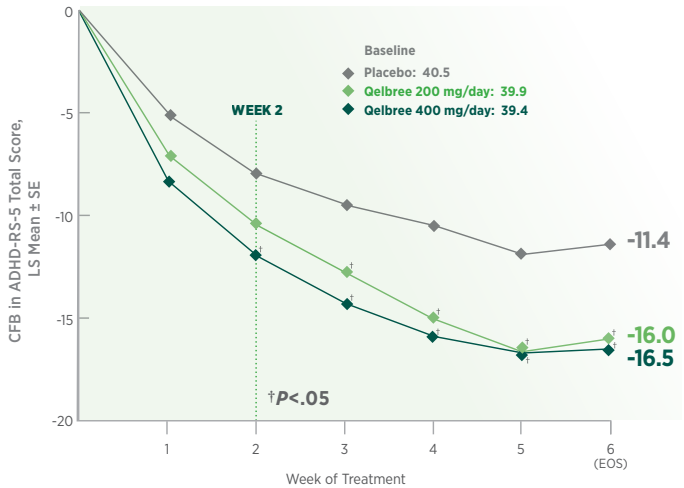
Proven efficacy in treating ADHD in children (n=460) and teens (n=301) at EOS[1*]

Inattention and hyperactivity/impulsivity symptom score reductions observed as early as week 1 for children and week 2 for teens[1,15,16*]

Study P301 (Children 6 to 11 years of age)[1]



Study P302 (Teens 12 to 17 years of age)[1]



Study results

ADHD-RS-5 Total Score at EOS was significantly reduced with Qelbree vs placebo.[1] The CFB in ADHD-RS-5 Total Score at EOS was -16.6 for Qelbree 100 mg/day, -17.7 for Qelbree 200 mg/day, and -10.9 for placebo.[1]

Study results

ADHD-RS-5 Total Score at EOS was significantly reduced with Qelbree vs placebo.[1] The CFB in ADHD-RS-5 Total Score at EOS was -16.0 for Qelbree 200 mg/day, -16.5 for Qelbree 400 mg/day, and -11.4 for placebo.[1]

*Based on 3 randomized, DB, placebo-controlled, parallel-group clinical trials that met the primary endpoint of data in ADHD-RS-5 symptom score.[16]

Abbreviations: ADHD-RS-5; Attention-Deficit/Hyperactivity Disorder Rating Scale, 5th Edition; CFB, change from baseline; DB, double blind; EOS, end of study; LS mean, least-squares mean; SE, standard error.

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IMPORTANT SAFETY INFORMATION

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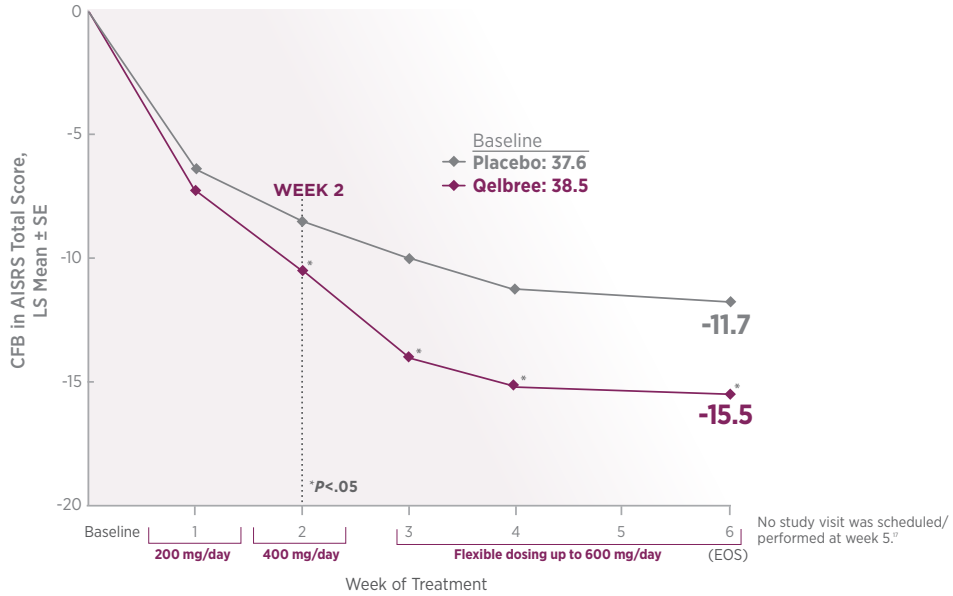
Adult clinical trials[1,16,17]

Methodology[16,17]: Randomized, DB, placebo-controlled, multicenter, parallel-group, flexible-dose study of adults 18 to 65 years of age with ADHD (Study P306). **Primary endpoint[17]:** CFB in AISRS Total Score at EOS. **Results[1]:** AISRS Total Score at EOS was significantly reduced in adults treated with Qelbree vs placebo. The CFB in AISRS Total Score at EOS (LS mean ± SE) was -15.5 ± 0.91 for Qelbree and -11.7 ± 0.90 for placebo.

Proven efficacy in treating ADHD at EOS (n=354)[16]

Inattention and hyperactivity/impulsivity symptom score reductions observed as early as week 2[16]

Study P306 (Adults 18 years and older)



Study results

At baseline, the AISRS Total Score was comparable between groups: 38.5 for Qelbree and 37.6 for placebo. AISRS Total Score at EOS was significantly reduced with Qelbree vs placebo. The CFB in AISRS Total Score at EOS was -15.5 for Qelbree and -11.7 for placebo.[1]

Abbreviation: AISRS, ADHD Investigator Symptom Rating Scale.

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IMPORTANT SAFETY INFORMATION

- *Heart rate, blood pressure increases*: Qelbree can cause an increase in diastolic blood pressure and heart rate. Assess these measures prior to starting therapy, following increases in dosage, and periodically during therapy
- *Activation of mania or hypomania*: Noradrenergic drugs may induce a manic or mixed episode in patients with bipolar disorder. Prior to nitiating treatment with Qelbree, screen patients to determine if they are at risk for bipolar disorder. Screening should include a detailed psychiatric history, including a personal or family history of suicide, bipolar disorder, and depression

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Speak with your representative about the resources we provide to help you make summer plans!

With ~90 days of summer...

...Qelbree offers up to 90 days of treatment in 1 Rx!

- **Qelbree** is prescribed once daily (AM or PM) for full 24-hour exposure[1,16]
- **Qelbree** can be conveniently prescribed and refilled without a new prescription every month
- **Qelbree** has no known addiction potential or evidence of abuse[1,18,19]
- **Qelbree—**Up to 90 days of treatment in 1 Rx! Patients pay as little as $20* per Rx
- **Qelbree** is available at pharmacies nationwide[16]

*Terms and conditions apply.

Get your patients off to a great start this summer. Scan here to order Qelbree samples!

Learn more at **QelbreeHCP.com**.

LINKS TO: QelbreeHCP.com

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INDICATION

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IMPORTANT SAFETY INFORMATION

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1. **Qelbree** is the first and only ADHD nonstimulant with a **multimodal** pharmacodynamic profile[1,6-8]
   - **Qelbree** is the only ADHD treatment with serotonin (5-HT_{2C}) pharmacodynamics approved in FDA product labeling[1]
2. Proven efficacy in treating ADHD: inattention and hyperactivity/impulsivity symptom score reductions observed early in treatment[1,16]*
3. Proven safety and tolerability, with no evidence of abuse potential[1,18,19]
4. Once-daily, rapid- and extended-release, sprinkleable capsules for 24-hour exposure[1,16]

*Qelbree was studied in 4 clinical trials. In one study of children 6 to 11 years of age, ADHD symptom score reductions were statistically significant for the 100 mg and 200 mg doses, beginning at week 1. In the study of teens 12 to 17 years of age, ADHD symptom score reductions were statistically significant for the 400 mg dose, beginning at week 2. In the flexible-dose study of adults 18 to 65 years of age, ADHD symptom score reductions were statistically significant in patients taking Qelbree, beginning at week 2.

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- *Somnolence and fatigue*: Patients should not perform activities requiring mental alertness, such as operating a motor vehicle or hazardous machinery, due to potential somnolence (including sedation or lethargy) and fatigue, until they know how they will be affected by Qelbree

ADVERSE REACTIONS

The most common adverse reactions (≥5% and at least twice the rate of placebo for any dose) in patients 6 to 17 years were somnolence, decreased appetite, fatigue, nausea, vomiting, insomnia, and irritability, and in adults, insomnia, headache, somnolence, fatigue, nausea, decreased appetite, dry mouth, and constipation.

PREGNANCY

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to Qelbree during pregnancy. Healthcare providers are encouraged to register patients by calling the National Pregnancy Registry for Psychiatric Medications at 1-866-961-2388 or by visiting www.womensmentalhealth.org/preg.

Please see full Prescribing Information, including Boxed Warning.

LINKS TO: https://www.supernus.com/sites/default/files/Qelbree-Prescribing-Info.pdf

Supernus® Pharmaceuticals