



Cycling through the same ADHD treatments over and over and expecting different results?

Abbreviations: ADHD, attention-deficit/hyperactivity disorder; HCP, healthcare provider.

Classical understanding of ADHD attributes symptoms to NE and DA imbalances in the PFC¹

- **Reduced availability or inefficient signaling** of NE and DA **disrupt the ability of the PFC** to filter distractions and sustain focus¹
- **ADHD medications aim to restore balance** by increasing NE and DA availability through transporter inhibition (eg, NET or DAT inhibition)¹
- **DAT inhibition with psychostimulants** may lead to excess DA in the striatum, which **can trigger addiction and/or dependence**¹⁻³

Evolving evidence in the understanding of ADHD suggests that serotonin dysregulation may also contribute to symptoms⁴⁻⁷

In preclinical studies, selective serotonin receptor dysregulation has been associated with behaviors including:



Inattention⁴



Impulsivity⁵



Hyperactivity⁵

Serotonin receptor modulation can be associated with increasing NE and DA in the PFC.¹

Effective ADHD treatment may involve optimizing the balance and regulation of DA, NE, and serotonin (5-HT).^{8,9}

The information presented here is unrelated to the studies conducted for this product and is not intended to support specific claims about ADHD treatment with this product.

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 7.

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

Break the cycle for ADHD patients 6 years and older¹⁰...

Take a different approach¹⁰⁻¹⁵

**Qelbree—
The only ADHD
treatment with
serotonin (5-HT_{2c})
pharmacodynamics
approved in FDA
product labeling^{8,10}**

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

Rethink ADHD Symptom Control¹



CONTRAINDICATIONS

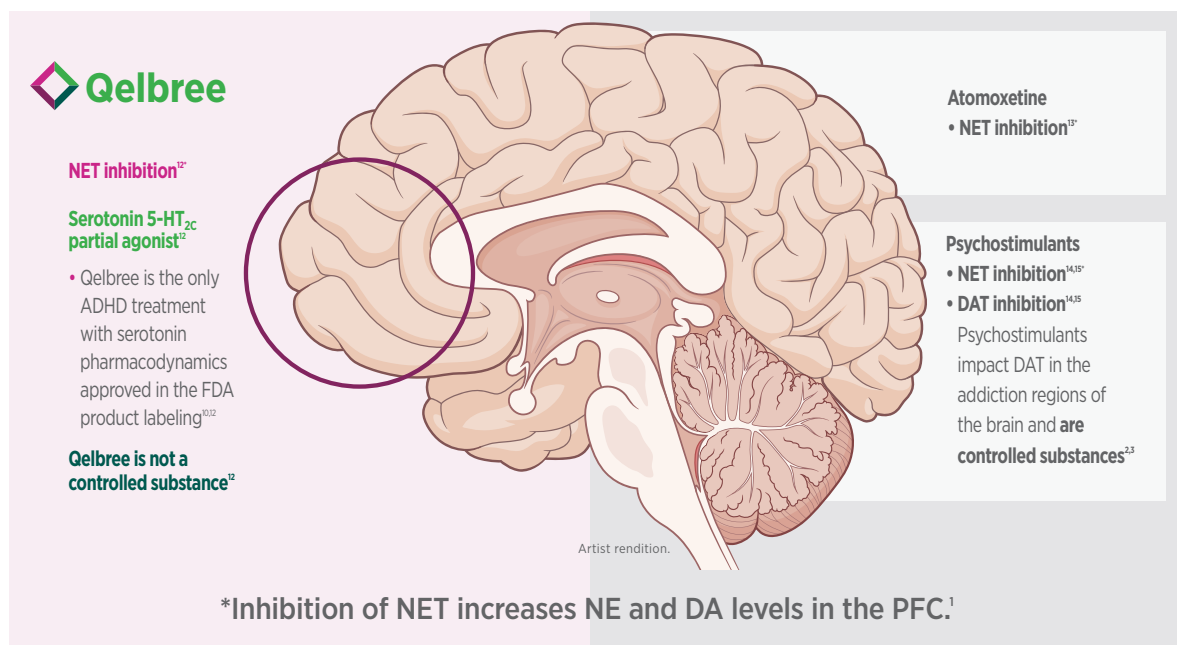
- Concomitant administration of a monoamine oxidase inhibitor (MAOI), or dosing within 14 days after discontinuing an MAOI, because of an increased risk of hypertensive crisis
- Concomitant administration of sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range



Please see full Important Safety Information on page 7.

Rx **Qelbree** for multimodal pharmacodynamics¹⁰

Qelbree is the first and only ADHD nonstimulant with a multimodal pharmacodynamic profile¹⁰⁻¹³



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 NE.¹⁰

IMPORTANT SAFETY INFORMATION

- *Suicidal thoughts and behaviors*: Closely monitor all Qelbree-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy, and at times of dosage changes



Please see full Important Safety Information on page 7.

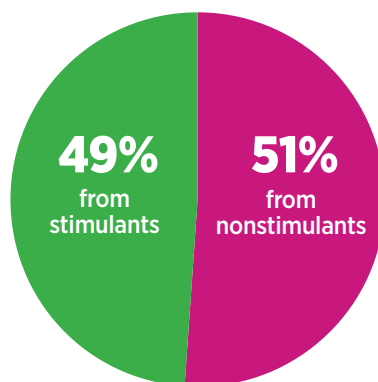
Rx **Qelbree** for coverage when a treatment change is needed^{10,16}

Market data show that 69% of patients were prescribed **Qelbree** because a change in their previous ADHD treatment[†] was needed¹⁶

Patients who switched to **Qelbree** came from[†]:

49% Stimulant sources¹⁶:

- Vyvanse[®]: 22%
- AMP ER: 18%
- MPH ER: 28%
- MPH IR: 8%
- AMP IR: 11%
- DEXMPH/Focalin[®]: 11%
- Other: 1%

**51% Nonstimulant sources¹⁶:**

- Atomoxetine/Strattera[®]: 74%
- Guanfacine/Intuniv[®]: 23%
- Other: 3%

[†]Previous ADHD treatment was defined as patients who switched to Qelbree, or for whom Qelbree was prescribed as a part of their treatment plan.

[‡]N=59,036 prescriptions. Source: IQVIA Xponent market dynamics data, R52W, as of April 4, 2025.

- 31% of patients were new therapy starts¹⁶

Qelbree is covered across 75% of commercial lives.¹⁶

Abbreviations: AMP, mixed amphetamine salts; DEXMPH, dexamethylphenidate; ER, extended release; IR, immediate release; MPH, methylphenidate.

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



Please see full Important Safety Information on page 7.

Rx **Qelbree** for treatment convenience¹⁰

Transition patients to **once-daily Qelbree**



Qelbree is prescribed once daily (AM or PM) for full 24-hour exposure.^{10,16}



Qelbree can be conveniently prescribed and refilled without a new prescription every month.^{10,16}



Qelbree has no known addiction potential or evidence of abuse.^{10,17,18}



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

Rx **Qelbree** for resources that support your patients and your practice!

Speak with your representative about resources we provide to help you start the transition!

Patient Starter Kits



Patient Savings Program*

Samples



Get your patients started today!



Scan here to order Qelbree samples!

Learn more at QelbreeHCP.com

*Terms and conditions apply.

INDICATION

Qelbree® (viloxazine extended-release capsules) 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.

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

WARNINGS & PRECAUTIONS

- *Suicidal thoughts and behaviors*: Closely monitor all Qelbree-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy, and at times of dosage changes
- *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 initiating 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
- *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 ($\geq 5\%$ 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.

REFERENCES: 1. Stahl SM. *Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications*. 5th ed. Cambridge University Press; 2021. 2. Verghese C, Patel P, Abdijadid S. Methylphenidate. In: *StatPearls*. StatPearls Publishing; 2024. January 13, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK482451/>. 3. Martin D, Le JK. Amphetamine. In: *StatPearls*. StatPearls Publishing; 2023. Accessed January 15, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK556103/>. 4. Carli M, Samanin R. Serotonin₂ receptor agonists and serotonergic anorectic drugs affect rats' performance differently in a five-choice serial reaction test. *Psychopharmacol (Berl)*. 1992;106(2):228-234. 5. Banerjee E, Nandagopal K. Does serotonin deficit mediate susceptibility to ADHD? *Neurochem Int*. 2015;82:52-68. doi:10.1016/j.neuint.2015.02.001. 6. Yohn CN, Gergues MM, Samuels BA. The role of 5-HT receptors in depression. *Mol Brain*. 2017;10(1):28. doi:10.1186/s13041-017-0306-y. 7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 5th ed, Text Revision*. Arlington, VA: American Psychiatric Association; 2022. 8. Arnsten AFT. The emerging neurobiology of attention deficit hyperactivity disorder: the key role of the prefrontal association cortex. *J Pediatr*. 2009;154(5):S43. doi:10.1016/j.jpeds.2009.01.018. 9. Hou YW, Xiong P, Gu X, Huang X, Wang M, Wu J. Association of serotonin receptors with attention deficit hyperactivity disorder: a systematic review and meta-analysis. *Curr Med Sci*. 2018;38(3): 538-551. doi:10.1007/s11596-018-1912. 10. Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. 11. Strattera [package insert]. Indianapolis, IN: Lilly USA, LLC. 12. Kapvay [package insert]. Atlanta, GA: Shionogi Pharma, Inc. 13. Intuniv [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A. 14. Ritalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. doi:10.1016/j.jpeds.2009.01.018. 15. Adderall XR [package insert]. Horsham, PA: Teva Pharmaceuticals USA. 16. Data on file, Supernus Pharmaceuticals. 17. Yanagita T, Wakasa Y, Kiyohara H. Drug dependence potential of viloxazine hydrochloride tested in rhesus monkeys. *Pharmacol Biochem Behav*. 1980;12:155-161. 18. Food and Drug Administration. Table of Prescription Stimulant Label Changes. August 26, 2025. <https://www.fda.gov/media/168050/download>.



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