All images in this brochure are patient portrayals.

School is in progress...
Are we minding the gaps?

Classical understanding of ADHD attributes symptoms to NE and DA imbalances in the PFC[1]

Reduced availability or inefficient signaling of NE and DA disrupt the ability of the PFC to filter distractions and sustain focus[1]:

- 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]

An evolving school of thought in the understanding of ADHD suggests that serotonin dysregulation may also contribute to symptoms[4-8]

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

Inattention[4] Impulsivity[5] Hyperactivity[5]

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).[9,10]

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.

Close th gaps— break the cycle of old prescribing patterns this school year

A survey of 11,000 caregivers and adults revealed that finding the right ADHD treatment can be challenging[11]:

- It can be a frustrating period of trial and error[11]
- The average child tries ~3 different medications[11]

*Survey conducted by *ADDitude Magazine*.

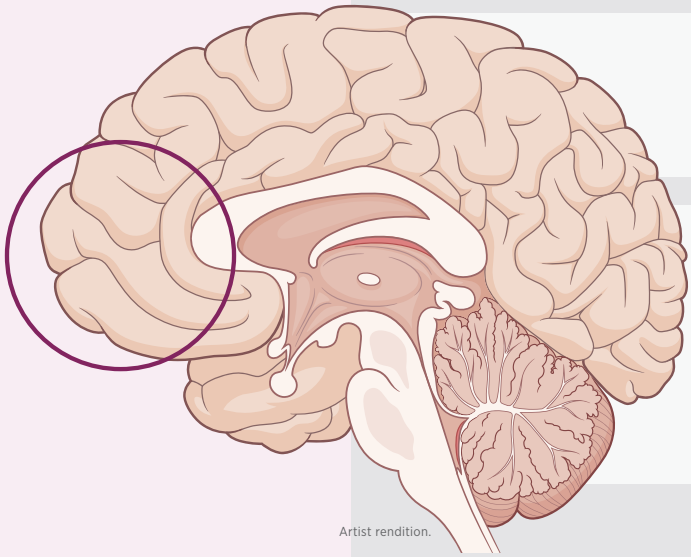
Abbreviations: ADHD, attention-deficit/hyperactivity disorder; DA, dopamine; DAT, dopamine transporter; NE, norepinephrine; NET, norepinephrine transporter; PFC, prefrontal cortex.

Try the only ADHD treatment with serotonin (5-HT_{2c}) **in the FDA-approved product labeling**[10,12]

Qelbree is the first and only ADHD nonstimulant with a multimodal pharmacodynamic profile[12-15]

Qelbree

- ✓ **NET inhibition**[12*]
- ✓ **Serotonin 5-HT_{2c} partial agonist**[12]
  - Qelbree is the only ADHD treatment with serotonin pharmacodynamics approved in the FDA product labeling[10,12]
- ✓ **Qelbree is not a controlled substance**[12]



Artist rendition.

Atomoxetine
- **NET inhibition**[13*]

Psychostimulants
- **NET inhibition**[16,17*]
- **DAT inhibition**[16,17]

Psychostimulants impact DAT in the addiction regions of the brain and **are controlled substances**[2,3]

*Inhibition of NET increases NE and DA levels in the PFC.[1]

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.[12]

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

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

Please see full Important Safety Information on page 7.

The year is not over; it's still possible to **close the gaps**[10,12]

Pediatric clinical trials

Methodology[12]**:** 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**[18]**:** CFB in the ADHD-RS-5 Total Score at EOS. **Results**[12]**:** ADHD-RS-5 Total Scores at EOS were significantly reduced with Qelbree vs placebo. 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.

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.

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
- *Severe renal impairment*: Initiate Qelbree at 100 mg once daily and increase by 50 mg to 100 mg at weekly intervals to a maximum recommended dosage of 200 mg once daily

Please see full Important Safety Information on page 7.

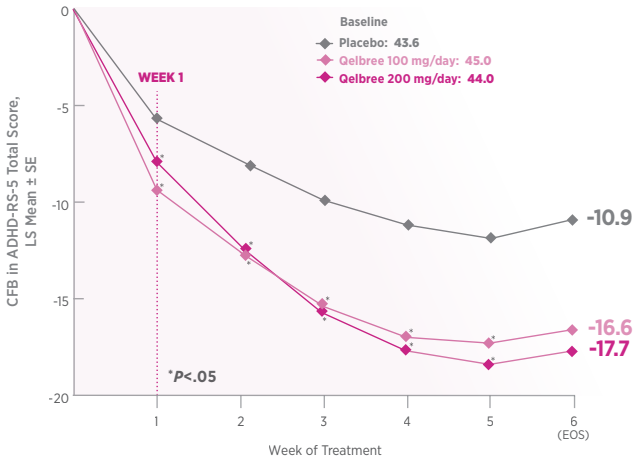
ONCE-DAILY Qelbree® viloxazine extended-release capsules 100 mg 150 mg 200 mg

The year is not over; it's still possible to **close the gaps.** **Try clinically meaningful total symptom score reduction.**[12]

Proven efficacy in treating ADHD at EOS (n=460)[12,18]

Inattention and hyperactivity/impulsivity symptom score reductions observed as early as week 1[12,18]

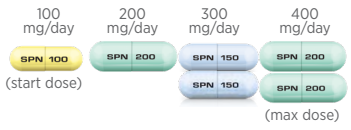
Study P301 (Children 6 to 11 years of age)



Study P301 results

Total Score at EOS was significantly reduced with Qelbree vs placebo.[12] 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.[12]

Children start Qelbree at 100 mg/day[12]



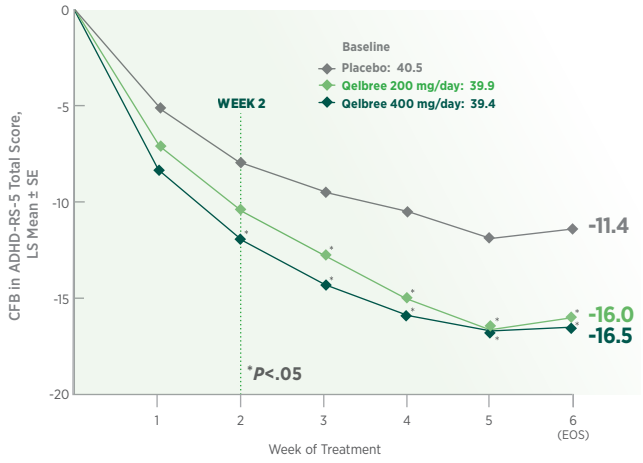
Capsules shown are not actual size.

Titrate Qelbree 100 mg/week over 1 to 3 weeks **as needed to reach effective dose.**[12]

Proven efficacy in treating ADHD at EOS (n=301)[12]

Inattention and hyperactivity/impulsivity symptom score reductions observed as early as week 2[12,19]

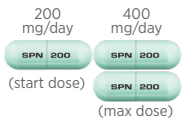
Study P302 (Teens 12 to 17 years of age)



Study P302 results

Total Score at EOS was significantly reduced with Qelbree vs placebo.[12] 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.[12]

Teens start Qelbree at 200 mg/day[12]



Capsules shown are not actual size.

Titrate Qelbree 200 mg/week over 1 week **as needed to reach effective dose.**[12]

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.

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

The year is not over; it's still possible to **close the gaps.** **Initiate a trial of Qelbree![12]**

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

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covermymeds®

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Scan here to order Qelbree samples!
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*Terms and conditions: Offer void where prohibited. For full terms and conditions, please see the Qelbree Co-pay Card, or visit www.Qelbree.com.

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

INDICATION

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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 (≥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. Serotonin-2 receptor agonists and serotonergic anorectic drugs affect rats' performances differently in a five-choice serial reaction time task. *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.** Lu H, Liu Q-s. Serotonin in the frontal cortex: a potential therapeutic target for neurological disorders. *Biochem Pharmacol (Los Angel)*. 2017;6(1): DOI: 10.4172/2167-0501.1000e184. **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.** Arnsten AFT. The emerging neurobiology of attention deficit hyperactivity disorder: the key role of the prefrontal association cortex. *J Pediatr*. 2009;154(5):I-S43. doi:10.1016/j.jpeds.2009.01.018. **11.** Rodgers AR, Kear NC. What your patients aren't telling you about their ADHD treatment. *ADDitude Magazine*. Spring 2024:1-7. **12.** Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. **13.** Strattera [package insert]. Indianapolis, IN: Lilly USA, LLC. **14.** Kapvay [package insert]. Atlanta, GA: Shionogi Pharma, Inc. **15.** Intuniv [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A. **16.** Ritalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. **17.** Adderall XR [package insert]. Horsham, PA. Teva Pharmaceuticals USA. **18.** Nasser A, Liranso T, Adewole T. A Phase III, randomized, placebo-controlled trial to assess the efficacy and safety of once-daily SPN-812 (viloxazine extended-release) in the treatment of attention-deficit/hyperactivity disorder in school-age children. *Clin Ther.* 2020;42(8):1452-1466. **19.** Data on file, Supernus Pharmaceuticals.

Supernus® Pharmaceuticals