Summertime is a great time to transition to a nonstimulant treatment for ADHD

Some planning and preparation can help get the back-to-school season off to a fantastic start!

- A recent survey of 11,000 caregivers and adults revealed that finding the right ADHD treatment can be challenging[1]

Take the opportunity during the summer months to try another ADHD medication ahead of a new school year

- ADHD symptoms do not go away despite the close of school[2]
- Help with paying attention and being able to control impulses are important considerations for uninterrupted treatment all year long[2,3]

All photos within this brochure are patient portrayals.

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

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 6.

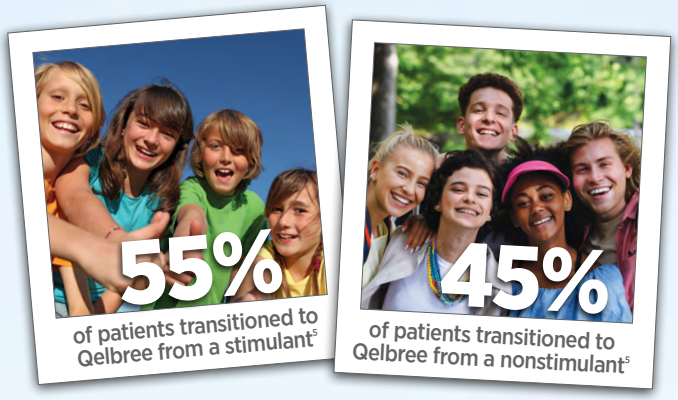
ONCE-DAILY Qelbree® viloxazine extended-release capsules 100 mg 150 mg 200 mg

Help the right patients make the transition to Qelbree[4] this summertime—ahead of the upcoming school year

- What has the child historically struggled with?
- Does the year ahead involve a more challenging routine?
- Will the school day be longer?

Prescription data show that 68% of patients were prescribed Qelbree because a change in previous ADHD treatment was needed[5]

Of patients who transitioned to Qelbree:



- 32% of patients taking Qelbree were new to prescription ADHD treatment[5]

Source: IQVIA NPA market dynamics data April 2023–March 2024.

This summertime, help the right patients make the transition to Qelbree[4]...

Please see full Important Safety Information on page 6.

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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This summer, transition appropriate pediatric patients to

A novel nonstimulant that works[4,6]

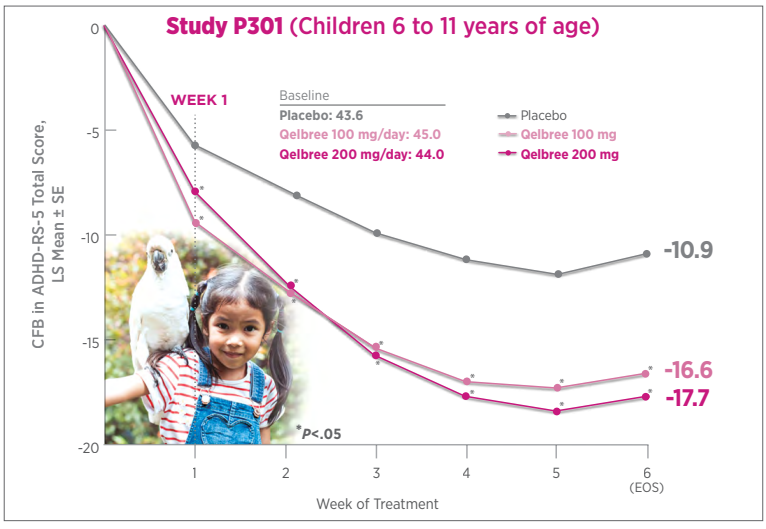
FOR ADHD IN CHILDREN AND TEENS 6 TO 17 YEARS OF AGE[4]

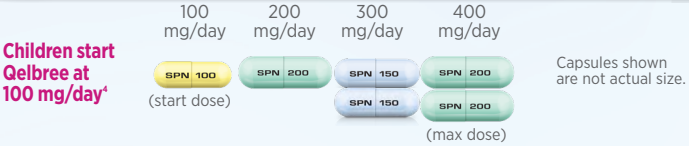
Pediatric clinical trials

Methodology[4]: 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), with a baseline ADHD-RS-5 Total Score ≥28, CGI-S ≥4. The primary endpoint was CFB in the ADHD-RS-5 Total Score at EOS. **Results[4]:** 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.

Children 6 to 11 years: proven efficacy in treating ADHD at EOS (n=460)[4,5]

Inattention and hyperactivity/impulsivity symptom score reductions observed as early as week 1[4,5]





Children start Qelbree at 100 mg/day[4]

Capsules shown are not actual size.

Titrate Qelbree 100 mg/week over 1 to 3 weeks **as needed to reach effective dose**.[4]

Study P301 results

Total Score at EOS was significantly reduced with Qelbree vs placebo.[4] 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.[4]

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.

Please see full Important Safety Information on page 6.

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

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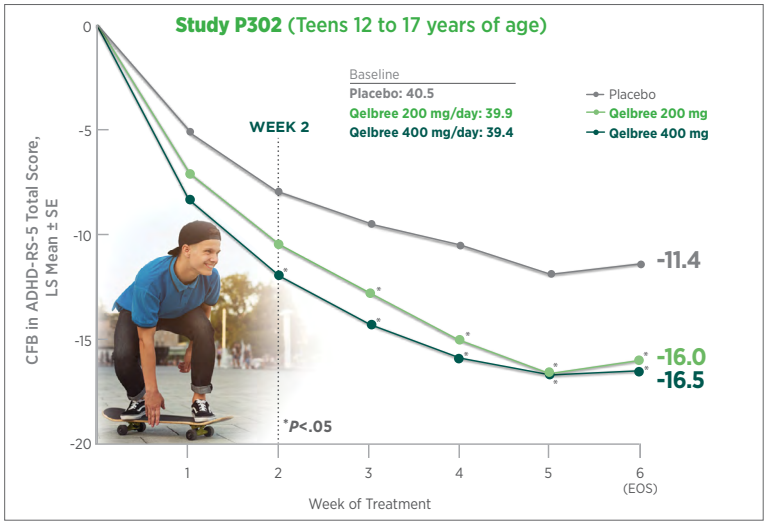
Please see full Important Safety Information on page 6.

Teens 12 to 17 years: proven efficacy in treating ADHD at EOS (n=301)[4,5]

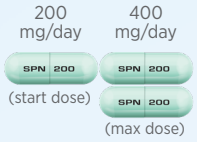
Inattention and hyperactivity/impulsivity symptom score reductions observed as early as week 2[4,5]



Study P302 results

Total Score at EOS was significantly reduced with Qelbree vs placebo.[4] 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.[4]

Teens start Qelbree at 200 mg/day[4]



Capsules shown are not actual size.

Titrate Qelbree 200 mg/week over 1 week **as needed to reach effective dose.**[4]

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

Supernus® Support 1-866-398-0833

covermymeds®

PAY AS LITTLE AS $20 PER PRESCRIPTION*

Patient Savings Program*

Samples

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

Learn more at QelbreeHCP.com

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

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INDICATION

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

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

Will your patients also face challenges due to shortages in several ADHD medications?

If your patients need to
Rethink ADHD Symptom Control®
this summer,
consider nonstimulant[4]

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

Today's fastest growing ADHD Rx Brand*

1. First novel, nonstimulant approach in ADHD in over a decade[4,6] –First nonstimulant approved for adult ADHD in 20 years[4]
2. Proven efficacy in treating ADHD: inattention and hyperactivity/impulsivity symptom score reductions observed early in treatment[4,5†]
3. Proven safety and tolerability, with no evidence of abuse potential observed in clinical studies[4,5]
4. Once-daily, rapid- and extended-release, sprinkleable capsules for full-day exposure[4,5]

***Branded ADHD products launched in last 6 years (as of September 2023).**

†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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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

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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.

REFERENCES: 1. Rodgers AR, Kear NC. What your patients aren't telling you about their ADHD treatment. *ADDitude Magazine*. Spring 2024:1-7. **2.** Attention deficit/hyperactivity disorder. In: American Psychiatric Association, eds. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, Text Revision. American Psychiatric Association; 2022:68-77 **3.** Cohen HA, Savitsky B, Ashkenasi A, Hoshen M. Seasonality of methylphenidate administration among children in Israel. *Israel Medical Association Journal*; 2016;18:655-660. **4.** Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. **5.** Data on file, Supernus Pharmaceuticals. **6.** Food and Drug Administration. Novel drug approvals for 2021. May 13, 2022. Accessed January 7, 2023. https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/novel-drug-approvals-2021.

Please see full Prescribing Information, including Boxed Warning.

Supernus® Pharmaceuticals