Report cards are coming in. How are your patients with ADHD holding up?



Abbreviation: ADHD, attention-deficit/hyperactivity disorder.

All images are actor portrayals unless otherwise specified.

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The report card is an important tool

Report cards, progress reports, notes from coaches and tutors—these can all be indications that an ADHD treatment plan should be reevaluated. Now is a good time to ask questions and discuss where there may be gaps in their support.



Here are some discussion starters for your pediatric patients (ages 6-11 years)[1]

- Is it a challenge to get all your morning tasks done on time?
- In school, do you sometimes make mistakes on things that you know how to do?
- When your friends or a teacher are telling you something, is it hard for you to wait your turn to talk?
- Is it easy for you to wait your turn on the playground?
- Is it harder to listen to your teacher after lunch?
- Do you forget things at school that you wanted to bring home?
- Does it take you too long to get your homework done?
- At night, do you feel relaxed or like your brain is racing?

Here are some discussion starters for your teen patients (ages 12-17 years)[1]

- Is it a challenge to get all your morning tasks done on time?
- Do you forget things at home or school?
- In school, do you make careless mistakes on things you understand?
- Is it hard to keep your focus during long projects?
- Do you interrupt teachers or friends more than you want to?
- When hanging with friends, is it easy to wait your turn to talk?
- Is it harder to sit in class and concentrate after lunch?
- Do you do after-school activities? Is it easy for you to stay focused?
- Is it challenging to get started on homework and to maintain focus?
- At night, do you feel relaxed? Is your mind racing?

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



If your patients 6 years and older could benefit from a change in their ADHD treatment plan, consider Qelbree

5 YEARS* REAL-WORLD EXPERIENCE IN ADHD

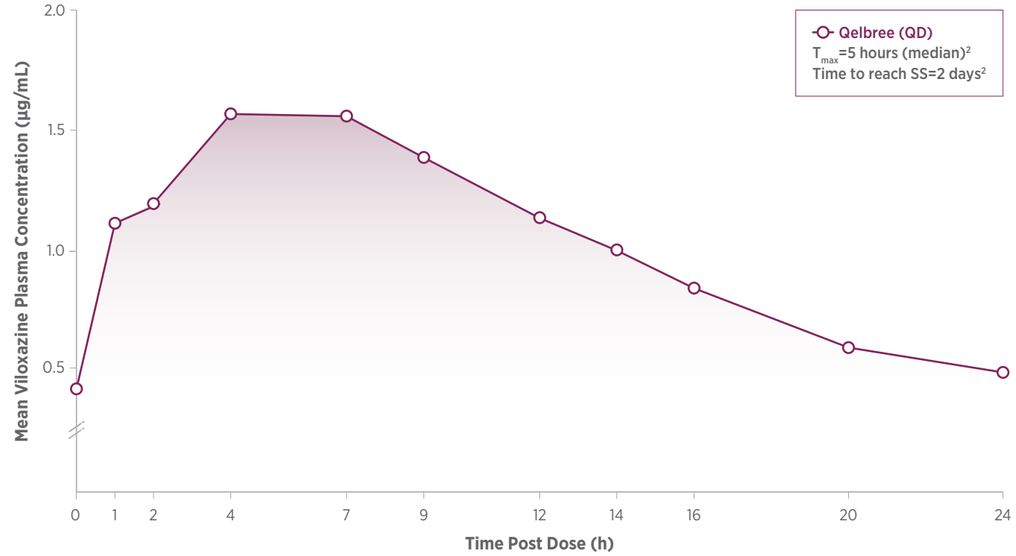
Qelbree may help bring order to a complicated disorder[1-3]

*Pediatric indication approved in 2021.

The demands of the school year are constant. Their medication coverage should be too.[2,4]

Qelbree offers full 24-hour exposure in a once-daily dose[2,4]

Once-daily Qelbree—24-hour mean SS plasma concentration–time profile (n=28)[2,4]



- Duration of exposure that lasts throughout the day[4]
- Demonstrated gradual release of an ER formulation[4]
- Median half-life 7.02 ± (4.74 hours)

Abbreviations: ER, extended release; QD, once daily; SS, steady state.

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

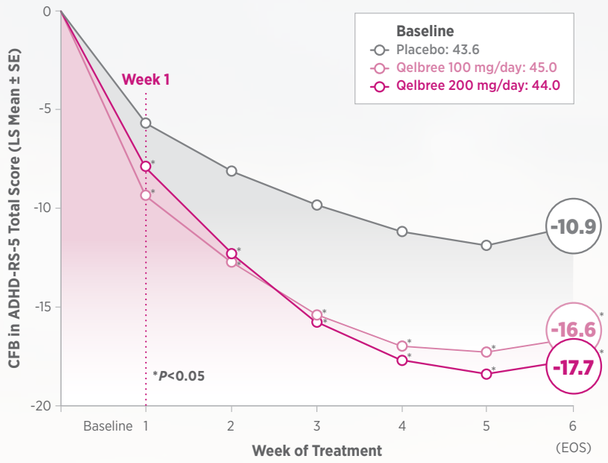
In clinical studies, higher rates of suicidal thoughts and behaviors were reported in patients with ADHD treated with Qelbree than in patients treated with placebo. Closely monitor all Qelbree-treated patients for clinical worsening and for emergence of suicidal thoughts and behaviors.

Please see full Important Safety Information on page 11.

Qelbree delivers clinically meaningful total symptom score reduction in children and teens[2,4]

Methodology[2]: 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[2]:** CFB in ADHD-RS-5 Total Score at EOS. **Results[2]:** ADHD-RS-5 Total Scores at EOS were significantly reduced in pediatric patients treated with Qelbree vs placebo in all 3 trials.

Study P301: Proven efficacy in treating ADHD in children at EOS (n=460)[2]

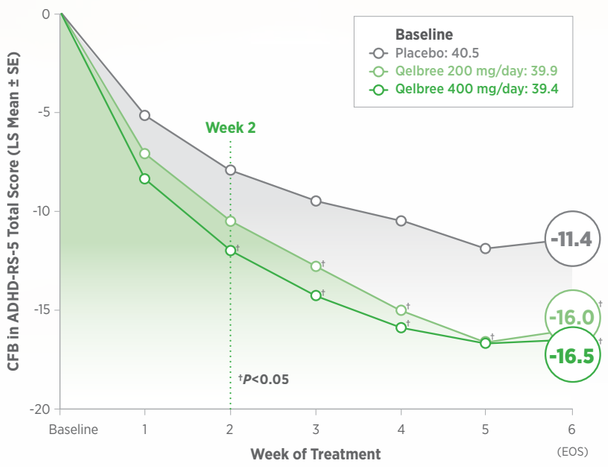


1

Symptom score reductions observed as early as Week 1[2,5]

Study results: ADHD-RS-5 Total Score at EOS was significantly reduced with Qelbree vs placebo.[2] 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.[2]

Study P302: Proven efficacy in treating ADHD in teens at EOS (n=301)[2,4]



2

Symptom score reductions observed as early as Week 2[2,4]

Study results: ADHD-RS-5 Total Score at EOS was significantly reduced with Qelbree vs placebo.[2] 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.[2]

Abbreviations: ADHD-RS-5, Attention-Deficit/Hyperactivity Disorder Rating Scale, 5th Edition; AE, adverse event; CFB, change from baseline; DB, double blind; DDI, drug-drug interaction; ECG, electrocardiogram; EOS, end of study; LS mean, least-squares mean; SE, standard error; SSRI, selective serotonin reuptake inhibitor.

Children/teens 6-17 years

Most common AEs (≥5% and twice the rate of placebo) reported in the Phase III trials (n=1289)[2]

	Placebo (n=463)	Qelbree (n=826)
Somnolence‡	4%	**16%**
Decreased appetite	0.4%	**7%**
Fatigue	2%	**6%**
Nausea	3%	**5%**
Vomiting	2%	**4%**
Insomnia‡	1%	**4%**
Irritability	1%	**3%**

‡The following items were combined:
- **Somnolence:** somnolence, lethargy, sedation
- **Insomnia:** initial insomnia, insomnia, middle insomnia, poor quality sleep, sleep disorder, terminal insomnia

Low AE discontinuation rates in pediatric trials[2,4] 1% Placebo **3%** Qelbree

Additional safety information

Cardiac Safety: Treatment did not appear to have any influence on ECG changes[2]

Stimulant Compatibility: Unlikely to have DDIs with amphetamines or methylphenidate[2]

Hepatic Profile: No clinically relevant liver enzyme elevation[2]

SSRI Compatibility: No contraindications with SSRIs[2]

IMPORTANT SAFETY INFORMATION

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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Post hoc analysis: Characterizing functional impairment in pediatric ADHD[4]

Inattentive symptoms[4]



Hyperactive/impulsive symptoms[4]



Methodology[4]: Pediatric patients (6-17 years) in 3 Phase III trials of Qelbree 100-400 mg/day vs placebo completed weekly visits that included the functional impairment assessment contained in the ADHD-RS-5 primary efficacy measure. Data from baseline through Week 6 were pooled for this post hoc analysis. **Limitation[4]: This analysis was limited by its post hoc nature, including lack of an a priori power analysis. These data are descriptive, and conclusions cannot be drawn.**

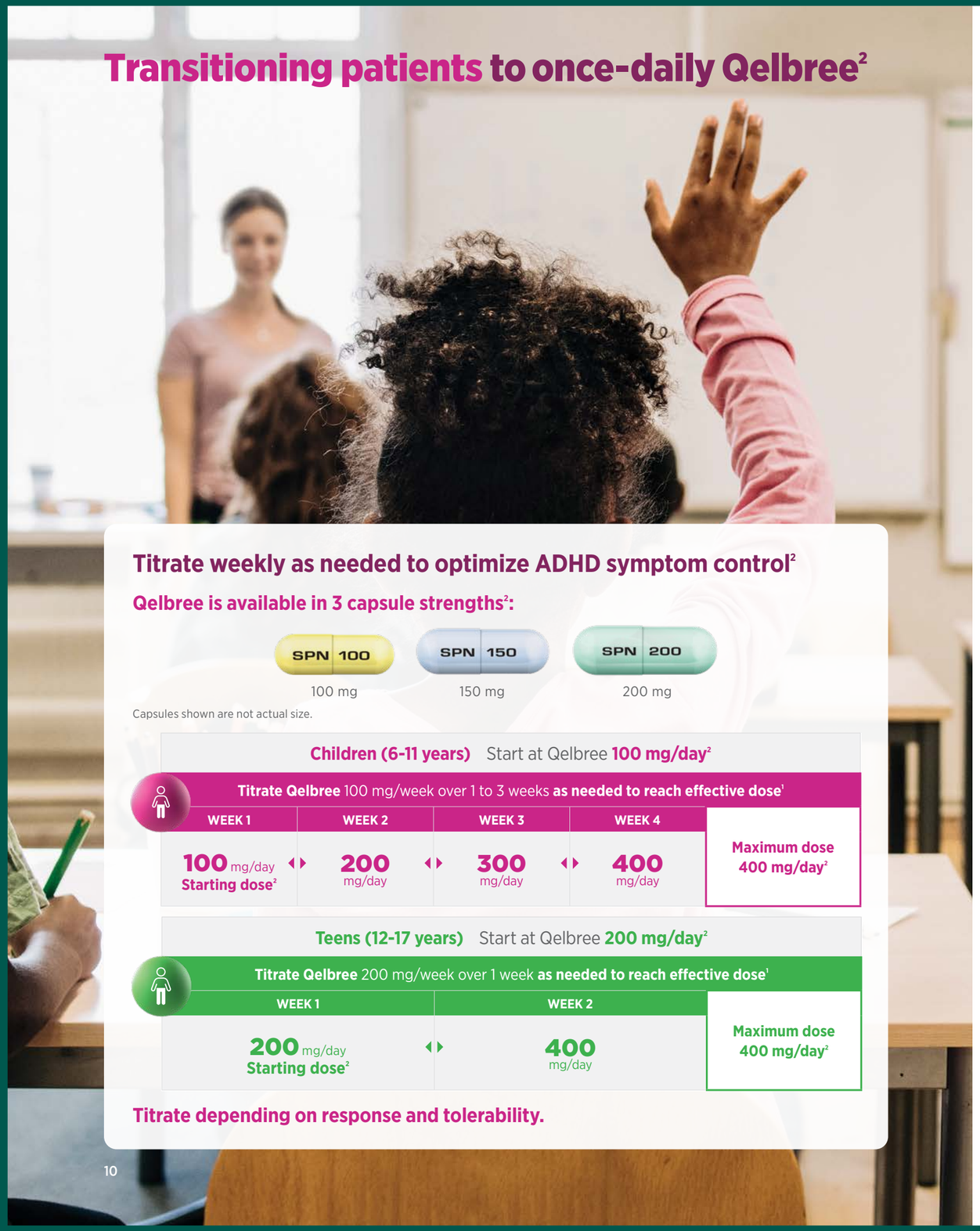
IMPORTANT SAFETY INFORMATION

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

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Transitioning patients to once-daily Qelbree[2]

Titrate weekly as needed to optimize ADHD symptom control[2]

Qelbree is available in 3 capsule strengths[2]:

100 mg | 150 mg | 200 mg

Capsules shown are not actual size.

Children (6-11 years) Start at Qelbree **100 mg/day[2]**

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

WEEK 1	WEEK 2	WEEK 3	WEEK 4	
100 mg/day **Starting dose[2]**	**200** mg/day	**300** mg/day	**400** mg/day	**Maximum dose 400 mg/day[2]**

Teens (12-17 years) Start at Qelbree **200 mg/day[2]**

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

WEEK 1	WEEK 2	
200 mg/day **Starting dose[2]**	**400** mg/day	**Maximum dose 400 mg/day[2]**

Titrate depending on response and tolerability.

INDICATION

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

IMPORTANT SAFETY INFORMATION

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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 accompanying full Prescribing Information, including Boxed Warning.

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5 years, ~500,000 patients—a trusted heritage of addressing the complicated reality of ADHD[2-4*†]

1 The first and only ADHD nonstimulant with a multimodal pharmacodynamic profile[2,6-8]

Qelbree is the only ADHD treatment with serotonin (5-HT_{2C}) receptor pharmacodynamics approved in FDA product labeling.[2,6-11]

- 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.[1]

2 Proven efficacy in treating ADHD at EOS:

Inattention and hyperactivity/impulsivity symptom score reductions were observed early in treatment.[2,4‡]

3 Proven safety and tolerability

Qelbree is a non-controlled option with no evidence of abuse potential.[2,4,12,13]

4 Flexibility in dosing and administration

Once-daily, rapid- and extended-release, sprinkleable capsules offer 24-hour exposure.[2,4]

*Source: IQVIA analytics data, as of March 2026.

†Pediatric indication approved in 2021.

‡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.

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References: 1. American Psychiatric Association. Attention-deficit/ hyperactivity disorder. In: *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed, text rev. American Psychiatric Association; 2022:68-77. **2.** Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. **3.** Stahl SM. *Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications.* 5th ed. Cambridge University Press; 2021. Accessed June 18, 2026. doi:10.1017/9781108975292 **4.** Data on file, Supernus Pharmaceuticals, Inc. **5.** Nasser A, Liranso T, Adewole T, et al. 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. doi:10.1016/j.clinthera.2020.05.021 **6.** Strattera [package insert]. Indianapolis, IN: Lilly USA, LLC. **7.** Intuniv [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A. **8.** Clonidine extended release tablets: package insert / prescribing info. Drugs.com. Updated December 13, 2025. Accessed June 18, 2026. https://www.drugs.com/pro/clonidine-extended-release-tablets.html **9.** Adderall XR [package insert]. Horsham, PA: Teva Pharmaceuticals USA. **10.** Ritalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. **11.** 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 **12.** Key prescription stimulant label updates. U.S. Food and Drug Administration. May 11, 2023. Accessed June 18, 2026. https://www.fda.gov/media/168050/download **13.** Yanagita T, Wakasa Y, Kiyohara H. Drug dependence potential of viloxazine hydrochloride tested in rhesus monkeys. *Pharmacol Biochem Behav.* 1980;12(1):155-161. doi:10.1016/0091-3057(80)90430-x

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REAL-WORLD EXPERIENCE 5 YEARS† IN ADHD

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