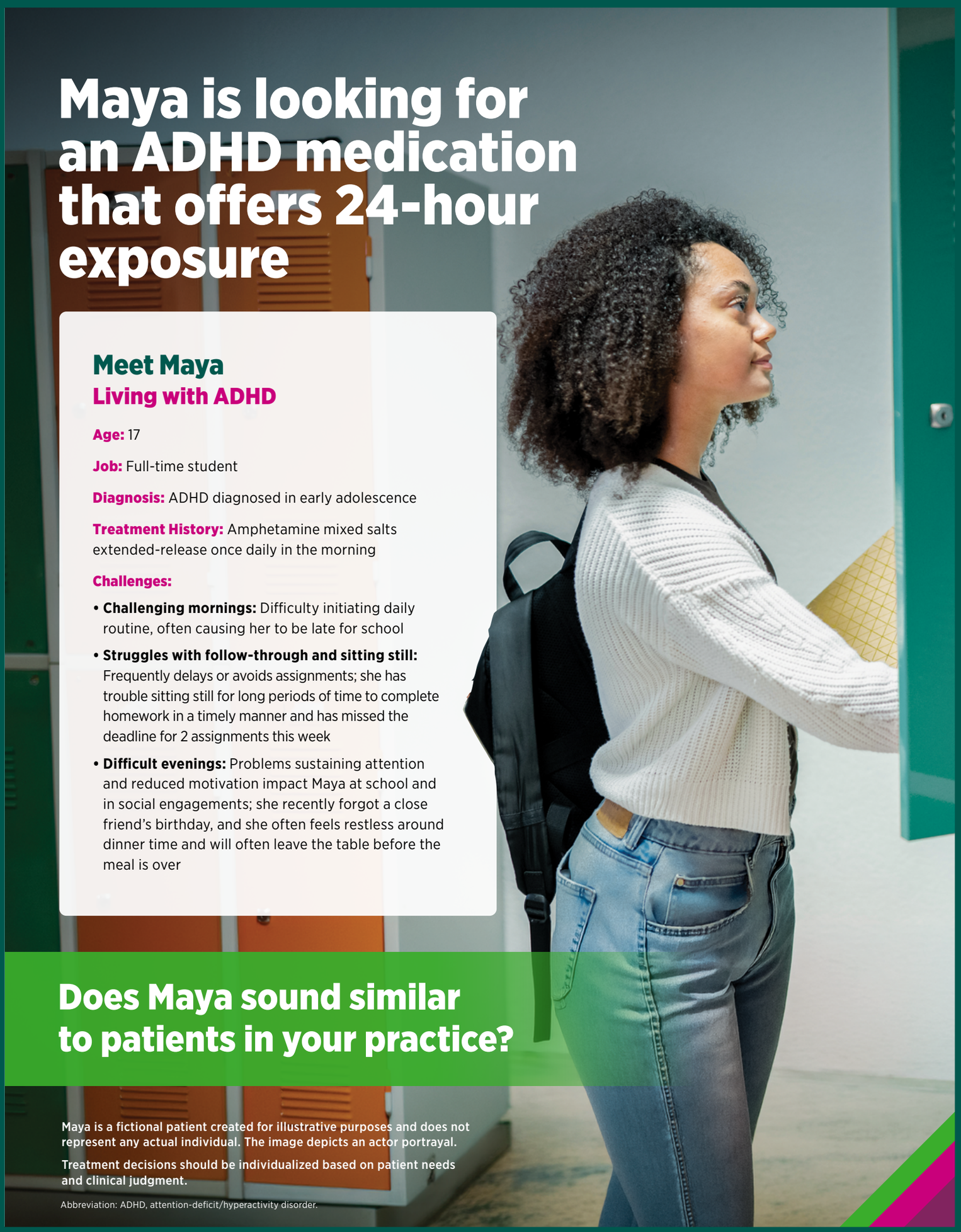
# Maya is looking for an ADHD medication that offers 24-hour exposure



## Meet Maya
### Living with ADHD

**Age:** 17

**Job:** Full-time student

**Diagnosis:** ADHD diagnosed in early adolescence

**Treatment History:** Amphetamine mixed salts extended-release once daily in the morning

**Challenges:**

- **Challenging mornings:** Difficulty initiating daily routine, often causing her to be late for school
- **Struggles with follow-through and sitting still:** Frequently delays or avoids assignments; she has trouble sitting still for long periods of time to complete homework in a timely manner and has missed the deadline for 2 assignments this week
- **Difficult evenings:** Problems sustaining attention and reduced motivation impact Maya at school and in social engagements; she recently forgot a close friend's birthday, and she often feels restless around dinner time and will often leave the table before the meal is over

## Does Maya sound similar to patients in your practice?

Maya is a fictional patient created for illustrative purposes and does not represent any actual individual. The image depicts an actor portrayal.

Treatment decisions should be individualized based on patient needs and clinical judgment.

Abbreviation: ADHD, attention-deficit/hyperactivity disorder.

## 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 (≥ 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.**

# Healthcare providers like you are choosing once-daily Qelbree that offers full 24-hour coverage[1,2]

**MAYA**

- Age: 17
- High school student

**PRESENTATION**

Persistent difficulty with morning routine, task avoidance, reduced classroom participation, restlessness, and ongoing ADHD symptoms in the evenings.



Actor portrayal.

**DIAGNOSIS**

ADHD

**APPOINTMENT NOTES**

Maya presents with ongoing challenges related to ADHD symptom control. She is looking for a once-daily treatment option that offers full-day medication exposure.

**TREATMENT DECISION**

Maya's physician has decided to switch her to Qelbree, a once-daily nonstimulant ADHD treatment.

## Qelbree

- **NET Inhibition**[1]
- **5-HT$_{2C}$ Receptor Modulation:** Modulates neurotransmitters through partial agonism of serotonin 5-HT$_{2C}$ receptor[1]
- **Does Not Block the Serotonin Transporter:** No global increase in synaptic serotonin levels throughout the brain[1,6,7]
- **A Distinct Nonstimulant:** Delivers this multimodal pharmacodynamic profile in a treatment that is not a controlled substance[1,8]

**Atomoxetine**

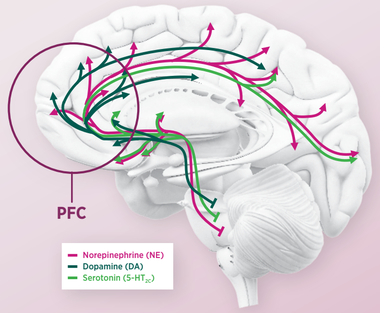
- **NET Inhibition**[3]

**Guanfacine**

- **Selective Alpha-2A Adrenergic Receptor Agonist**[4]

**Psychostimulants**

- **NET Inhibition**[9,10]
- **DAT Inhibition**[9,10]**:** Psychostimulants impact DAT in areas of the brain associated with addiction and are controlled substances[11,12]




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]

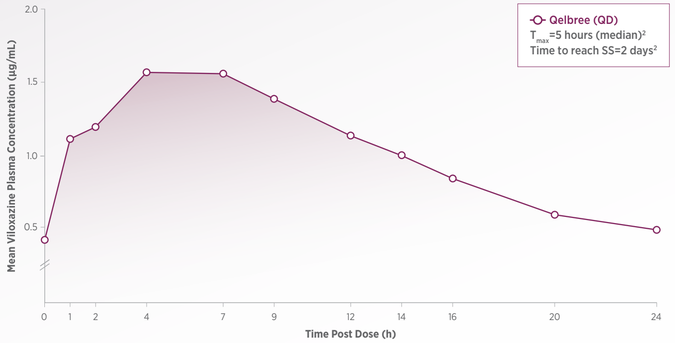
Abbreviations: DAT, dopamine transporter; NET, norepinephrine transporter.

## For patients like Maya, Qelbree offers full-day medication exposure[1,2]

**Qelbree**—rapid and extended release

Nonstimulant, 24-hour exposure in a single daily dose[1,2]

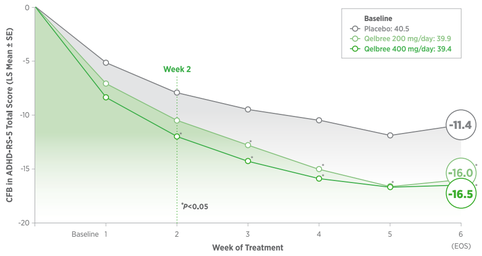
**Once-daily Qelbree—24-hour mean SS plasma concentration–time profile (n=28)[1,2]**




- Duration of exposure that lasts throughout the day[1]
- Demonstrated gradual release of an ER formulation[1]
- Median half-life 7.02 ± (4.74 hours)[1]

Abbreviations: ER, extended release; QD, once daily; SS, steady state; T$_{max}$, time to maximum plasma concentration.

## Proven efficacy in treating ADHD in teens 12 to 17 years of age (n=301) at EOS[1,2*]




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

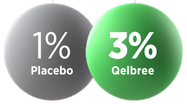
**Study results:** ADHD-RS-5 Total Score at EOS was significantly reduced with Qelbree vs placebo.[1] The CFB in ADHD-RS-5 Total Score at EOS was -16.0 for Qelbree 200 mg/day, -16.5 for Qelbree 400 mg/day, and -11.4 for placebo.[1]

## Proven safety and tolerability across Phase III clinical trials in ADHD patients 6 to 17 years of age (n=1289)[1]

| | 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[1,2]**




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

**IMPORTANT SAFETY INFORMATION**

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**Please see full Important Safety Information on page 2.**

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

# Help patients like Maya manage their ADHD symptoms with a treatment that offers 24-hour exposure[1,2]

- Qelbree is the first novel, nonstimulant approach in ADHD in over a decade[1,3]
- Proven efficacy in treating ADHD at EOS: inattention and hyperactivity/impulsivity symptom score reductions observed as early as Week 2[1,2*]
- Once-daily, rapid- and extended-release, sprinkleable capsules offer 24-hour exposure[1,2]




***Qelbree was studied in 4 clinical trials. 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.**

†Pediatric indication approved in 2021.

## Consider once-daily Qelbree for your patients with ADHD.

Scan the QR code or visit **www.qelbreehcp.com** for samples and additional information.

### 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**

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**Please see full Important Safety Information on page 2.**

**References: 1.** Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. **2.** Data on file, Supernus Pharmaceuticals, Inc. **3.** Strattera [package insert]. Indianapolis, IN: Lilly USA, LLC. **4.** Intuniv [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A. **5.** Clonidine extended release tablets: package insert / prescribing info. Drugs.com. Updated December 13, 2025. Accessed June 22, 2026. https://www.drugs.com/pro/clonidine-extended-release-tablets.html **6.** Garcia-Olivares J, Yegla B, Bymaster FP, et al. Viloxazine increases extracellular concentrations of norepinephrine, dopamine, and serotonin in the rat prefrontal cortex at doses relevant for the treatment of attention-deficit/hyperactivity disorder. *J Exp Pharmacol.* 2024;16:13-24. doi:10.2147/JEP.S433524 **7.** Stahl SM. *Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications.* 5th ed. Cambridge University Press; 2021. Accessed June 22, 2026. doi:10.1017/9781108975292 **8.** Key prescription stimulant label updates. U.S. Food and Drug Administration. May 11, 2023. Accessed June 22, 2026. https://www.fda.gov/media/168050/download **9.** Ritalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. **10.** Adderall XR [package insert]. Horsham, PA: Teva Pharmaceuticals USA. **11.** Martin D, Le JK. Amphetamine. In: *StatPearls*. StatPearls Publishing; 2023. Accessed May 15, 2026. https://www.ncbi.nlm.nih.gov/books/NBK556103/ **12.** Verghese C, Patel P, Abdijadid S. Methylphenidate. In: *StatPearls*. StatPearls Publishing; 2024. Accessed May 15, 2026. https://www.ncbi.nlm.nih.gov/books/NBK482451/

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

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