Leo's goal is ADHD symptom control that keeps up with him



Meet Leo

Living with ADHD

Age: 8

Hobbies: Soccer and video games

Diagnosis: Attention-deficit/hyperactivity disorder (ADHD) diagnosed at age 7 based on parent/teacher reports and clinical evaluation

Treatment History: Extended-release methylphenidate taken in the morning and immediate-release booster in the afternoon

Challenges:

- **Challenges with ADHD symptom control:** Difficulty focusing on homework and remaining seated during dinner
- **Trouble during unstructured time:** Difficulty with peer interactions and following directions in extracurricular activities and home settings, including interrupting others and using toys or belongings without asking first
- **Caregiver concerns:** Parents report lack of ADHD symptom control in unstructured activities after school

Do you have patients similar to Leo in your practice?

Leo 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.

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.

Reasons why patients like Leo may be switched to Qelbree[1]*

LEO
- Age: 8
- Elementary school student

DIAGNOSIS
Attention-deficit/hyperactivity disorder (ADHD)


Actor portrayal.

PROBLEM
Despite improvement during school hours, Leo continues to experience ADHD symptoms that can impact after-school activities and evenings at home.

APPOINTMENT NOTES
Leo experiences periodic ADHD symptoms, and his parents are looking for full-day medication exposure.

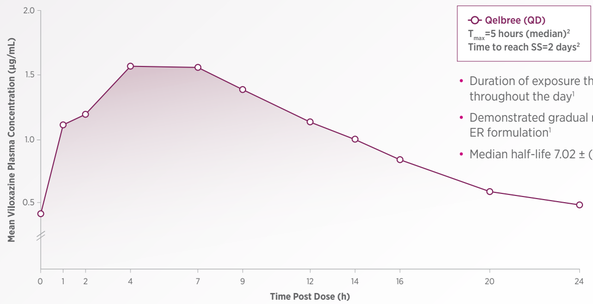
TREATMENT DECISION
Leo's physician and parents have decided to switch him to once-daily Qelbree, a nonstimulant with 24-hour exposure/coverage.

For patients like Leo, once-daily dosing offers exposure for the whole day[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]

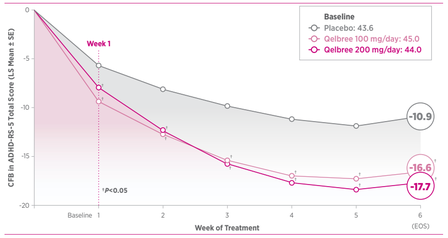


- Duration of exposure that lasts throughout the day[1]
- Demonstrated gradual release of an ER formulation[1]
- Median half-life 7.02 ± (4.74 hours)[2]

Abbreviations: ADHD-RS-5, Attention-Deficit/Hyperactivity Disorder Rating Scale, 5th Edition; AEs, adverse events; CFB, change from baseline; EOS, end of study; ER, extended release; LS mean, least-squares mean; QD, once daily; SE, standard error; SS, steady state; T_{max}, time to maximum plasma concentration.

Inattention and hyperactivity/impulsivity symptom score reductions observed as early as Week 1 for children (6-11 years)[2,3]*

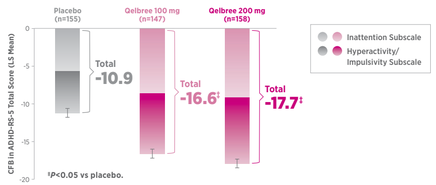
Proven efficacy in treating ADHD in children (n=460) at EOS[2]*



1 Symptom score reductions observed as early as **Week 1**[2,3]

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]

Symptom score breakout for the subscales for inattention and hyperactivity/impulsivity[3]



Mean baseline ADHD-RS-5 Total Score[1]:
Placebo=43.6
Qelbree 100 mg/day=45.0
Qelbree 200 mg/day=44.0

Limitation: Subscale outcomes were evaluated as a secondary endpoint and the study was not powered for these comparisons; therefore, the clinical meaningfulness of subscale-specific differences should be interpreted in the appropriate clinical context.

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[3]:** 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. 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.

Proven safety and tolerability across Phase III clinical trials in patients with ADHD 6 to 17 years of age (n=1289)[2]

The most common AEs (≥5% and twice the rate of placebo) reported by children and teens (ages 6 to 17)[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

Placebo 1% | Qelbree 3%

Qelbree—low discontinuation rates in pediatric trials (n=826)[2]

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

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**[2]

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]

Titrate depending on response and tolerability.

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.

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Please see full Important Safety Information on page 2.

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

Qelbree can help deliver symptom management for your patients with ADHD

- Proven efficacy in treating ADHD at EOS: inattention and hyperactivity/impulsivity symptom score reductions observed as early as Week 1[1,2*]
- Proven safety and tolerability, with no evidence of abuse potential[2,7,8]
- Once-daily, rapid- and extended-release, sprinkleable capsules for 24-hour exposure[1,2]

***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.**

Consider once-daily Qelbree for your patients with ADHD.

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

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Please see full Important Safety Information on page 2.

References: 1. Data on file, Supernus Pharmaceuticals, Inc. **2.** Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. **3.** 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 **4.** Strattera [package insert]. Indianapolis, IN: Lilly USA, LLC. **5.** Intuniv [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A. **6.** Clonidine extended release tablets: package insert / prescribing info. Drugs.com. Updated December 13, 2025. Accessed May 26, 2026. https://www.drugs.com/pro/clonidine-extended-release-tablets.html **7.** U.S. Food and Drug Administration. Qelbree (viloxazine) - NDA 211964. Drugs@FDA. Updated April 29, 2022. Accessed May 26, 2026. https://www.accessdata.fda.gov/scripts/cder/daf/indexcfm?event=overview.process&varApplNo=211964 **8.** 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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ONCE-DAILY Qelbree® viloxazine extended-release capsules 100 mg 150 mg 200 mg