GETTING STARTED

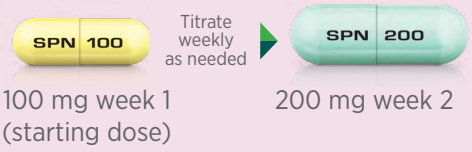
ONCE-DAILY Qelbree™ viloxazine
extended-release capsules
100 mg 150 mg 200 mg

Straightforward, convenient dosing; easy administration and titration[1]

Tailored dosing to meet the needs of your patients

TITRATION

Children 6 to 11[1]



100 mg week 1 (starting dose)

200 mg week 2

Adolescents 12 to 17[1]

200 mg week 1 (starting dose)

400 mg week 2

- Titrate in 100 mg increments as needed for children and 200 mg increments for adolescents[1]

Maximum dose for children and adolescents is 400 mg daily.[1]

STRENGTHS

Qelbree capsules are available in 3 dosage strengths.[1]

100 mg capsule (titration/starting dose)

150 mg capsule

200 mg capsule

Capsules shown are not actual size.

ADMINISTRATION

- Capsules and their contents should not be cut, crushed, or chewed[1]
- Capsule can be taken whole, or capsule can be opened and its entire contents sprinkled onto a teaspoonful of applesauce and all consumed within 2 hours[1]

Dosing safety information[1]

- 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
- Prior to initiating treatment, screen for a history of suicide, bipolar disorder, and depression

Please see additional dosing safety information on back.

Nonscheduled approach to multisymptom ADHD control[1]

INDICATION

Qelbree is indicated for the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) in pediatric patients ages 6 to 17.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

In clinical studies, higher rates of suicidal thoughts and behaviors were reported in pediatric 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 refer to the full Prescribing Information and Important Safety Information on page 2.

IMPORTANT SAFETY INFORMATION (CONT'D)

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

- *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 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) were somnolence, decreased appetite, fatigue, nausea, vomiting, insomnia, and irritability.

DOSING SAFETY INFORMATION

- 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
- Prior to initiating treatment, screen for a history of suicide, bipolar disorder and depression
- Prior to initiating treatment, following increases in dosage, and periodically during therapy, measure heart rate and blood pressure
- Qelbree is a strong CYP1A2 inhibitor. Coadministration with moderately sensitive CYP1A2 substrates (eg, clozapine and pirfenidone) is not recommended. If coadministered, dose reduction may be warranted
- Qelbree is a weak inhibitor of CYP2D6 and CYP3A4, which increases exposure of those substrates (eg, dextromethorphan and alfentanil) when coadministered with Qelbree. Monitor patients for adverse reactions and adjust dosages of substrates as clinically indicated
  –For a more complete list of drug-to-drug interactions, including clinical effects and examples, please see table 2 in section 7 of the full Prescribing Information

PREGNANCY & LACTATION

- Qelbree may cause maternal harm. It is not known if Qelbree passes into breastmilk or if Qelbree has an effect on the breastfed infant. Discontinue Qelbree if the risks of therapy during pregnancy outweigh the benefits

Patients pay as little as $20 per month.*

Talk to your sales representative about savings for your patients!

*For full terms and conditions, please see the Qelbree Co-pay Card, or visit QelbreeHCP.com.

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

Rethink ADHD Symptom Control™

REFERENCE: 1. Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc.

Please see the full Prescribing Information including Boxed Warning.

Supernus® Pharmaceuticals