

Between work deadlines and life with a new baby, Elena needs help with her ADHD management

Meet Elena Living with ADHD

Age: 32

Job: Graphic designer and new mom

Diagnosis: ADHD diagnosed in her mid-20s prior to becoming a mother after long-standing challenges with organization, time management, sustained attention, and feeling restless during meetings

Treatment History: After discontinuing stimulant therapy during pregnancy, she is now exploring treatment options that align with her current situation as a breastfeeding mother

Challenges:

- **ADHD symptoms at both work and home:**
Difficulty managing competing priorities across work and home environments
- **Treatment hesitation during breastfeeding:**
Highly motivated to get help with ADHD symptoms but reluctant to restart therapy without clear data on use during breastfeeding

Does Elena sound similar to patients in your practice?

Elena 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 ($\geq 5\%$ 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.

Qelbree is the first ADHD treatment to meet its postmarketing requirement following the 2019 FDA guidance on clinical lactation studies¹

ELENA

- ◆ Age: 32
- ◆ Graphic designer and new mom

PRESENTATION

Elena is experiencing increasing ADHD symptoms during work, at home, and as she adapts to new motherhood and is hesitant to restart ADHD treatment because she is breastfeeding.

DIAGNOSIS

ADHD

APPOINTMENT NOTES

Elena reports difficulty managing ADHD symptoms since discontinuing ADHD treatment during pregnancy. She is looking for symptom support that fits her current needs as a mother of a nursing baby.

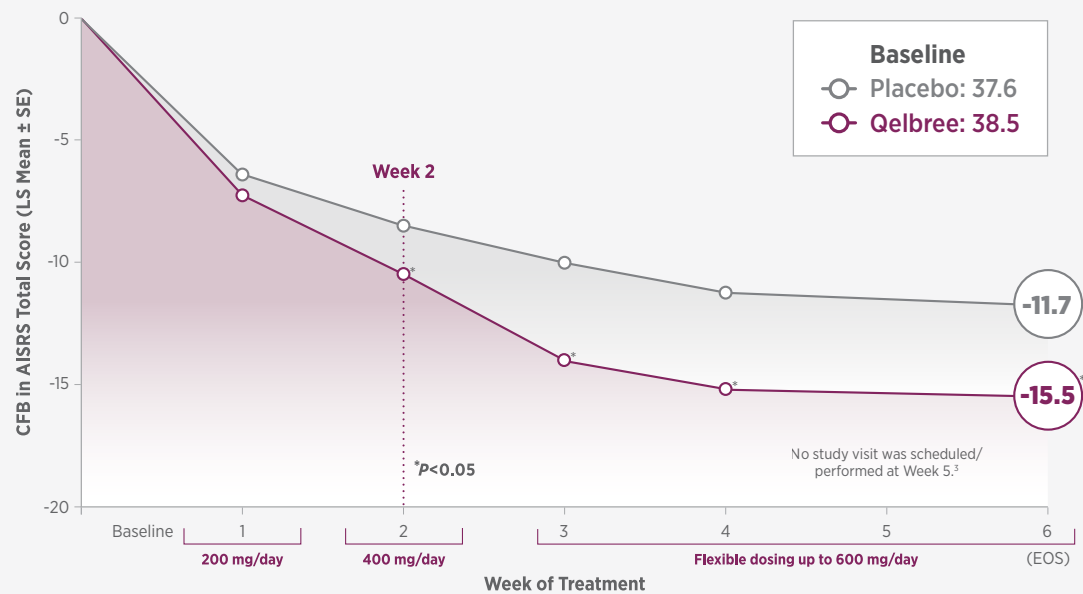
TREATMENT DECISION

Elena and her physician have decided to try Qelbree, a nonstimulant ADHD treatment.

Actor portrayals.



Proven efficacy in treating ADHD in adults at EOS (n=354)²



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Symptom score reductions observed as early as Week 2²

Study results: At baseline, the AISRS Total Score was comparable between groups: 38.5 for Qelbree and 37.6 for placebo. AISRS Total Score at EOS was significantly reduced with Qelbree vs placebo. The CFB in AISRS Total Score at EOS was -15.5 for Qelbree and -11.7 for placebo.¹

Methodology^{2,3}: Randomized, DB, placebo-controlled, multicenter, parallel-group, flexible-dose study of adults 18 to 65 years of age with ADHD (Study P306). **Primary endpoint²:** CFB in AISRS Total Score at EOS. **Results:** AISRS Total Score at EOS was significantly reduced in adults treated with Qelbree vs placebo. The CFB in AISRS Total Score at EOS (LS mean ± SE) was -15.5 ± 0.91 for Qelbree and -11.7 ± 0.90 for placebo.

Abbreviations: AISRS, ADHD Investigator Symptom Rating Scale; CFB, change from baseline; DB, double blind; EOS, end of study; LS mean, least-squares mean; SE, standard error.

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Please see full [Important Safety Information](#) on page 2.



Proven safety and tolerability across Phase III trial in adults (n=372)¹

Most common AEs (≥5% and twice the rate of placebo) reported in the Phase III trial (n=372)¹

	Placebo (n=183)	Qelbree (n=189)
Insomnia [†]	7%	23%
Headache [†]	7%	17%
Fatigue	3%	12%
Nausea	3%	12%
Decreased appetite	3%	10%
Dry mouth	2%	10%
Somnolence [†]	2%	6%
Constipation	1%	6%

[†]The following items were combined:

- **Somnolence:** somnolence, lethargy, sedation
- **Headache:** headache, migraine, migraine with aura, tension headache
- **Insomnia:** initial insomnia, insomnia, middle insomnia, poor quality sleep, sleep disorder, terminal insomnia



Actor portrayals.

For new mothers like Elena, breastfeeding considerations may play an important role in ADHD treatment conversations. Qelbree is the first ADHD treatment to meet its post-marketing requirement following the 2019 FDA guidance for clinical lactation studies.¹

In a study of 15 healthy lactating women receiving Qelbree (600 mg for 3 days), the transfer of Qelbree in breast milk was low.[‡]

[‡]This study did not specifically evaluate the effects of viloxazine on breastfed infants or milk production, nor are there additional data regarding these effects. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Qelbree and any potential adverse effects on the breastfed child from Qelbree or from the underlying maternal condition.¹

Relative infant dose (RID)¹

Viloxazine	~1%
Metabolite (5-HVLX-gluc)	~0.07%

Abbreviations: AE, adverse event; DDI, drug-drug interaction; ECG, electrocardiogram; SSRI, selective serotonin reuptake inhibitor.



Qelbree is the first and only ADHD nonstimulant with a multimodal pharmacodynamic profile^{1,4-6}

Qelbree

- **NET Inhibition¹**
- **5-HT_{2c} Receptor Modulation:** Modulates neurotransmitters through partial agonism of serotonin 5-HT_{2c} receptor¹
- **Does Not Block the Serotonin Transporter:** No global increase in synaptic serotonin levels throughout the brain^{1,7,8}
- **A Distinct Nonstimulant:** Delivers this multimodal pharmacodynamic profile in a treatment that is not a controlled substance^{1,9}

Atomoxetine

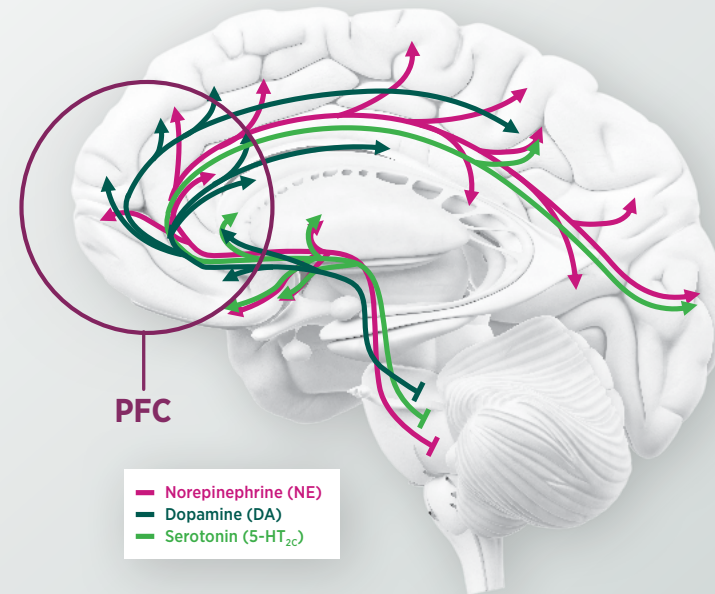
- **NET Inhibition⁴**

Guanfacine

- **Selective Alpha-2A Adrenergic Receptor Agonist⁵**

Psychostimulants

- **NET Inhibition^{10,11}**
- **DAT Inhibition^{10,11}:** Psychostimulants impact DAT in areas of the brain associated with addiction and are controlled substances^{12,13}



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

Adults (18-65 years) Start at Qelbree 200 mg/day¹

Titrate Qelbree 200 mg/week over 1 to 2 weeks as needed to reach effective dose¹

WEEK 1	WEEK 2	WEEK 3	Maximum dose 600 mg/day ¹
200 mg/day Starting dose ¹	400 mg/day	600 mg/day	

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.

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

Help patients like Elena regain management of ADHD symptoms during a new stage of life with nonstimulant Qelbree¹

- Proven efficacy in treating ADHD at EOS: inattention and hyperactivity/impulsivity symptom score reductions observed as early as Week 2^{1,2*}
- Qelbree is the first ADHD treatment to meet its post-marketing requirement following the 2019 FDA guidance on clinical lactation studies¹
- Once-daily, rapid- and extended-release, sprinkleable capsules for 24-hour exposure^{1,2}



*Qelbree was studied in 4 clinical trials. 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.

[†]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.

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References: 1. Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. 2. Data on file, Supernus Pharmaceuticals, Inc. 3. Nasser A, Hull JT, Chaturvedi SA, et al. A phase III, randomized, double-blind, placebo-controlled trial assessing the safety and efficacy of viloxazine extended-release capsules in adults with attention-deficit/hyperactivity disorder. *CNS Drugs*. 2022;36(8):897-915. doi:10.1007/s40263-022-00938-w 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 June 2, 2026. <https://www.drugs.com/pro/clonidine-extended-release-tablets.html> 7. 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 8. Stahl SM. *Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications*. 5th ed. Cambridge University Press; 2021. Accessed June 2, 2026. doi:10.1017/9781108975292 9. Key prescription stimulant label updates. U.S. Food and Drug Administration. May 11, 2023. Accessed June 2, 2026. <https://www.fda.gov/media/168050/download> 10. Adderall XR [package insert]. Horsham, PA: Teva Pharmaceuticals USA. 11. Ritalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. 12. Martin D, Le JK. Amphetamine. In: *StatPearls*. StatPearls Publishing; 2023. Accessed May 15, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK556103/> 13. 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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