

Marcus wants ADHD symptom support that helps him stay on track

Meet Marcus Living with ADHD

Age: 35

Job: Software Engineer

Diagnosis: ADHD in early adulthood after long-standing difficulties with focus, follow-through, and organization

Treatment History: None currently for ADHD but prior treatments include amphetamine mixed salts (extended release) and methylphenidate-based stimulant (extended release)

Challenges:

- **Balancing the need for ADHD symptom control with a treatment option that fits his specific needs:** Marcus is experiencing ADHD symptoms and is looking to try a nonstimulant option
- **Inconsistent symptom support:** Fluctuations in ADHD symptom support due to intermittent treatment use
- **History of treatment interruptions:** Discontinuation driven by a desire for a once-daily option



Does Marcus sound similar to patients in your practice?

Marcus 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 nonstimulant treatment approved for adult ADHD in over 20 years^{1,2}

MARCUS

- ◆ Age: 35
- ◆ Software engineer

PRESENTATION

Currently not on any ADHD treatment and he is looking for an option without any evidence of abuse.

DIAGNOSIS

ADHD

APPOINTMENT NOTES

Marcus experiences fluctuations in ADHD symptoms at work and home.

TREATMENT DECISION

Marcus and his physician have decided to try Qelbree, a nonstimulant ADHD treatment.¹

Actor portrayal.



Qelbree is the first and only ADHD nonstimulant with a multimodal pharmacodynamic profile¹⁻⁴

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 serotonin levels throughout the brain^{1,5,6}
- **A Distinct Nonstimulant:** Delivers this multimodal pharmacodynamic profile in a treatment that is not a controlled substance^{1,7}

Atomoxetine

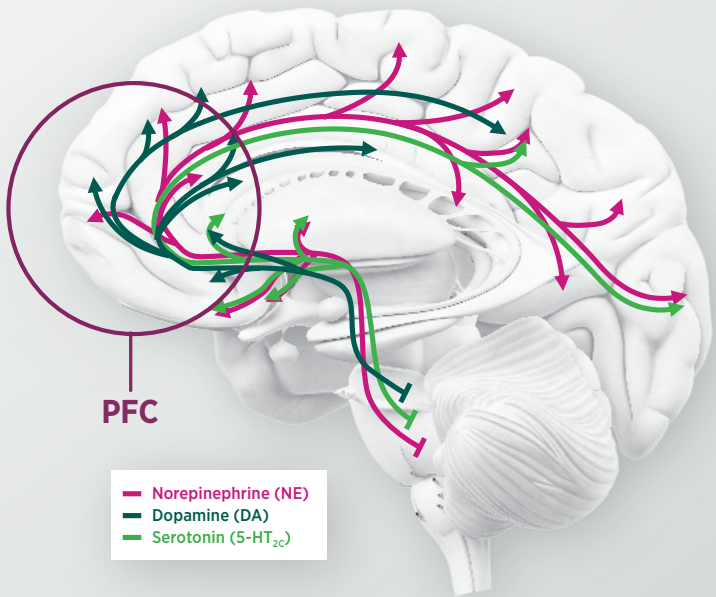
- **NET Inhibition²**

Guanfacine

- **Selective Alpha-2A Adrenergic Receptor Agonist³**

Psychostimulants

- **NET Inhibition^{8,9}**
- **DAT Inhibition^{8,9}:** Psychostimulants impact DAT in areas of the brain associated with addiction and are controlled substances^{10,11}



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

Abbreviations: DAT, dopamine transporter; ER, extended release; NET, norepinephrine transporter; PFC, prefrontal cortex.

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

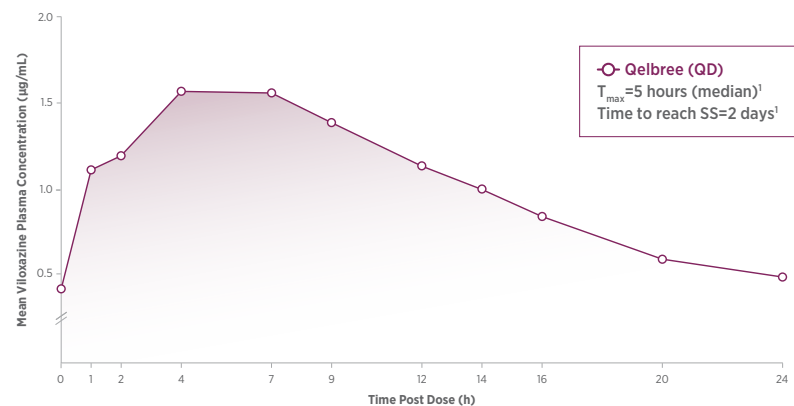


Once-daily Qelbree offers 24-hour exposure^{1,12}

Qelbree—rapid and extended release

Nonstimulant, 24-hour exposure in a single daily dose^{1,12}

Once-daily Qelbree—24-hour mean SS plasma concentration–time profile (n=28)^{1,12}

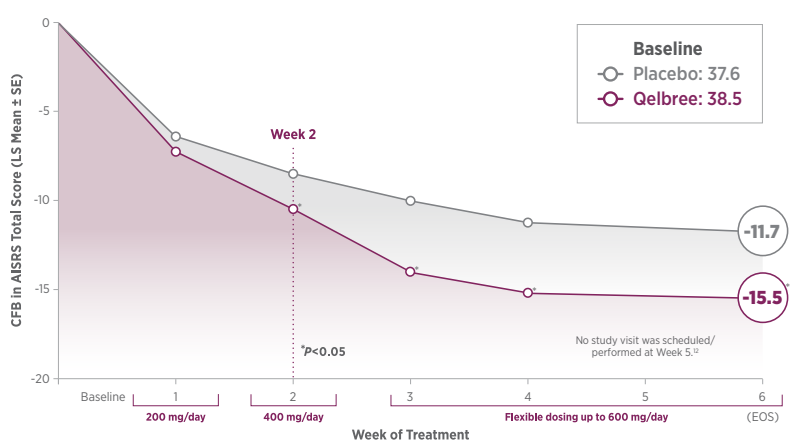


- Duration of exposure that lasts throughout the day¹
- Demonstrated gradual release of an ER formulation¹
- Median half-life 7.02 ± (4.74 hours)¹



Proven efficacy in treating ADHD in adults at EOS (n=354)¹²

Study P306 (Adults 18-65 years)¹²



Methodology^{12,13}: Randomized, DB, placebo-controlled, multicenter, parallel-group, flexible-dose study of adults 18 to 65 years of age with ADHD (Study P306). **Primary endpoint¹³:** CFB in AISRS Total Score at EOS. **Results¹:** 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; ER, extended release; LS mean, least-squares mean; QD, once daily; SE, standard error; SS, steady state; T_{max}¹, time to maximum plasma concentration.



Symptom score reductions observed as early as Week 2¹²



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

AE discontinuation rates in adult trial^{1,12}

5%
Placebo

9%
Qelbree

Qelbree additional safety information¹

Stimulant Compatibility:
Unlikely to have DDIs with amphetamines or methylphenidate

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

SSRI Compatibility:
No contraindications with SSRIs

Hepatic Profile:
No clinically relevant liver enzyme elevation

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

Help patients like Marcus find another path forward with nonstimulant Qelbree¹

- Qelbree is the first and only ADHD nonstimulant with a multimodal pharmacodynamic profile¹⁻⁴
- Qelbree is the only ADHD treatment with serotonin (5-HT_{2c}) receptor pharmacodynamics approved in FDA product labeling^{1-4,8,9,14}
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
- Proven efficacy in treating ADHD at EOS: inattention and hyperactivity/impulsivity symptom score reductions observed as early as Week 2^{1,12*}
- Once-daily, rapid- and extended-release, sprinkleable capsules for 24-hour exposure^{1,12}



*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. Strattera [package insert]. Indianapolis, IN: Lilly USA, LLC. 3. Intuniv [package insert]. Lexington, MA: Takeda Pharmaceuticals U.S.A. 4. 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> 5. 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 6. 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 7. 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> 8. Ritalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. 9. Adderall XR [package insert]. Horsham, PA: Teva Pharmaceuticals USA. 10. Martin D, Le JK. Amphetamine. In: *StatPearls*. StatPearls Publishing; 2023. Accessed May 15, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK556103/> 11. Verghese C, Patel P, Abdijadid S. Methylphenidate. In: *StatPearls*. StatPearls Publishing; 2024. Accessed May 15, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK482451/> 12. Data on file, Supernus Pharmaceuticals, Inc. 13. 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 14. Arnsten AFT. The emerging neurobiology of attention deficit hyperactivity disorder: the key role of the prefrontal association cortex. *J Pediatr*. 2009;154(5):1-S43. doi:10.1016/j.jpeds.2009.01.018



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