

Overview of Viloxazine ER (Qelbree®)

Preclinical, Post-Hoc, and Review

Peer-Reviewed Publications

| Preclinical | |
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| Pharmacokinetics-ADME ¹ | Viloxazine and major metabolite profile of absorption, distribution, metabolism and excretion. Viloxazine is not a significant inhibitor or inducer of CYPs or transporters, with the exception of CYP1A2. |
| Pharmacology ² | In addition to NET inhibition, viloxazine is an antagonist of 5-HT ₇ and 5-HT _{2b} , and a partial agonist at 5-HT _{2c} . At doses tested, viloxazine increased neurotransmitter levels (NE, DA and 5-HT) 500-600% in the rat prefrontal cortex. Viloxazine does not have activity at SERT or DAT. |
| Pharmacology ³ | At doses relevant for the treatment of ADHD in children and adults, viloxazine significantly increased NE, DA, and 5-HT in the rat prefrontal cortex in a dose-dependent pattern. |
| Pharmacokinetic Modeling-Missing Dose ⁴ | After missing doses, viloxazine ER concentrations can return to steady-state levels after about 2 days of once-daily dosing. |
| Post-Hoc Analyses | |
| Early Response Prediction-Pediatrics ⁵ | Early partial response to viloxazine ER after 2 weeks of treatment in children and adolescents is a reliable predictor of efficacy after 6 weeks of treatment. |
| Early Response Prediction-Adults ⁶ | Similar to pediatric data, early partial response to viloxazine ER in adults after 2 weeks of treatment is a reliable predictor of efficacy after 6 weeks of treatment. |
| Correlation of Symptom Improvement and Clinician Assessment ⁷ | Translation of ADHD-RS-5 and WFIRS-P scores from phase 3 trials in children and adolescents treated with viloxazine ER to clinically meaningful CGI levels. |
| Likelihood to Help or Harm (LHH) ⁸ | Children and adolescents with ADHD taking viloxazine ER are likely to benefit from and unlikely to discontinue treatment due to favorable LHH, NNT, and NNH. |
| Functional Impairment ⁹ | In phase 3 trials of children and adolescents with ADHD, treatment with viloxazine ER significantly improved ADHD and functional impairment symptoms as early as 1-2 weeks. |
| Executive Function ¹⁰ | Viloxazine ER significantly reduced executive function deficits in children and adolescents with ADHD in phase 3 trials. |
| Learning and School Problems ¹¹ | Viloxazine ER significantly improved learning and school problems in children and adolescents with ADHD in phase 3 trials. |
| Placebo Response in Pediatric Trials ¹² | A band pass analysis of the four phase 3 pediatric studies found a higher placebo response in a phase 3, high-dose adolescent study (812P304), suggesting a failed trial. |
| Peer Relations and Social Activities ¹³ | Viloxazine ER significantly reduced impairments related to peer relations and social activities in 4 phase 3 studies in children and adolescents with ADHD. |
| Reviews | |
| Functional Improvement-Narrative Review ¹⁴ | Narrative review of evidence showing pharmacological treatment can be effective in minimizing the symptoms and functional consequences of ADHD. |

Abbreviations: ER: Extended-release; CYP: CYP P450 enzymes; 5-HT: serotonin; NET: norepinephrine reuptake transporter; NE: norepinephrine; DA: dopamine; ADHD: Attention-deficit/hyperactivity disorder; ADHD-RS-5: Attention-deficit/hyperactivity disorder rating scale-5; WFIRS-P: Weiss functional impairment rating scale – parent report; CGI: Clinical global impression scale; LHH: Likelihood to be helped or harmed; NNT: number needed to treat; NNH: number needed to harm

References: 1. Yu, C. *Xenobiotica*. 2020;50(11):1285-1300. 2. Yu, C. *J Exp Pharmacol*. 2020;12:285-300. 3. Garcia-Olivares, J. *J Exp Pharmacol*. 2024;16:13-24. 4. Nasser, A. *J Clin Pharmacol*. 2021;61(12): 1626-1637. 5. Faraone, SV. *Psychiatry Res*. 2021;296:113664. 6. Faraone, SV. *Psychiatry Res*. 2022;318:114922 7. Nasser, A. *J Child Adolesc Psychopharmacol*. 2021; 31(3):214-226. 8. Nasser, A. *Int J Clin Pract*. 2021;75(8):e14330. 9. Nasser, A. *Neuropsychiatr Dis Treat*. 2021;17: 1751-1762. 10. Nasser, A. *Paediatr Drugs*. 2021;23(6): 583-589. 11. Faraone, SV. *Eur Child Adolesc Psychiatry*. 2023;32(3):491-499. 12. Nasser, A. *Br J Clin Pharmacol*. 2022;88(11):4828-4838. 13. Faraone, SV. *Brain Behav*. 2023;13(4):e2910. 14. Kosheleff, A. *J Atten Dis*. 2023;27(7):669-697.