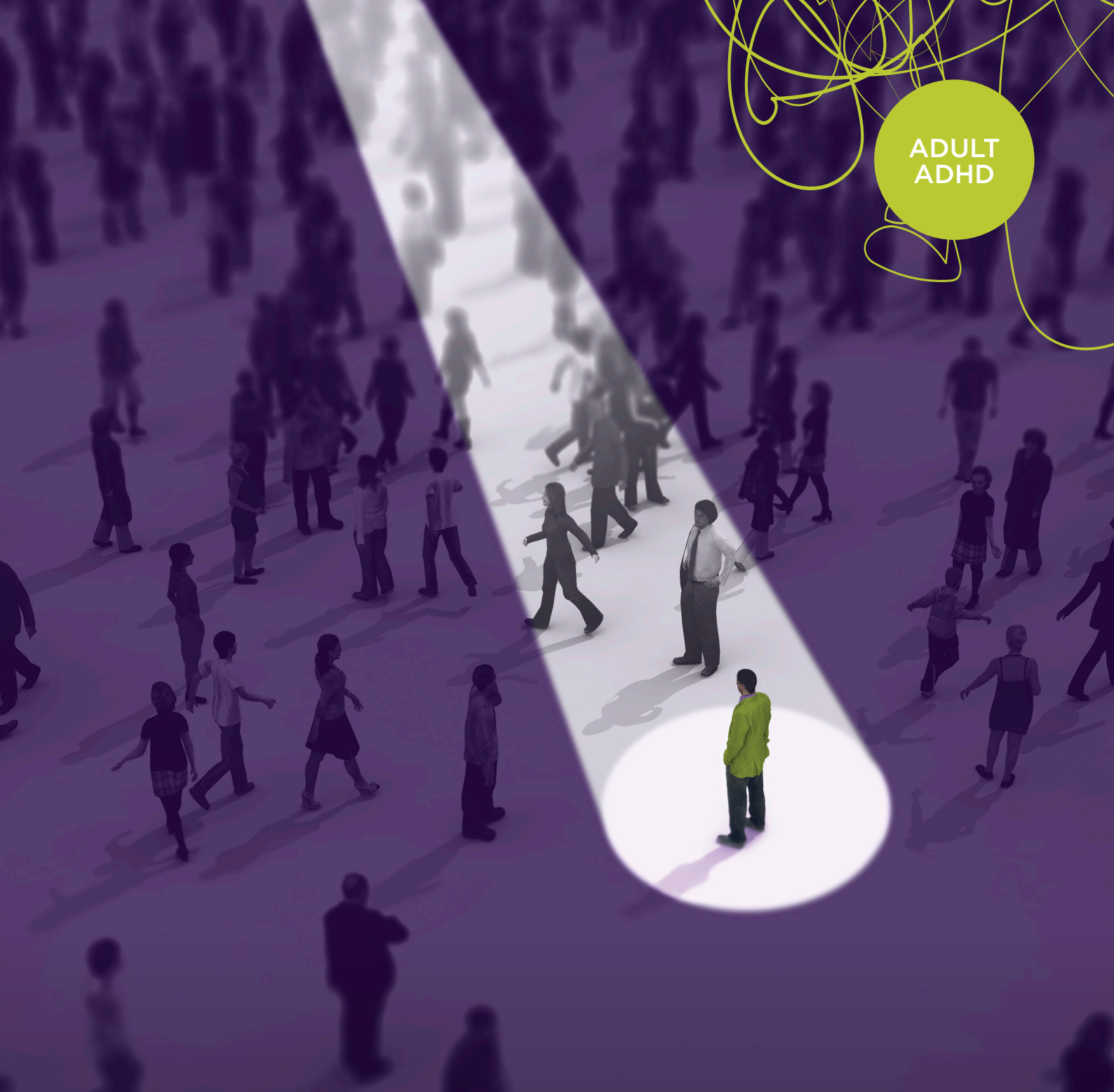


CAN YOU SPOT THE ADULT WITH ADHD?

Vyvanse®
lisdexamfetamine dimesilate

The impact of Attention Deficit Hyperactivity Disorder (ADHD) in Adults

- Adult ADHD is a burdensome condition affecting around 3.0%-5.0% (over 500,000) of Australian adults[1-3]
- When untreated, ADHD can result in impaired quality of life and relationships, reduced employment, vulnerability to addiction, depression and anxiety, impaired safety while driving, early death due to accidents and suicide[1,3,4]
- Most adults with ADHD (85%) suffer from a comorbid mental health condition. Many adults with undiagnosed ADHD may present to their HCP, seeking treatment for what may appear to be a primary mood, anxiety or other mental health disorder. Missing this diagnosis can result in years of trials with numerous medications, without adequate symptom response[3]

International Guidelines recommend long-acting stimulants for the treatment of Adults with ADHD[3]

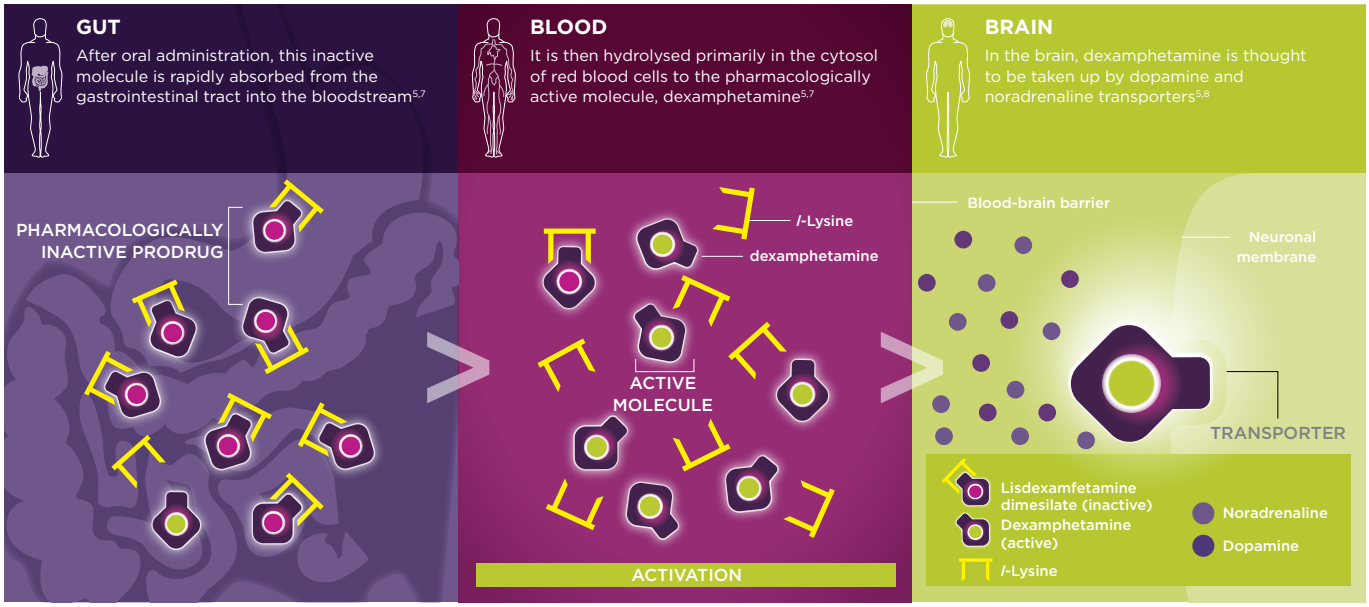
- Once identified, CADDRA Guidelines recommend 1st-line treatment of ADHD with a long-acting stimulant[3]
- Long-acting stimulants are recommended because of the benefits they offer[3,4]:
  - Once-daily convenience
  - Improved adherence
  - Reduced stigma (because there is no need to take medication at University or at the workplace)
  - Reduced risk of misuse and diversion
  - Pharmacokinetic profiles and symptom coverage
  - Tolerability

VYVANSE: The first prodrug stimulant[5,6]

Mode of delivery and activation of VYVANSE*[5-8]

*Based on *in vitro* data which may not predict clinical effects.

- VYVANSE contains a pharmacologically inactive prodrug, lisdexamfetamine dimesilate[5-8]



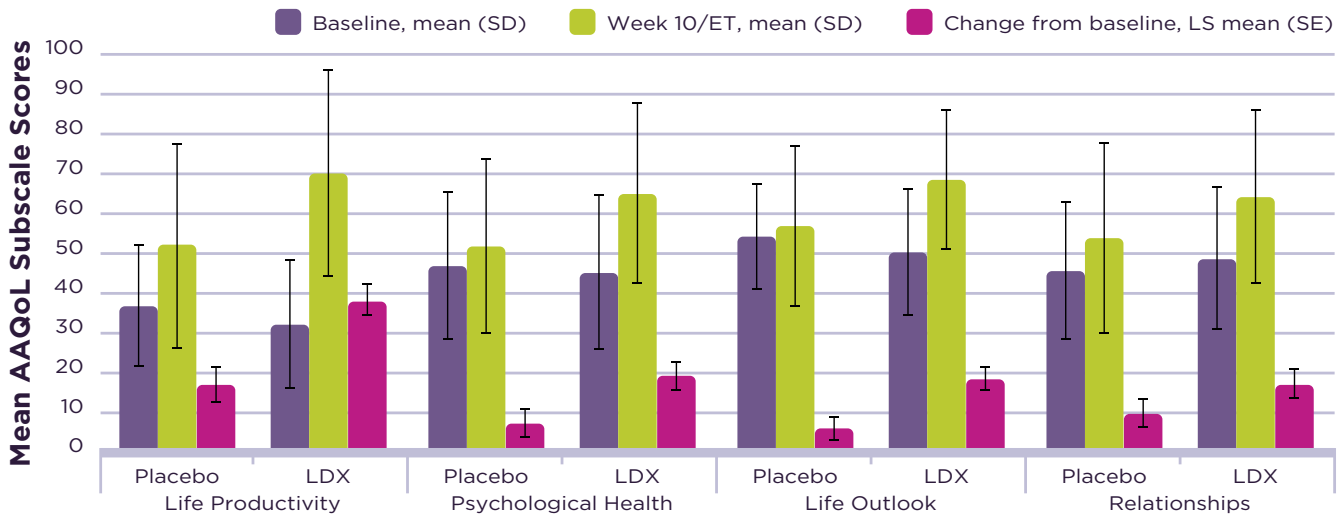
- When taken once-daily in the morning, the effects of VYVANSE are ongoing at 14 hrs in adults*[5,9]

*Significant improvement in effortful performance, as measured by PERMP total score, at all measured time points, from 2 hours to 14 hours post-dose vs placebo ($p<0.001$)

CADDRA = Canadian ADHD Resource Alliance; **PERMP** = Permanent Product Measure of Performance

Patients with ADHD reported improvement in QoL with VYVANSE*[10]

***Treatment with VYVANSE resulted in clinically meaningful improvement in real-life executive function deficits and self-reported quality of life[10]**



P-value (LDX (VYVANSE) vs Placebo) not assessed in this QOL measure

Adapted from Adler *et al.* 2013[10]

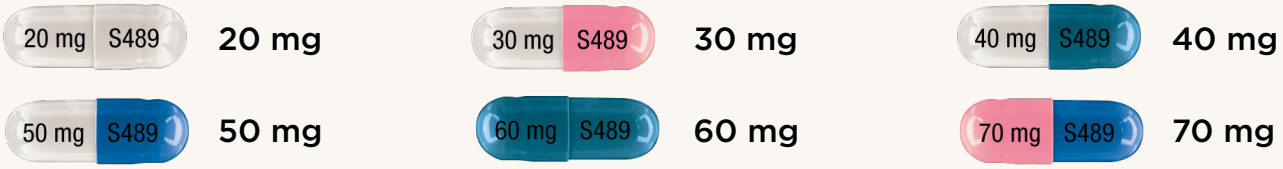
Study design: 10-week randomised, placebo-controlled trial of VYVANSE (30–70 mg/d) in 161 adults (18–55 years) with ADHD and Executive Function Deficits (Behaviour Rating Inventory of EF-Adult, Global Executive Composite [BRIEF-A GEC] ≥65). The primary efficacy measure was the self-reported Behavior Rating Inventory of Executive Function-Adult version (BRIEF-A) which consists of 75 items that scores behavior in the 3 weeks prior to assessment. The self-reported, validated AIM-A evaluated QOL with VYVANSE treatment in comparison with placebo based on 6 multi-item global domain scales (Performance and Daily Functioning, Impact of Symptoms: Daily Interference, Impact of Symptoms: Bother/Concern, and Relationships/Communication). The self-reported AAQoL is a validated 29-item scale consisting of a total score and 4 subscales shown above.

- The size of the effect was mostly medium to large in magnitude, with the exception of the AIM-A relationships[10]
- The safety profile of VYVANSE was consistent with long-acting psychostimulant use and other VYVANSE clinical studies[10]

Convenient once-daily dosing with VYVANSE[5]

- Range of VYVANSE doses available to help tailor/optimise treatment (20, 30, 40, 50, 60, 70 mg capsules)[5]
- 30 mg once daily in the morning is the recommended dose for starting or switching, to be adjusted in increments of 20 mg at approximately weekly intervals if appropriate[5]
- Maximum recommended daily dose is 70 mg[5]
- 3 convenient options for easy administration – can be taken whole as a capsule, dissolved in water, orange juice or sprinkled over soft food (such as yoghurt)[5]

Range of VYVANSE doses available[5]



Capsules not actual size

QoL = Quality of Life; **AAQoL** = Adult ADHD Quality of Life; **AIM-A** = Adult ADHD Impact module

VYVANSE has a well established safety profile[5,9,11]

- Adverse events observed with VYVANSE are consistent with the known side effects of a stimulant medication[5,9,11]
- Most adverse events (AEs) were mild to moderate[9,11]
- The most frequently reported adverse reactions based on studies in adults, adolescents & children were[5*]:
  - Decreased appetite
  - Dry mouth
  - Headache
  - Insomnia
  - Upper abdominal pain
  - Irritability
  - Weight decrease

Screen and treat Adults with ADHD with VYVANSE[5]

- A long-acting stimulant is recommended first line treatment in adults with ADHD[3]
- VYVANSE offers the benefits of once-daily dosing[3-5]
- VYVANSE offers sustained improvement in Adult ADHD symptoms for up to 14 hours[†5,9]

  [†]Significant improvement in effortful performance, as measured by PERMP total score, at all measured time points, from 2 hours to 14 hours post-dose vs placebo ($p<0.001$).
- VYVANSE has a well established safety profile[9,11]

*For more safety information, please refer to the VYVANSE® Product Information

Please review Product Information before prescribing.
Product Information is available from Takeda Pharmaceuticals Australia Pty Ltd.
Phone: 1800 012 612. Email: medinfoAPAC@takeda.com

For further information about the appropriate selection of patients and prescribing of VYVANSE, please visit http://www.ldxguide.com/au (password: onetakeda)

PBS Information: Authority required. Attention deficit hyperactivity disorder (ADHD).
Refer to PBS Schedule for full authority information

VYVANSE has a potential for abuse, misuse, dependence, or diversion for non-therapeutic uses. Physicians should assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy. VYVANSE should be prescribed cautiously to patients with a history of substance abuse or dependence. Careful supervision is required during withdrawal from abusive use since severe depression may occur. Withdrawal following chronic therapeutic use may unmask symptoms of the underlying disorder that may require follow-up.

Minimum Product Information. VYVANSE® (lisdexamfetamine dimesilate). Indication: Attention Deficit Hyperactivity Disorder (ADHD): Indicated for treatment of ADHD. Treatment should be commenced by a specialist as part of a comprehensive treatment program and re-evaluated periodically during long-term use. Binge Eating Disorder (BED): Indicated for treatment of moderate to severe BED in adults when non-pharmacological treatment is unsuccessful or unavailable. Treatment should be commenced and managed by a psychiatrist. **Dosage and Administration:** VYVANSE should be initiated at 30 mg once daily in the morning (avoid afternoon doses due to potential for insomnia) and slowly adjusted to the lowest effective dose (no more frequently than weekly). Capsules may be taken whole, or opened and the contents emptied and mixed with a soft food such as yogurt or in a glass of water or orange juice. **Contraindications:** Advanced arteriosclerosis; symptomatic cardiovascular disease (eg cardiac arrhythmia, ischaemic heart disease); moderate to severe hypertension; hyperthyroidism; hypersensitivity or idiosyncratic reaction to sympathomimetic amines or any of the excipients; glaucoma; agitated states (eg severe anxiety, tension and agitation); administration during or within 14 days of cessation of MAOIs; phaeochromocytoma; tics, Tourette's syndrome; patients who exhibit severe depression, anorexia nervosa, psychotic symptoms or suicidal tendency; drug dependence or alcohol abuse. **Precautions:** Cardiovascular disease; psychiatric disorders (psychosis, bipolar disease, aggression); seizures; visual disturbance; long-term suppression of growth, peripheral vasculopathy including Raynaud's phenomenon. Renal impairment (severe renal insufficiency max dose 50mg/day; dose reduction for dialysis patients). No data in hepatic impairment. Pregnancy: Category B3. Women taking VYVANSE should refrain from breast feeding. Not studied in children <6 years or adults >55 years of age. **Interactions:** MAOIs (see Contraindications), antihypertensives, narcotic analgesics, antipsychotics, agents that alter urinary pH, serotonergic drugs. **Adverse Effects:** Very Common reactions: decreased appetite, insomnia, headache, dry mouth, upper abdominal pain, weight decreased. Common reactions: anorexia, agitation, anxiety, libido decreased, tic, affect lability, psychomotor hyperactivity, bruxism, aggression, dizziness, restlessness, tremor, somnolence, mydriasis, tachycardia, palpitation, dyspnoea, diarrhoea, nausea, vomiting, hyperhidrosis, rash, irritability, fatigue, feeling jittery, pyrexia, blood pressure increased, erectile dysfunction. Note: where frequency of adverse reactions varies across age groups (children, adolescents, adults), the adverse reaction is listed according to the highest frequency. (pi-01047. V1.0)

References: 1. Geffen J, Forster K. Treatment of adult ADHD: a clinical perspective. *Ther Adv Psychopharmacol.* 2018;8(1):25-32. **2.** Deloitte Access Economics. 2019. The social and economic costs of ADHD in Australia. Available at: https://www2.deloitte.com/content/dam/Deloitte/au/Documents/Economics/deloitte-au-economics-social-costs-adhd-australia-270819.pdf. Accessed July 2020. **3.** Canadian ADHD Practice Guidelines,4.1 Edition, 2018. **4.** NICE Guidelines (www.nice.org.uk/guidance/ng87). Accessed July 2020. **5.** VYVANSE® (lisdexamfetamine dimesilate) Approved Product Information. **6.** Krishnan S, Zhang Y. *J Clin Pharmacol.* 2008;48:293-302. **7.** Pennick M. *Neuropsychiatr Dis Treat.* 2010;6:317-327. **8.** Solanto MV. *Behav Brain Res.* 1998;94:127-152. **9.** Wigal T *et al. Behav Brain Funct.* 2010, 6:34. **10.** Adler LA *et al. BMC Psychiatry.* 2013, 13:253. **11.** Weisler R *et al. CNS Spectr.* 2009;14:573-585.

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