Vyvanse®
(lisdexamfetamine dimesylate) capsules
30 • 50 • 70 mg

Shire

MEDISON
Delivering Innovative Healthcare

הפרו-דראג היחיד
לאיזון תסמיני **ADHD**[1]*

בנוסף, ויואנס הינה
התרופה הראשונה בעולם[4]
המאושרת לטיפול
בהפרעת אכילה כפייתית (BED)^

* Vyvanse controls ADHD symptoms for up to 13 hours post-dose in children and up to 14 hours post-dose in adults | ** Dose taken at 07:00 | ^מתונה עד חמורה במטופלים מעל גיל 18[5]

References: 1. Pennick M. Neuropsychiatr Dis Treat 2010; 6: 317-327 | **2.** Wigal SB et al. Child Adolescent Psychiatry Mental Health 2009; 3(1):17 | **3.** Wigal SB et al. Behavioral and Brain Functions 2010, 6:34 | **4.** Gasior M et al. J Clin Psychopharmacol 2017;37: 315–322 | **5.** Vyvanse Prescribing Information approved by Israeli MoH, 2017

For further information (including side effects) please read the PI as approved by the Israel MOH and available at the booth

Vyvanse (lisdexamfetamine dimesylate)
ABBREVIATED PRESCRIBING INFORMATION
(Before prescribing please consult the Isareli presecribing information approved by MoH, 2017)

WARNING: ABUSE AND DEPENDENCE
CNS stimulants (amphetamines and methylphenidate-containing products) have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy.

Indication: Vyvanse is a central nervous system (CNS) stimulant indicated for

- the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients ages 6 years and above.
- the treatment of Moderate to Severe Binge Eating Disorder (BED) for patients over 18 years.

Limitation of Use: VYVANSE is not indicated or recommended for weight loss. Use of other sympathomimetic drugs for weight loss has been associated with serious cardiovascular adverse events. The safety and effectiveness of VYVANSE for the treatment of obesity have not been established

Dose and Administration: Take Vyvanse by mouth in the morning with or without food; avoid afternoon doses because of the potential for insomnia. Vyvanse may be administered in one of the following ways:

- Swallow Vyvanse capsules whole, or
- Open capsules, empty and mix the entire contents with yogurt, water, or orange juice. If the contents of the capsule include any compacted powder, a spoon may be used to break apart the powder. The contents should be mixed until completely dispersed. Consume the entire mixture immediately. It should not be stored. The active ingredient dissolves completely once dispersed; however, a film containing the inactive ingredients may remain in the glass or container once the mixture is consumed. Do not take anything less than one capsule per day, and a single capsule should not be divided.

Dosing Information: Dosage for Treatment of ADHD: The recommended starting dose is 30 mg once daily in the morning in patients ages 6 and above. Dosage may be adjusted in increments of 20 mg at approximately weekly intervals up to maximum dose of 70 mg/day. Patients may be maintained on their optimal dose.

In patients with severe renal impairment (GFR 15 to < 30 mL/min/1.73 m2) the maximum dose should not exceed 50 mg/day. In patients with end stage renal disease (ESRD, GFR < 15 mL/min/1.73 m2), the maximum recommended dose is 30 mg/day.

Dosage for Treatment of Moderate to Severe BED in Adults: The recommended starting dose is 30 mg/day to be titrated in increments of 20 mg at approximately weekly intervals to achieve the recommended target dose of 50 to 70 mg/day. The maximum dose is 70 mg/day. Discontinue VYVANSE if binge eating does not improve.

Contraindications: Vyvanse is contraindicated in patients with:

- Known hypersensitivity to amphetamine products or other ingredients of Vyvanse. Anaphylactic reactions, Stevens-Johnson Syndrome, angioedema, and urticaria have been observed in post marketing reports.
- Patients taking monoamine oxidase inhibitors (MAOIs), or within 14 days of stopping MAOIs (including MAOIs such as linezolid or intravenous methylene blue), because of an increased risk of hypertensive crisis.

Warnings and Precautions:
Potential for Abuse and Dependence: CNS stimulants (amphetamines and methylphenidate-containing products) have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing, and monitor for signs of abuse and dependence while on therapy.

Serious Cardiovascular Reactions: Sudden death, stroke and myocardial infarction have been reported in adults with CNS stimulant treatment at recommended doses. Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, and other serious heart problems. Further evaluate patients who develop exertional chest pain, unexplained syncope, or arrhythmias during Vyvanse treatment.

Blood Pressure and Heart Rate Increases: Cause an increase in blood pressure (mean increase about 2-4 mm Hg) and heart rate (mean increase about 3-6 bpm). Monitor all patients for potential tachycardia and hypertension.

Psychiatric Adverse Reactions
Exacerbation of Pre-existing Psychosis
May exacerbate symptoms of behavior disturbance and thought disorder in patients with a pre-existing psychotic disorder.

Induction of a Manic Episode in Patients with Bipolar Disorder
May induce a mixed/manic episode in patients with bipolar disorder. Prior to initiating treatment, screen patients for risk factors for developing a manic episode (e.g., comorbid or history of depressive symptoms or a family history of suicide, bipolar disorder, and depression).

New Psychotic or Manic Symptoms
May cause psychotic or manic symptoms in children and adolescents without a prior history of psychotic illness or mania. If such symptoms occur, consider discontinuing the CNS stimulant.

Suppression of Growth: Closely monitor growth (weight and height) in pediatric patients.
Peripheral Vasculopathy, including Raynaud's Phenomenon: Stimulants, including Vyvanse, used to treat ADHD are associated with peripheral vasculopathy, including Raynaud's phenomenon. Careful observation for digital changes is necessary during treatment with ADHD stimulants.

Serotonin Syndrome: May occur when amphetamines are used in combination with other drugs that affect the serotonergic neurotransmitter systems. Consider an alternative non-serotonergic drug or an alternative drug that does not inhibit CYP2D6. Discontinue treatment with VYVANSE and any concomitant serotonergic agents immediately if symptoms of serotonin syndrome occur, and initiate supportive symptomatic treatment. Concomitant use of VYVANSE with other serotonergic drugs or CYP2D6 inhibitors should be used only if the potential benefit justifies the potential risk. If clinically warranted, consider initiating VYVANSE with lower doses, monitoring patients for the emergence of serotonin syndrome during drug initiation or titration, and informing patients of the increased risk for serotonin syndrome.

Interactions:
MAO Inhibitors (MAOI): Do not administer VYVANSE during or within 14 days following the administration of MAOI.

CYP2D6 Inhibitors: Initiate with lower doses and monitor patients for signs and symptoms of serotonin syndrome particularly during VYVANSE initiation and after a dosage increase. If serotonin syndrome occurs, discontinue VYVANSE and the CYP2D6 inhibitor.

Serotonergic Drugs: Initiate with lower doses and monitor patients for signs and symptoms of serotonin syndrome, particularly during VYVANSE initiation or dosage increase. If serotonin syndrome occurs, discontinue VYVANSE and the concomitant serotonergic drug(s).

Alkalinizing Agents: Co-administration of VYVANSE and urinary alkalinizing agents should be avoided.

Acidifying Agents: Increase dose based on clinical response.

Tricyclic Antidepressants: Monitor frequently and adjust or use alternative therapy based

Pregnancy and Lactation:
Pregnancy: The limited available data from published literature and postmarketing reports on use of VYVANSE in pregnant women are not sufficient to inform a drug-associated risk for major birth defects and miscarriage. Laction: Discontinue drug or nursing taking into consideration importance of drug to the motheBecause of the potential for serious adverse reactions in nursing infants, including serious cardiovascular reactions, blood pressure and heart rate increase, suppression of growth, and peripheral vasculopathy, advise patients that breastfeeding is not recommended during treatment with VYVANSE.

Pediatric Use: ADHD- Safety and effectiveness have been established in pediatric patients with ADHD ages 6 to 17 years. Safety and efficacy in pediatric patients below the age of 6 years have not been established.

BED- Safety and effectiveness in patients less than 18 years of age have not been established.

Undesirable Effects: ADHD- The most common adverse reactions (incidence ≥5% and at a rate at least twice placebo) reported in children, adolescents, and/or adults were anorexia, anxiety, decreased appetite, decreased weight, diarrhea, dizziness, dry mouth, irritability, insomnia, nausea, upper abdominal pain, and vomiting.

BED- The most common adverse reactions (incidence ≥5% and at a rate at least twice placebo) reported in adults were dry mouth, insomnia, decreased appetite, increased heart rate, constipation, feeling jittery, and anxiety.

Overdose: Individual patient response to amphetamines varies widely. Toxic symptoms may occur idiosyncratically at low doses.

Manifestations of amphetamine overdose include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Serotonin syndrome has been reported with amphetamine use, including VYVANSE. Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma. Lisdexamfetamine and d-amphetamine are not dialyzable.

Any suspected adverse events should be reported to both: Medison Pharma: pv@medison.co.il or to the Ministry of Health according to the National Regulation by using an online form. http://forms.gov.il/globaldata/getsequence/getsequence.aspx?formType=AdversEffectMedic@moh. gov.il

Further information is available on request.

License Holder: Medison Pharma Ltd. 10 Hashiloach St, Petach Tikva, Israel

EXA/IL/0041

Date of preparation March 2018

VYV-01-01-0218