ADVERSE REACTIONS

Serious Cardiovascular Reactions: Sudden death has been reported in association with CNS stimulant treatment at recommended doses in pediatric patients with structural cardiac abnormalities or other serious heart problems. In adults, sudden death, stroke, and myocardial infarction have been reported.

Peripheral Vasculopathy, including Raynaud’s phenomenon: Careful observation for digital changes is necessary during treatment with ADHD stimulants. (5.6)

Raynaud’s phenomenon. Careful observation for digital changes is necessary during treatment with ADHD stimulants. (5.6)

Raynaud’s phenomenon. Careful observation for digital changes is necessary during treatment with ADHD stimulants. (5.6)

WARNING: ABUSE AND DEPENDENCE

See full prescribing information for complete boxed warning.

- CNS stimulants, including ADZENYS XR-ODT, other amphetamine-containing products, and methylphenidate, have a high potential for abuse and dependence. (5.1, 9.3)
- Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy (9.2, 9.3)

INDICATIONS AND USAGE

ADZENYS XR-ODT is a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older. (1)

DOSAGE AND ADMINISTRATION

- May be taken with or without food. Allow tablet to disintegrate in saliva then swallow. (2.2)
- Pediatric patients (ages 6 to 17 years): Starting dose is 6.3 mg once daily in the morning. Maximum dose is 18.8 mg once daily for patients 6 to 12 years, and 12.5 mg once daily for patients 13 to 17 years. (2.3)
- Adults: 12.5 mg once daily in the morning. (2.4)
- To avoid substitution errors and overdosage, do not substitute for other amphetamine products on a milligram-per-milligram basis because of different amphetamine base compositions and differing pharmacokinetic profiles. (2.5, 5.7)

CONTRAINDICATIONS

- Known hypersensitivity to amphetamine products or other ingredients in ADZENYS XR-ODT. (4)
- Use of monoamine oxidase inhibitor (MAOI) or within 14 days of the last MAOI dose (4)

WARNINGS AND PRECAUTIONS

- Serious Cardiovascular Reactions: Sudden death has been reported in association with CNS stimulant treatment at recommended doses in pediatric patients with structural cardiac abnormalities or other serious heart problems. In adults, sudden death, stroke, and myocardial infarction have been reported.

Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, or coronary artery disease. (5.2)
- Blood Pressure and Heart Rate Increases: Monitor blood pressure and pulse. Consider benefits and risks before use in patients for whom blood pressure increases may be problematic. (5.3)
- Psychiatric Adverse Reactions: May cause psychotic or manic symptoms in patients with no prior history, or exacerbation of symptoms in patients with pre-existing psychosis. Evaluate for bipolar disorder prior to stimulant use. (5.4)
- Long-Term Suppression of Growth: Monitor height and weight in pediatric patients during treatment. (5.5)
- Peripheral Vasculopathy, including Raynaud’s phenomenon: Stimulants 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. (5.6)
- Serotonin Syndrome: Increased risk when co-administered with serotonergic agents (e.g. SSRIs, SNRIs, triptans), but also during overdosage situations. If it occurs, discontinue ADZENYS XR-ODT and initiate supportive treatment. (5.7,17)

ADVERSE REACTIONS

- Pediatric patients ages 6 to 12 years: Most common adverse reactions (≥5% and with a higher incidence than on placebo) were loss of appetite, insomnia, abdominal pain, emotional lability, vomiting, nervousness, nausea, and fever. (6.1)
- Pediatric patients ages 13 to 17 years: Most common adverse reactions (≥5% and with a higher incidence than on placebo) were loss of appetite, insomnia, abdominal pain, weight loss, and nervousness. (6.1)
- Adults: Most common adverse reactions ≥5% and with a higher incidence than on placebo were dry mouth, loss of appetite, insomnia, headache, weight loss, nausea, anxiety, agitation, dizziness, tachycardia, diarrhea, asthma, and urinary tract infections. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Neos Therapeutics, Inc. at 1-888-319-1789 or http://www.adzenysxrodt.com or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Acidifying and Alkalining Agents: Agents that alter urinary pH can alter blood levels of amphetamine. Acidifying agents can decrease amphetamine blood levels, while alkalizing agents can increase amphetamine blood levels. Adjust ADZENYS XR-ODT dosage accordingly. (7.1)

USE IN SPECIFIC POPULATIONS

- Pregnancy: Based on animal data, may cause fetal harm. (8.1)
- Nursing Mothers: Breastfeeding not recommended. (8.3)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 12/2017

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FULL PRESCRIBING INFORMATION

WARNING: ABUSE AND DEPENDENCE

CNS stimulants, including ADZENYS XR-ODT, other amphetamine-containing products, and methylphenidate, 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 [see Warnings and Precautions (5.1, 9.3), and Drug Abuse and Dependence (9.2, 9.3)].

1. INDICATIONS AND USAGE

ADZENYS XR-ODT is a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older [see Clinical Studies (14)].

2. DOSAGE AND ADMINISTRATION

2.1 Pre-treatment Screening

Prior to treating patients with ADZENYS XR-ODT, assess for the presence of cardiac disease (i.e., perform a careful history, family history of sudden death or ventricular arrhythmia, and physical exam) [see Warnings and Precautions (5.2)].

Assess the risk of abuse prior to prescribing, and monitor for signs of abuse and dependence while on therapy. Maintain careful prescription records, educate patients about abuse, monitor for signs of abuse and overdose, and periodically re-evaluate the need for ADZENYS XR-ODT use [see Warnings and Precautions (5.1), and Drug Abuse and Dependence (9)].

2.2 Dosing Considerations for All Patients

ADZENYS XR-ODT may be taken with or without food. Individualize the dosage according to the therapeutic needs and response of the patient.

ADZENYS XR-ODT should be taken as follows:

- The tablet should remain in the blister pack until the patient is ready to take it.
- The patient or caregiver should use dry hands to open the blister.
- Tear along the perforation, bend the blister where indicated and peel back the blister’s labeled backing to take out the tablet. The tablet should not be pushed through the foil.
- As soon as the blister is opened, the tablet should be removed and placed on the patient’s tongue.
- The whole tablet should be placed on the tongue and allowed to disintegrate without chewing or crushing.
- The tablet will disintegrate in saliva so that it can be swallowed.

2.3 Pediatric Patients

The recommended starting dosage is 6.3 mg once daily in the morning. Increase in increments of 3.1 mg or 6.3 mg at weekly intervals. The maximum recommended dose is 18.8 mg daily for patients 6 to 12 years, and 12.5 mg daily for patients 13 to 17 years [see Use in Specific Populations (8.3), Clinical Studies (14)].

2.4 Adults

The recommended dose is ADZENYS XR-ODT 12.5 mg daily.

2.5 Switching from Other Amphetamine Products

Patients taking ADDERALL XR may be switched to ADZENYS XR-ODT at the equivalent dose taken once daily [see Clinical Pharmacology (12.3)]. Refer to Table 1 for equivalent doses of ADZENYS XR-ODT and ADDERALL XR. ADDERALL XR (dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine aspartate monohydrate, and amphetamine sulfate extended-release capsules) is also referred to as mixed salts of a single-entity amphetamine product extended-release capsules (MAS ER).

Table 1: Equivalent Doses of ADZENYS XR-ODT and ADDERALL XR (Mixed Salts of a Single-Entity Amphetamine Product) Extended Release Capsules

<table>
<thead>
<tr>
<th>ADZENYS XR-ODT</th>
<th>Amphetamine extended-release orally disintegrating tablets</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 mg</td>
<td>6.3 mg</td>
</tr>
<tr>
<td>9.4 mg</td>
<td>12.5 mg</td>
</tr>
<tr>
<td>15.7 mg</td>
<td>18.8 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDERALL XR</th>
<th>Mixed salts of a single-entity amphetamine product extended-release capsules (MAS ER)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mg</td>
<td>10 mg</td>
</tr>
<tr>
<td>15 mg</td>
<td>20 mg</td>
</tr>
<tr>
<td>25 mg</td>
<td>30 mg</td>
</tr>
</tbody>
</table>

If switching from any other amphetamine products, discontinue that treatment, and titrate with ADZENYS XR-ODT using the titration schedule [see Dosage and Administration (2.3), (2.4)].

Do not substitute for other amphetamine products on a milligram-per-milligram basis because of different amphetamine base compositions and differing pharmacokinetic profiles [see Warnings and Precautions (5.7)].

2.6 Dosage Modifications Due to Drug Interactions

Agents that alter urinary pH can impact urinary excretion and alter blood levels of amphetamine. Acidifying agents (e.g., ascorbic acid) decrease blood levels, while alkalinizing agents (e.g., sodium bicarbonate) increase blood levels. Adjust ADZENYS XR-ODT dosage accordingly [see Drug Interactions (7.1)].

3. DOSAGE FORMS AND STRENGTHS

ADZENYS XR-ODT 3.1 mg Amphetamine Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A1 on one side)

ADZENYS XR-ODT 6.3 mg Amphetamine Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A2 on one side)

ADZENYS XR-ODT 9.4 mg Amphetamine Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A3 on one side)

ADZENYS XR-ODT 12.5 mg Amphetamine Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A4 on one side)

ADZENYS XR-ODT 15.7 mg Amphetamine Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A5 on one side)

ADZENYS XR-ODT 18.8 mg Amphetamine Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A6 on one side)

4. CONTRAINDICATIONS

ADZENYS XR-ODT is contraindicated:

- In patients known to be hypersensitive to amphetamine, or other components of ADZENYS XR-ODT. Hypersensitivity reactions such as angioedema and anaphylactic reactions have been reported in patients treated with other amphetamine products [see Adverse Reactions (6.2)].
- 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 [see Warnings and Precautions (5.7), Drug Interactions (7.1)].

5. WARNINGS AND PRECAUTIONS

5.1 Potential for Abuse and Dependence

CNS stimulants, including ADZENYS XR-ODT, other amphetamine-containing products, and methylphenidate, 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 [see Boxed Warning, Drug Abuse and Dependence (9.2, 9.3)].

5.2 Serious Cardiovascular Reactions

Sudden death, stroke, and myocardial infarction have been reported in adults with CNS stimulant treatment at recommended doses. Sudden death has been reported in pediatric patients with structural cardiac abnormalities and other serious heart problems taking CNS stimulants at recommended doses for ADHD. 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 ADZENYS XR-ODT treatment.

5.3 Blood Pressure and Heart Rate Increases

CNS stimulants 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.

5.4 Psychiatric Adverse Reactions

Exacerbation Pre-Existing Psychosis

CNS stimulants 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 Illness

CNS stimulants may induce a mixed or 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 for history of depressive symptoms or a family history of suicide, bipolar disorder, and depression).

New Psychotic or Manic Symptoms

CNS stimulants, at recommended doses, may cause psychotic or manic symptoms, e.g., hallucinations, delusional thinking, or mania in patients without prior history of psychotic illness or mania. If such symptoms occur, consider discontinuing ADZENYS XR-ODT. In a pooled analysis of multiple short-term, placebo-controlled studies of CNS stimulants, psychotic or manic symptoms occurred in about 0.1% of CNS stimulant-treated patients compared to 0% in placebo-treated patients.

5.5 Long-Term Suppression of Growth

CNS stimulants have been associated with weight loss and slowing of growth rate in pediatric patients. Closely monitor growth (weight and height) in pediatric patients treated with CNS stimulants, including ADZENYS XR-ODT.

5.6 Peripheral Vasculopathy, including Raynaud’s Phenomenon

Stimulants, including ADZENYS XR-ODT, used to treat ADHD are associated with peripheral vasculopathy, including Raynaud’s phenomenon. Signs and symptoms are
usually intermittent and mild; however, very rare sequelae include digital ulceration and/or soft tissue breakdown. Effects of peripheral vasculopathy, including Raynaud’s phenomenon, were observed in post-marketing reports at different times and at therapeutic doses in all age groups throughout the course of treatment. Signs and symptoms generally improve after reduction in dose or discontinuation of drug. Careful observation for digital changes is necessary during treatment with ADHD stimulants. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for certain patients.

5.7 Serotonin Syndrome

Serotonin syndrome, a potentially life-threatening reaction, may occur when amphetamines are used in combination with other drugs that affect the serotonin neurotransmitter systems such as monoamine oxidase inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, and St. John’s Wort [see Drug Interactions (7.1)]. The co-administration with cyproterone P450 2D6 (CYP2D6) inhibitors may also increase the risk with increased exposure to ADZENYS XR-ODT. In these situations, consider an alternate non-serotonergic drug or an alternative drug that does not inhibit CYP2D6 [see Drug Interactions (7.1)].

Serotonin syndrome symptoms may include mental status changes (e.g., agitation, hallucinations, delirium, and coma), autonomic instability (e.g., tachycardia, labile blood pressure, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination), seizures, and/or gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea).

Concomitant use of ADZENYS XR-ODT with MAOI drugs is contraindicated [see Contraindications (4)]. Discontinue treatment with ADZENYS XR-ODT and any concomitant serotonergic agents immediately if the above symptoms occur, and initiate supportive symptomatic treatment. If concomitant use of ADZENYS XR-ODT with other serotonergic drugs or CYP2D6 inhibitors is clinically warranted, initiate ADZENYS XR-ODT with lower doses, monitor patients for the emergence of serotonin syndrome during drug initiation or titration, and inform patients of the increased risk for serotonin syndrome.

5.8 Potential for Overdose Due to Medication Errors

Medication errors, including substitution and dispensing errors, between ADZENYS XR-ODT and other amphetamine products could occur, leading to possible overdose. To avoid substitution errors and overdose, do not substitute for other amphetamine products on a milligram-per-milligram basis because of different amphetamine base compositions and differing pharmacokinetic profiles [see Dosage and Administration (2.5)].

6. ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections of the labeling:

- Drug Dependence [see Boxed Warning, Warnings and Precautions (5.1), and Drug Abuse and Dependence (9.2, 9.3)]
- Hypersensitivity to amphetamine, or other components of ADZENYS XR-ODT [see Contraindications (4)]
- Hypertensive Crisis When Used Concomitantly with Monoamine Oxidase Inhibitors [see Contraindications (4) and Drug Interactions (7.1)]
- Serious Cardiovascular Reactions [see Warnings and Precautions (5.2)]
- Blood Pressure and Heart Rate Increases [see Warnings and Precautions (5.3)]
- Psychiatric Adverse Reactions [see Warnings and Precautions (5.4)]
- Long-Term Suppression of Growth [see Warnings and Precautions (5.5)]
- Peripheral Vasculopathy, including Raynaud’s phenomenon [see Warnings and Precautions (5.6)]
- Serotonin Syndrome [see Warnings and Precautions (5.7)]

6.1 Clinical Studies Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. The safety of ADZENYS XR-ODT has been established from adequate and well-controlled studies of single-entity amphetamine product extended-release (MAS ER) capsules [see Clinical Studies (14)]. The adverse reactions of MAS ER capsules in these adequate and well-controlled studies are described below.

The premarketing development program for MAS ER included exposures in a total of 1315 participants in clinical trials (635 pediatric patients, 350 adolescent patients, 248 adult patients, and 82 healthy adult subjects). Of these, 635 patients (ages 6 to 12 years) were evaluated in two controlled clinical studies, one open-label clinical study, and two single-dose clinical pharmacology studies (N= 40).

Adverse Reactions Leading to Discontinuation of Treatment

The most frequent adverse reactions leading to discontinuation of MAS ER in controlled and uncontrolled, multiple-dose clinical trials of pediatric patients ages 6 to 12 years (N=595) were anorexia (loss of appetite) (2.9%), insomnia (1.5%), weight loss (1.2%), emotional lability (1%), and depression (0.7%).

In a separate placebo-controlled 4-week study in pediatric patients ages 13 to 17 years with ADHD, five patients (2.1%) discontinued treatment due to adverse events among MAS ER-treated patients (N=233) compared to one patient (1.6%) who received placebo (N= 54). The most frequent adverse event leading to discontinuation and considered to be drug-related (i.e. leading to discontinuation in at least 1% of MAS ER-treated patients and at a rate at least twice that of placebo) was insomnia (1.3%, n=3).

In one placebo-controlled 4-week study among adults with ADHD with doses 20 mg to 60 mg, 23 patients (12.0%) discontinued treatment due to adverse events among MAS ER-treated patients (N=191) compared to one patient (1.6%) who received placebo (N= 64). The most frequent adverse events leading to discontinuation and considered to be drug-related (i.e. leading to discontinuation in at least 1% of MAS ER-treated patients and at a rate at least twice that of placebo) were insomnia (5.2%, n=10), anxiety (2.1%, n=4), nervousness (1.6%, n=3), dry mouth (1.6%, n=3), anorexia (1.6%, n=3), tachycardia (1.6%, n=3), headache (1.6%, n=3), and asthenia (1.0%, n=2).

Adverse Reactions Occurring in Clinical Trials

Adverse reactions reported in a 3-week clinical trial of pediatric patients 6 to 12 years of age and a 4-week clinical trial in pediatric patients 13 to 17 years of age and adults, respectively, treated with MAS ER or placebo are presented in the tables below.

Table 2: Adverse Reactions Reported by 2% or More of Pediatric Patients (6-12 years old) Receiving MAS ER with Higher Incidence than Placebo in a 584-Patient Clinical Study

<table>
<thead>
<tr>
<th>Body System</th>
<th>Adverse Reaction</th>
<th>MAS ER (n=374)</th>
<th>Placebo (n=210)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Abdominal pain (stomachache)</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Fever</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Infection</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Accidental injury</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Asthenia (fatigue)</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Digestive System</td>
<td>Loss of Appetite</td>
<td>22%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Vomiting</td>
<td>17%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Dyspepsia</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Metabolic/Nutritional</td>
<td>Weight Loss</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Table 3: Adverse Reactions Reported by 5% or More of Pediatric Patients (13-17 Years Old) Weighing ≥ 57kg Receiving MAS ER with Higher Incidence than Placebo in a 287 Patient Clinical Forced Weekly-Dose Titration Study*

<table>
<thead>
<tr>
<th>Body System</th>
<th>Preferred Term</th>
<th>MAS ER (n=233)</th>
<th>Placebo (n=54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Abdominal pain (stomachache)</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Digestive System</td>
<td>Loss of Appetite</td>
<td>36%</td>
<td>2%</td>
</tr>
<tr>
<td>Nervous System</td>
<td>Insomnia a</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Metabolic/Nutritional</td>
<td>Weight Loss a</td>
<td>9%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Included doses up to 40 mg

Dose-related adverse reactions

Note: The following reactions did not meet the criterion for inclusion in Table 3 but were reported by 2% to 4% of adolescent patients receiving MAS ER with a higher incidence than patients receiving placebo in this study: accidental injury, asthenia (fatigue), dry mouth, dyspepsia, emotional lability, nausea, somnolence, and vomiting.
### 6.2 Adverse Reactions from Clinical Trials and Spontaneous Postmarketing Reports of Other Amphetamine Products

The following adverse reactions are from clinical trials and spontaneous postmarketing reports of other amphetamine products in pediatric patients and adults with ADHD. Because some of these reactions were reported voluntarily from a population of uncertain size, it is not always possible to estimate their frequency reliably or to establish a causal relationship to drug exposure. Cardiovascular: Palpitations, sudden death, myocardial infarction. There have been isolated reports of cardiomyopathy associated with chronic amphetamine use. Central Nervous System: Restlessness, irritability, euphoria, dyskinesia, dysphoria, depression, tremor, aggression, anger, logorrhhea, and paraphrenia (including formation). Eye Disorders: Vision blurred, mydriasis. Gastrointestinal: Unpleasant taste, constipation, other gastrointestinal disturbances. Allergic: Urticaria, rash, hypersensitivity reactions including angioedema and anaphylaxis. Serious skin rashes, including Stevens-Johnson syndrome and toxic skin: Alopecia. Musculoskeletal, Connective Tissue, and Bone Disorders: Rhabdomyolysis.

### 7. DRUG INTERACTIONS

#### 7.1 Drugs Having Clinically Important Interactions with Amphetamines

<table>
<thead>
<tr>
<th>MAO Inhibitors (MAOI)</th>
<th>Clinical Impact</th>
<th>Intervention</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAO1 antidepresants slow amphetamine metabolism. increasing amphetamine effect on the release of norepinephrine and other monoamines from adrenergic nerve endings causing headaches and other signs of hypertensive crisis. Toxic neurological effects and malignant hyperpyrexia can occur, sometimes with fatal results.</td>
<td>Do not administer ADZENYS XR-ODT during or within 14 days following the administration of MAOI [see Contraindications (4)].</td>
<td>Selegiline, isocarboxazid, phenelzine, tryptophane, bupropion, St. John's Wort</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serotonergic Drugs</th>
<th>Clinical Impact</th>
<th>Intervention</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>The concomitant use of ADZENYS XR-ODT and serotonergic drugs increases the risk of serotonin syndrome.</td>
<td>Initiate with lower doses and monitor patients for signs and symptoms of serotonin syndrome, particularly during ADZENYS XR-ODT initiation or dosage increase. If serotonin syndrome occurs, discontinue ADZENYS XR-ODT and the concomitant serotonergic drug(s) [see Warnings and Precautions (5.7)].</td>
<td>Selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI), triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophane, bupropion, St. John's Wort</td>
<td></td>
</tr>
</tbody>
</table>

#### 7.2 Drug/Laboratory Test Interactions

Amphetamines can cause a significant elevation in plasma corticosteroid levels. This increase is greatest in the evening. Amphetamines may interfere with urinary steroid determinations.

### 8. USE IN SPECIFIC POPULATIONS

#### 8.1 Pregnancy

Teratogenic Effects

Pregnancy Category C. Amphetamine, in the enantiomer ratio present in ADZENYS XR-ODT (d- to l-ratio of 3:1), had no apparent effects on embryofetal morphological development or survival when orally administered to pregnant rats and rabbits throughout the period of organogenesis at doses of up to 6 and 16 mg/kg/day, respectively. These doses are approximately 2 and 12 times, respectively, the maximum recommended human dose (MRHD) for adolescents of 12.5 mg/day (as base), on a mg/m² body surface area basis. Fetal malformations and death have been reported in mice following parentral administration of amphetamine doses of 50 mg/kg/day (approximately 10 times the MRHD for adolescents on a mg/m² basis) or greater to pregnant animals. Administration of these doses was also associated with severe maternal toxicity. A study was conducted in which pregnant rats received daily oral doses of amphetamine (d- to l-ratio of 3:1, the same as in ADZENYS XR-ODT) of 2, 6, and 10 mg/kg from gestation day 6 to lactation day 20. These doses are approximately 0.8, 2, and 4 times the MRHD for adolescents of 12.5 mg/day (as base), on a mg/m² basis. All doses caused hyperactivity and decreased weight gain in the dams. A decrease in pup survival was seen at all doses. A decrease in pup bodyweight was seen at 6 and 10 mg/kg which correlated with delays in developmental landmarks. Increased pup locomotor activity was seen at 10 mg/kg on day 22 postpartum but not at 5 weeks post-weaning. When pups were tested for reproductive performance at maturation, gestational weight gain, number of implantations, and number of delivered pups were decreased in the group whose mothers had been given 10 mg/kg. A number of studies in rodents indicate that prenatal or early postnatal exposure to amphetamine (d- or l-), at doses similar to those used clinically, can result in long-term neurochemical and behavioral alterations. Reported behavioral effects include learning and memory deficits, altered locomotor activity, and changes in sexual function. There are no adequate and well-controlled studies in pregnant women. There are limited published data on the use of amphetamine in pregnant women. These data are insufficient to determine a drug-associated risk of major congenital malformations or miscarriage. Amphetamines should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Nonteratogenic Effects

Amphetamines, such as ADZENYS XR-ODT, may cause vasoconstriction, including vasoconstriction of placental blood vessels, and may increase the risk for intrauterine
ADZENYS XR-ODT (amphetamine) extended-release orally disintegrating tablets

ADZENYS XR-ODT is an extended-release orally disintegrating tablet containing 50% immediate-release and 50% extended-release amphetamine for once daily dosing. ADZENYS XR-ODT also contains the following inactive ingredients: Mannitol, Crospovidone, Microcrystalline Cellulose, Methacrylic Acid, Sodium Polystyrene Sulfonate, Citric Acid, Fructose, Orange Flavor, Colloidal Silicon Dioxide, Triethyl Citrate, Sucrose, Lake Blue Orange, Magnesium Stearate, and Polyethylene Glycol.

10. OVERDOSAGE
Consult with a Certified Poison Control Center (1-800-222-1222) for up-to-date guidance and advice for treatment of 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, hypervigilance and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Other reactions include arrhythmias, hypertension or hypotension, circulatory collapse, nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma.

11. DESCRIPTION
ADZENYS XR-ODT (amphetamine) extended-release orally disintegrating tablet contains 3 to 1 ratio of d- to l-amphetamine, a central nervous system stimulant. The labeled strengths reflect the amount of amphetamine base in ADZENYS XR-ODT whereas the strengths of the (mixed salts of a single-entity amphetamine) products are in terms of the amount of amphetamine salts. Table 1 in Section 2.5 details the equivalent amounts of active ingredient in these products.

Structural Formula:

![Structural Formula](image)

12. CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
Amphetamines are non-catecholamine sympathomimetic amines with CNS stimulant activity. The mode of therapeutic action in ADHD is not known. Amphetamines are thought to block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extraneuronal space.

12.3 Pharmacokinetics
Absorption
Following a single, 18.8 mg single oral dose of ADZENYS XR-ODT in 40 healthy adult subjects in a crossover study under fasting conditions, d-amphetamine mean (±SD) peak plasma concentrations of 44.8 (+8.9) ng/mL occurred at a median time of 5.0 hours after dosing, and l-amphetamine mean (±SD) peak plasma concentrations of 14.5 (+ 3.0) ng/mL occurred at a median time of 5.25 hours after dosing (Figure 1).

Figure 1: Mean Concentration of D-Amphetamine and L-Amphetamine vs Time for ADZENYS XR-ODT (18.8 mg) and Mixed Salts of a Single-Entity Amphetamine Product Extended-Release Capsules (MAS ER 30 mg) in the Fasted State

The single dose pharmacokinetics of d-amphetamine under fed conditions are summarized (Table 6) from studies in healthy adults following an oral dose of 18.8 mg ADZENYS XR-ODT.
exposures. In addition, drugs that effect urinary pH are known to alter the elimination significantly when renal elimination is decreased [see involvement of active secretion. Urinary recovery of amphetamine has been reported the potential to inhibit the elimination of amphetamine and result in prolonged dose hepatically metabolized. Consequently, both hepatic and renal dysfunction have on pH and urine flow rates. Alkaline urine pHs result in less ionization and reduced 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility Amphetamine, in the enantiomer ratio present in ADZENYS XR-ODT (d- to l-ratio of 3:1), was not clastogenic in the mouse bone marrow micronucleus test in vivo and was negative when tested in the E. coli component of the Ames test in vitro. d, l-Amphetamine (1:1 enantiomer ratio) has been reported to produce a positive response in the mouse bone marrow micronucleus test, an equivocal response in the Ames test, and negative responses in the in vitro sister chromatid exchange and chromosomal aberration assays. Amphetamine, in the enantiomer ratio present in ADZENYS XR-ODT (d- to l-ratio of 3:1), did not adversely affect fertility or early embryonic development in the rat at doses of up to 20 mg/kg/day (approximately 8 times the maximum recommended human dose for children of 18.8 mg/day, on a mg/m² body surface area basis). Mutagenesis Amphetamine, the enantiomer ratio present in ADZENYS XR-ODT (d- to l-ratio of 3:1), is a monooxygenase. Amine oxidase, as one of the steps in the metabolism of a single-entity amphetamine product extended-release capsules in the treatment of ADHD. Below is a description of the results of the adequate and well-controlled studies of mixed salts of a single-entity amphetamine product extended-release capsules (MAS ER) in the treatment of ADHD. 13.2 Animal Toxicology and/or Pharmacology Acute administration of high doses of amphetamine (d- or d, l-) has been shown to produce long-lasting neurotoxic effects, including irreversible nerve fiber damage, in rodents. The significance of these findings to humans is unknown. 14. CLINICAL STUDIES The safety and efficacy of ADZENYS XR-ODT has been established based on adequate and well-controlled studies of mixed salts of a single-entity amphetamine product extended-release capsules in the treatment of ADHD. Below is a description of the results of the adequate and well-controlled studies of mixed salts of a single-entity amphetamine product extended-release capsules (MAS ER) in the treatment of ADHD. Pediatric Patients The pharmacokinetics of ADZENYS XR-ODT in pediatric patients has been established based on the pharmacokinetics of MAS ER in pediatric patients. On a mg/kg weight basis, pediatric patients eliminate amphetamine faster than adults. The elimination half-life (t1/2) is approximately 1 hour shorter for d-amphetamine and 2 hours shorter for l-amphetamine in pediatric patients than in adults. However, for a given dose of MAS ER, pediatric patients had higher systemic exposure to amphetamine (Cmax and AUC) than adults which was attributed to the higher dose administered to pediatric patients on a mg/kg body weight basis compared to adults. Upon dose normalization on a mg/kg basis, pediatric patients showed 30% less systemic exposure compared to adults. Gender Systemic exposure to amphetamine was 20-30% higher in women (N=20) than in men (N=20) due to the higher dose administered to women on a mg/kg body weight basis. When the exposure parameters (Cmax and AUC) were normalized by dose (mg/kg), these differences diminished. Age and gender had no direct effect on the pharmacokinetics of d- and l-amphetamine. Race Formal pharmacokinetic studies for race have not been conducted. However, amphetamine pharmacokinetics appeared to be comparable among Caucasians (N=33), Blacks (N=8) and Hispanics (N=10).
ADZENYS XR-ODT (amphetamine) extended-release orally disintegrating tablets

teacher-rated scale that assesses manifestations of ADHD in a classroom setting. PERMP is a skill-adjusted math test that measure attention in ADHD.

A double-blind, randomized, multi-center, parallel-group, placebo-controlled study was conducted in pediatric patients 13 to 17 years of age (N=327) who met DSM-IV criteria for ADHD. The primary cohort of patients (n=287, weighing ≤ 75kg) was randomized to fixed-dose treatment groups and received four weeks of treatment. Patients were randomized to receive final doses of 10 mg, 20 mg, 30 mg, and 40 mg MAS ER or placebo once daily in the morning. Patients randomized to doses greater than 10 mg were titrated to their final doses by 10 mg each week. Improvements in the primary cohort were statistically significantly greater in all four primary cohort active treatment groups (MAS ER 10 mg, 20 mg, 30 mg, and 40 mg) compared with the placebo group. There was not adequate evidence that doses greater than 20 mg/day conferred additional benefit.

Adult Patients

A double-blind, randomized, placebo-controlled, parallel-group study was conducted in adults (N=255) who met DSM-IV criteria for ADHD. Patients were randomized to fixed-dose treatment groups receiving final doses of 20, 40, or 60 mg of MAS ER or placebo once daily in the morning for four weeks. Improvements, measured with the Attention Deficit Hyperactivity Disorder-Rating Scale (ADHD-RS) were observed at endpoint for MAS ER 20, 40 and 60 mg, compared to patients who received placebo for all four weeks. However, there was not adequate evidence that doses greater than 20 mg/day conferred additional benefit.

16. HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

ADZENYS XR-ODT 3.1 mg Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A1 on one side), carton containing 5 blister cards of 6 tablets each, for a total of 30 tablets, NDC 70165-005-30

ADZENYS XR-ODT 6.3 mg Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A2 on one side), carton containing 5 blister cards of 6 tablets each, for a total of 30 tablets, NDC 70165-010-30

ADZENYS XR-ODT 9.4 mg Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A3 on one side), carton containing 5 blister cards of 6 tablets each, for a total of 30 tablets, NDC 70165-015-30

ADZENYS XR-ODT 12.5 mg Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A4 on one side), carton containing 5 blister cards of 6 tablets each, for a total of 30 tablets, NDC 70165-020-30

ADZENYS XR-ODT 15.7 mg Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A5 on one side), carton containing 5 blister cards of 6 tablets each, for a total of 30 tablets, NDC 70165-025-30

ADZENYS XR-ODT 18.8 mg Extended Release Orally Disintegrating Tablet: round, orange to light orange mottled (debossed A6 on one side), carton containing 5 blister cards of 6 tablets each, for a total of 30 tablets, NDC 70165-030-30

Storage

Store at 20°C to 25°C (68°F to 77°F). Excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature]

Store ADZENYS XR-ODT blister packages in the rigid, plastic travel case provided with the tablet. The tablet should not be pushed through the foil.

Disposal

Comply with local laws and regulations on drug disposal of CNS stimulants. Dispose of remaining, unused, or expired ADZENYS XR-ODT at authorized collection sites such as retail pharmacies, hospital or clinic pharmacies, and law enforcement locations. If no take-back program or authorized collector is available, mix ADZENYS XR-ODT with an undesirable, nontoxic substance to make it less appealing to children and pets. Place the mixture in a container such as a sealed plastic bag and discard ADZENYS XR-ODT in the household trash.

17. PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Controlled Substance Status/Potential for Abuse, Misuse, and Dependence

Advise patients that ADZENYS XR-ODT is a federally controlled substance because it can be abused or lead to dependence. Advise patients to store ADZENYS XR-ODT in a safe place, preferably locked, to prevent abuse. Advise patients to comply with laws and regulations on drug disposal. Advise patients to dispose of remaining, unused, or expired ADZENYS XR-ODT by a medicine take-back program if available [see Boxed Warning, Warnings and Precautions (5.1), Drug Abuse and Dependence (9)].

Dosage and Administration Instructions

Provide the following instructions on administration to the patient:

- As soon as the blister is opened, the tablet should be removed and placed on the patient's tongue.
- The whole tablet should be placed on the tongue and allowed to disintegrate without chewing or crushing.
- The tablet will disintegrate quickly in saliva so that it can be swallowed.

Serious Cardiovascular Risks

Advise patients of serious cardiovascular risk (including sudden death, myocardial infarction, stroke, and hypertension) with ADZENYS XR-ODT. Instruct patients to contact a healthcare provider immediately if they develop symptoms such as exertional chest pain, unexplained syncope, or other symptoms suggestive of cardiac disease [see Warnings and Precautions (5.2)].

Blood Pressure and Heart Rate Increases

Instruct patients that ADZENYS XR-ODT can cause elevations of their blood pressure and pulse rate [see Warnings and Precautions (5.3)].

Psychiatric Risks

Advise patients that ADZENYS XR-ODT, at recommended doses, may cause psychotic symptoms or mania [see Warnings and Precautions (5.4)].

Long-Term Suppression of Growth

Advise patients that ADZENYS XR-ODT may cause slowing of growth and weight loss [see Warnings and Precautions (5.5)].

Circulation problems in Fingers and Toes [Peripheral vasculopathy, including Raynaud's phenomenon]

Instruct patients beginning treatment with ADZENYS XR-ODT about the risk of peripheral vasculopathy, including Raynaud's phenomenon, and associated signs and symptoms: fingers or toes may feel numb, cold, painful, and/or may change color from pale, to blue, to red.

Instruct patients to report to their physician any new numbness, pain, skin color change, or sensitivity to temperature in fingers or toes.

Instruct patients to call their physician immediately with any signs of unexplained wounds appearing on fingers or toes while taking ADZENYS XR-ODT.

Further clinical evaluation (e.g., rheumatology referral) may be appropriate for certain patients [see Warnings and Precautions (5.6)].

Serotonin Syndrome

Caution patients about the risk of serotonin syndrome concomitant use of ADZENYS XR-ODT and other serotonergic drugs including SSRIs, SNRIs, triptans, tricyclic antidepressants, fentanyl, lithium, lamotrigine, tryptophan, buspirone, St. John's Wort, and with drugs that impair metabolism of serotonin in particular MAOIs, both those intended to treat psychiatric disorders and also others such as linezolid [see Contraindications (4), Warnings and Precautions (5.7) and Drug Interactions (7.1)]. Advise patients to contact their healthcare provider or report to the emergency room if they experience signs or symptoms of serotonin syndrome.

Concomitant Medications

Advise patients to notify their physicians if they are taking, or plan to take, any prescription or over-the-counter drugs because there is a potential for interactions [see Drug Interactions (7.1)].

Pregnancy

Advise patients to notify their healthcare provider if they become pregnant or intend to become pregnant during treatment with ADZENYS XR-ODT. Advise patients of the potential fetal effects from the use of ADZENYS XR-ODT during pregnancy [see Use in Specific Populations (8.1)].

Nursing

Advise patients not to breastfeed if they are taking ADZENYS XR-ODT [see Use in Specific Populations (8.3)].

Alcohol

Advise patients to avoid alcohol while taking ADZENYS XR-ODT. Consumption of alcohol while taking ADZENYS XR-ODT may result in a more rapid release of the dose of amphetamine [see Clinical Pharmacology (12)].

Manufactured for Neos Therapeutics Brands LLC., Grand Prairie, TX 75050. Made in USA.

For more information call 1-888-319-1789.

Pharmacist: Medication Guide to be dispensed to patients

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Patent Number 8,709,491 B2

Rev. 12/2017
MEDICATION GUIDE
ADZENYS XR-O DT (amphetamine) extended-release orally disintegrating tablets, CII

What is the most important information I should know about ADZENYS XR-O DT?

ADZENYS XR-O DT is a federally controlled substance (CII) because it can be abused or lead to dependence. Keep ADZENYS XR-O DT in a safe place to prevent misuse and abuse. Selling or giving away ADZENYS XR-O DT may harm others and is against the law.

Tell your doctor if you or your child has ever abused or been dependent on alcohol, prescription medicines, or street drugs. ADZENYS XR-O DT is a stimulant medicine. Some patients have had the following problems when taking stimulant medicines.

1. Heart-related problems:
   • sudden death in patients who have heart problems or heart defects
   • sudden death, stroke and heart attack in adults
   • increased blood pressure and heart rate

Tell your doctor if you or your child has any heart problems, heart defects, high blood pressure, or a family history of these problems. Your doctor should check you or your child carefully for heart problems before starting ADZENYS XR-O DT. Your doctor should check you or your child’s blood pressure and heart rate regularly during treatment with ADZENYS XR-O DT.

Call your doctor right away if you or your child has any signs of heart problems such as chest pain, shortness of breath, or fainting while taking ADZENYS XR-O DT.

2. Mental (Psychiatric) problems:
   All Patients
   • new or worse behavior and thought problems
   • new or worse bipolar illness
   • new psychotic symptoms (such as hearing voices, believing things that are not true, are suspicious) or new manic symptoms

Tell your doctor about any mental problems you or your child have, or about a family history of suicide, bipolar illness, or depression. Call your doctor right away if you or your child have any new or worsening mental symptoms or problems while taking ADZENYS XR-O DT, especially seeing or hearing things that are not real, believing things that are not real, or are suspicious.

3. Circulation problems in fingers and toes [Peripheral vasculopathy, including Raynaud’s phenomenon]:
   • fingers or toes may feel numb, cool, painful
   • fingers or toes may change from pale, to blue, to red

Tell your doctor if you have or your child has numbness, pain, skin color change, or sensitivity to temperature in your fingers or toes. Call your doctor right away if you or your child has any unexplained wounds appearing on fingers or toes while taking ADZENYS XR-O DT.

What is ADZENYS XR-O DT?

ADZENYS XR-O DT is a central nervous system stimulant prescription medicine. It is used for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD). ADZENYS XR-O DT may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD. It is not known if ADZENYS XR-O DT is safe and effective in children under 6 years of age.

Who should not take ADZENYS XR-O DT?

ADZENYS XR-O DT should not be taken if you or your child:
• are allergic to amphetamine, or any of the ingredients in ADZENYS XR-O DT. See the end of this Medication Guide for a complete list of ingredients in ADZENYS XR-O DT.
• are taking or have taken within the past 14 days an anti-depression medicine called monoamine oxidase inhibitor or MAOI.

What should I tell my doctor before taking ADZENYS XR-O DT?

ADZENYS XR-O DT may not be right for you or your child. Before starting ADZENYS XR-O DT, tell your or your child’s doctor about all health conditions (or a family history of) including:
• heart problems, heart defects, or high blood pressure
• mental problems including psychosis, mania, bipolar illness, or depression
• circulation problems in fingers and toes

Tell your doctor:
• if you or your child have kidney problems. Your doctor may lower the dose.
• if you or your child are pregnant, or plan to become pregnant. It is not known if ADZENYS XR-O DT will harm your unborn baby.
• if you or your child is breastfeeding or plan to breastfeed. ADZENYS XR-O DT passes into breast milk. You should not breastfeed while you are taking ADZENYS XR-O DT.

Tell your doctor about all of the medicines that you or your child takes including prescription and over-the-counter medicines, vitamins, and herbal supplements. ADZENYS XR-O DT and some medicines may interact with each other and cause serious side effects. Sometimes the doses of other medicines will need to be adjusted while taking ADZENYS XR-O DT.

Your doctor will decide whether ADZENYS XR-O DT can be taken with other medicines.

Especially tell your doctor if you or your child takes:
• anti-depression medicines including MAOIs

Know the medicines that you or your child take. Keep a list of your medicines with you to show your doctor and pharmacist.

Do not start any new medicine while taking ADZENYS XR-O DT without talking to your doctor first.

How should ADZENYS XR-O DT be taken?

• Take ADZENYS XR-O DT exactly as prescribed. Your doctor may adjust the dose until it is right for you or your child.
• Take ADZENYS XR-O DT 1 time each day in the morning.
  ❍ Leave the tablet in the blister pack until you are ready to take or give it.
  ❍ Use dry hands to open the blister pack.
  ❍ Tear along the perforation, bend the blister where indicated and peel back the blister’s labeled backing to take out the tablet. Do not push the tablet through the foil.
  ❍ Place the tablet on the tongue.
  ❍ Take ADZENYS XR-O DT as soon as you open the blister pack. The tablet will dissolve in your mouth (saliva) so that it can be swallowed.
  ❍ Do not crush or chew.

• ADZENYS XR-O DT can be taken with or without food.

• Your doctor may sometimes stop ADZENYS XR-O DT treatment for a while to check ADHD symptoms.

• Your doctor may do regular checks of your or your child’s blood, heart, and blood pressure while taking ADZENYS XR-O DT.
Children should have their height and weight checked often while taking ADZENYS XR-ODT. ADZENYS XR-ODT treatment may be stopped if a problem is found during these check-ups.

If you or your child take(s) too much ADZENYS XR-ODT, call your doctor or poison control center at 1-800-222-1222 right away, or go to the nearest hospital emergency room.

What should I avoid while taking ADZENYS XR-ODT?
- drinking alcohol

What are possible side effects of ADZENYS XR-ODT?
ADZENYS XR-ODT can cause serious side effects, including:
- See “What is the most important information I should know about ADZENYS XR-ODT?” for information on reported heart and mental problems.
- slowing of growth (height and weight) in children

Common side effects of ADZENYS XR-ODT include decreased appetite and problems sleeping.

Common side effects of ADZENYS XR-ODT in children 6 to 12 years of age also include:
- stomach pain
- extreme mood change
- vomiting
- nervousness
- nausea
- fever

Common side effects of ADZENYS XR-ODT in children 13 to 17 years of age also include:
- stomach pain
- weight loss

Common side effects of ADZENYS XR-ODT in adults also include:
- dry mouth
- headache
- weight loss
- nausea
- anxiety
- restlessness
- dizziness
- fast heart beat
- diarrhea
- weakness
- urinary tract infections

Talk to your doctor if you or your child have side effects that are bothersome or do not go away. These are not all the possible side effects ADZENYS XR-ODT. Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1800-FDA-1088.

How should I store ADZENYS XR-ODT?
- Store ADZENYS XR-ODT at room temperature between 68° F to 77° F (20° C to 25° C).
- Store ADZENYS XR-ODT in a safe place, like a locked cabinet.
- Store ADZENYS XR-ODT in the blister packaging until you are ready to take or give it.
- Store ADZENYS XR-ODT blister packages in the hard plastic travel case provided after removal from the carton.
- Dispose of remaining, unused, or expired ADZENYS XR-ODT by a medicine take-back program at authorized collection sites such as retail pharmacies, hospital or clinic pharmacies, and law enforcement locations. If no take-back program or authorized collector is available, mix ADZENYS XR-ODT with an undesirable, nontoxic substance such as dirt, cat litter, or used coffee grounds to make it less appealing to children and pets. Place the mixture in a container such as a sealed plastic bag and discard ADZENYS XR-ODT in the household trash.

Keep ADZENYS XR-ODT and all medicines out of the reach of children.