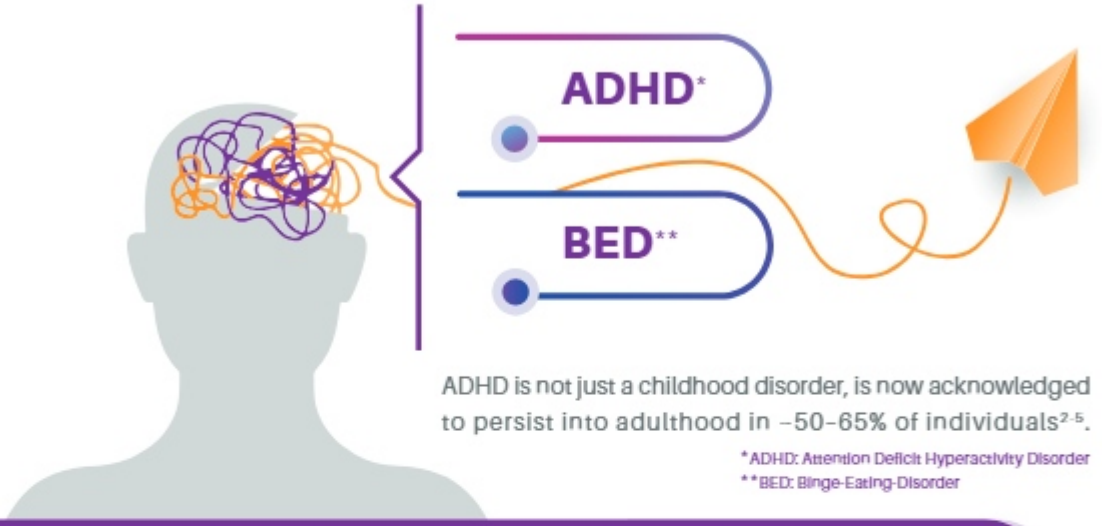
Attvanse

Lisdexamfetamine Mesilate 30, 50, 70mg

Keep Calm &
Control Your Mind

Attvanse Lisdexamfetamine mesilate (LDX) is a prodrug of dextroamphetamine. Amphetamines are non-catecholamine sympathomimetic amines with CNS stimulating properties. This agent works primarily by inducing the release of the neurotransmitter dopamine and norepinephrine from their storage areas in presynaptic nerve terminals. Both of these transmitters contribute to alertness, increased concentration, in addition to effort and motivation[1].

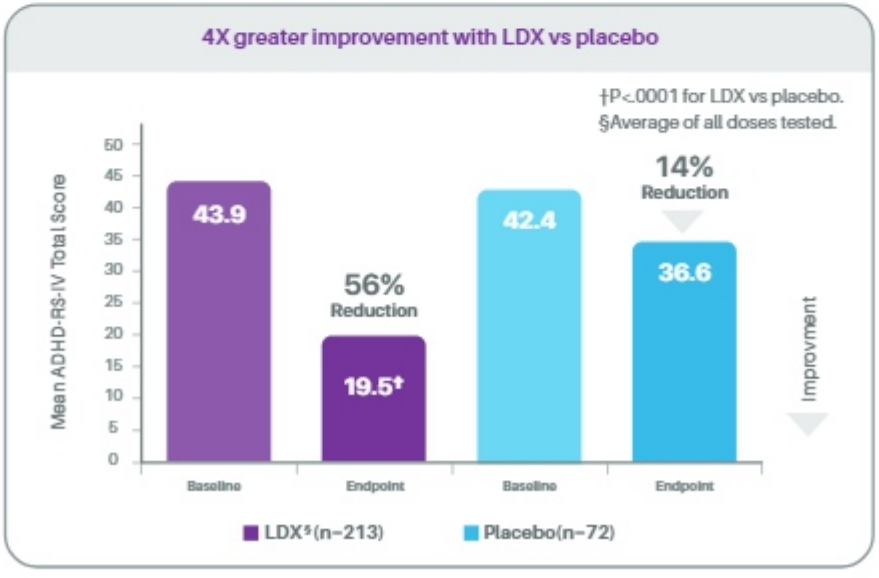


ADHD is not just a childhood disorder, is now acknowledged to persist into adulthood in ~50–65% of individuals[2-5].

*ADHD: Attention Deficit Hyperactivity Disorder
**BED: Binge-Eating-Disorder

Efficacy of LDX in patients aged 6-12 years using ADHD-RS-IV and CPRS ADHD Index

LDX demonstrated a significant reduction in ADHD-RS-IV total score[6,7].
LDX provided a 56% average reduction in ADHD-RS-IV total score (from 43.9 to 19.5) for all doses combined vs a 14% average reduction for placebo (from 42.4 to 36.6)[6-8]



LDX reduced the average number of binge days per week

In two 12-week studies of adults who were diagnosed with moderate to severe B.E.D., LDX (at 30, 50, or 70 mg/day) was proven to reduce the number of weekly binge days (a day with at least 1 binge episode). At the end of both Study 1 and Study 2, adults with moderate to severe B.E.D. who took LDX experienced, on average, significantly fewer binge days per week compared to those who took placebo[9].

Dosage and Administration:

Indication	Initial Dose	Titration Schedule	Recommended Dose	Maximum Dose
ADHD (Adult and Pediatric)	30mg every morning	10mg or 20mg weekly	30mg to 70mg per day	70mg per day
BED (≥18 years)	30mg every morning	20mg weekly	50mg to 70mg per day	70mg per day

Prior to treatment, assess for presence of cardiac disease.

Severe renal impairment: Maximum dose is 50 mg/day.

End stage renal disease (ESRD): Maximum dose is 30 mg/day.

- Administer in the morning without regard to meals.
- A single dose should not be divided.
- Swallow the whole capsule , do not chew.
- The Capsule may be opened and the entire contents mixed with water, yogurt, or orange juice; consume immediately; do not store mixture. 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.

Contraindications: Hypersensitivity to amphetamine products or any component of the formulation; concurrent use of MAO inhibitors, or within 14 days of the last MAO inhibitor dose.

Warnings and Precautions: •CNS effects: patients must be cautioned about performing tasks which require mental alertness (eg, operating machinery or driving). •Peripheral vasculopathy: generally, improve with dose reduction or discontinuation. monitor for digital changes during therapy and seek further evaluation. •Growth retardation: Monitor height and weight in pediatric patients during treatment. •Visual disturbance. •Cardiovascular disorders: Use with caution in patients with hypertension, ventricular arrhythmia, and other cardiovascular conditions that might be exacerbated by increases in BP or heart rate. •Bipolar disorder: May precipitate a mixed or manic episode in patients with bipolar illness. •Seizure disorder: Limited information exists regarding stimulant use in seizure disorder. Whereas patients with ADHD are at an increased risk for seizure activity compared to the general population. •Tourette syndrome/tics: Use with caution in patients with Tourette syndrome or other tic disorders. Stimulants may exacerbate tics (motor and phonic) and Tourette. •Older adult: Use with caution in this age group. •Abuse/misuse/diversion: Use with caution in patients with a history of ethanol or drug abuse. Prescriptions should be written for the smallest quantity consistent with good patient care. •Weight loss: Not indicated or recommended for weight loss; safety and efficacy not established for treatment of obesity. •Discontinuation of therapy: Abrupt discontinuation following high doses or for prolonged periods may result in symptoms for withdrawal (eg, depression, extreme fatigue). **Pregnancy and breastfeeding:** Pregnancy: May cause fetal harm. Breastfeeding: Breastfeeding not recommended. **Drug interactions:** Acidifying and Alkalinizing Agents: Agents that alter urinary pH can alter blood levels of amphetamine. Acidifying agents decrease amphetamine blood levels, while alkalinizing agents increase amphetamine blood levels.

Side effects: Cardiovascular events, Growth suppression, Psychiatric/behavioral effects, Serotonin syndrome, Decreased appetite, upper abdominal pain, xerostomia, Insomnia, Increased blood pressure.

Rx Code 30mg: 72268	Rx Code 50mg: 72243	Rx Code 70mg: 72242

References:

1- drugbank© lisdexamfetamine/2023 2- Hayyad J, Sampson NA, Hwang I, et al. The descriptive epidemiology of DSM-IV Adult ADHD in the World Health Organization World Mental Health Surveys. Atten Defic Hyperact Disord 2011; 3: 47-65. 3- Faraone SV, Biederman J, Mick E. The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. Psychol Med 2006; 36: 159-165. 4- Faraone SV, Biederman J, Mick E. The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. Psychol Med 2006; 36: 159-165. 5- Biederman J, Mick E, Faraone SV. Age-dependent decline of symptoms of attention deficit hyperactivity disorder: impact of remission definition and symptom type. Am J Psychiatry 2000; 157: 816-818. 6- Vyvanse (package insert). Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc. 7- Biederman J, Krishnan S, Zhang Y, McGough JJ, Findling RL. Efficacy and tolerability of lisdexamfetamine dimesylate (NRP-104) in children with attention-deficit/hyperactivity disorder: a phase III, multicenter, randomized, double-blind, forced-dose, parallel-group study. Clin Ther. 2007;29(3):450-463. 8- Data on file; 1130000; Shire US Inc. 9- Michele Fornaro, Marco Solmi. Lisdexamfetamine in the treatment of moderate-to-severe binge eating disorder in adults: systematic review and exploratory meta-analysis of publicly available placebo-controlled, randomized clinical trials, Neuropsychiatric Disease and Treatment, Published 2016 Jul 25, doi: 10.2147/NDT.S108630.