CLINICAL UPDATE

Brand Name	Dyanavel® XR
Generic Name	amphetamine
Drug Manufacturer	Tris Pharma, Inc.

Clinical Update

TYPE OF CLINICAL UPDATE

New strength

FDA APPROVAL DATE

July 1, 2022

LAUNCH DATE

July 11, 2022

REVIEW DESIGNATION

Standard

TYPE OF REVIEW

Type 3 - New Dosage Form; New Drug Application (NDA): 210526

DISPENSING RESTRICTIONS

N/A

Overview

INDICATION(S) FOR USE

Dyanavel® XR is a central nervous system (CNS) stimulant indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older.

MECHANISMS OF ACTION

Amphetamines are non-catecholamine sympathomimetic amines with CNS stimulant activity. The mode of therapeutic action in ADHD is not known.

DOSAGE FORM(S) AND STRENGTH(S)

Extended-release tablets: 5 mg (functionally scored), 10 mg, 15 mg, 20 mg.

DOSE & ADMINISTRATION

- The recommended starting dosage is 2.5 mg or 5 mg once daily in the morning.
- The dosage may be increased in increments of 2.5 mg to 10 mg per day every 4 to 7 days based on clinical response.
- The maximum recommended dosage is 20 mg once daily.

EFFICACY

CLINICAL UPDATE

The efficacy of Dyanavel® XR extended-release oral suspension was evaluated in a laboratory classroom study conducted in 108 pediatric patients (aged 6 to 12 years) with ADHD. The study began with an open-label dose optimization period (5 weeks) with an initial Dyanavel® XR dose of 2.5 or 5 mg once daily in the morning. The dose could be titrated weekly in increments of 2.5 to 10 mg until an optimal dose or the maximum dose of 20 mg/day was reached. Subjects then entered a 1-week randomized, double-blind treatment with the individually optimized dose of Dyanavel® XR or placebo. At the end of the week, school- teacher and raters evaluated the attention and behavior of the subjects in a laboratory classroom using the Swanson, Kotkin, Agler, M-Flynn, and Pelham (SKAMP) rating scale. SKAMP is a 13-item teacher-rated scale that assesses manifestations of ADHD in a classroom setting. Each item is rated on a 7-point impairment scale.

The primary efficacy endpoint was change from pre-dose in the SKAMP-Combined score at 4 hours postdosing. The key secondary efficacy parameters were onset and duration of clinical effect. The change scores from pre-dose SKAMP-Combined scores at post-dose time points (1, 2, 4, 6, 8, 10, 12 and 13 hours) were used to evaluate the key secondary efficacy parameters. Results from the double-blind, placebo-controlled week of the study are summarized in Table 1 and Figure 1.

SKAMP-Combined change scores from pre-dose demonstrated a statistically significant improvement at all time points (1, 2, 4, 6, 8, 10, 12, 13 hours) post-dosing with Dyanavel® XR compared to placebo.

Table 1. Summary of Primary Efficacy Results in Pediatric Patients (6 to 12 years) with ADHD

Study Number	Treatment Group	Primary Efficacy Measure: SKAMP-Combined Score		
		Mean Pre-dose Score (SD)	LS Mean Change from Pre-Dose at 4 Hours Post-Dosing (SE)	Placebo subtracted Difference[a] (95% CI)
Study 1	Dyanavel® XR Extended-Release	17.3 (8.88)	-8.8 (1.14)	-14.8 (-17.9, -11.6)
	Oral Suspension Placebo	15.5 (7.35)	6.0 (1.19)	----

SD: standard deviation; SE: standard error; LS Mean: least-squares mean; CI: confidence interval. [a] Difference (drug minus placebo) in least-squares mean change from pre-dose.

Figure 2. LS Mean Change from Pre-dose in SKAMP-Combined Score after Treatment with Dyanavel® XR Extended-Release Oral Suspension or Placebo in Pediatric Patients (6 to 12 years) with ADHD