WARNING
AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE, ADMINISTRATION OF AMPHETAMINES FOR INGUINAL CONGESTION AND OBSTRUCTIVE HYPERTROPHY OF THE PROSTATE, AND MUST BE AVOIDED. PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITIES OF SUBJECTS DEVELOPING AMPHETAMINE-ABUSE. THE YIELD OF SUCH ABUSE MAY BE ENOUGH TO BE SEEN IN OTHER, AND THE DRUG SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

DESCRIPTION
Amphetamine Sulfate is a sympathomimetic amine of the amphetamine group. It is a white, odorless, bitter tasteless alkaloid, molecular formula C10H15NO2, m.p. 210-212°C, freely soluble in water and slightly soluble in alcohol. Each 15 mg tablet also contains the following inactive ingredients: crospovidone, lactose monohydrate and stearic acid. Each 30 mg tablet also contains FD&C Blue #1.

PHARMACODYNAMICS
Amphetamines are non-catecholamine, sympathomimetic amines with CNS stimulant activity. Peripheral actions include elevation of systolic and diastolic blood pressure, heart rate, and respiratory stimuli. The amphetamines, as the anionic forms, differ from amphetamine in a number of ways. The in vivo more potent is the de-esterified compound, hence, the metabolic fate of amphetamine is important. The excretion of amphetamine and its metabolites is increased, and efficacy is

INDICATIONS AND USAGE
Few weeks duration; thus, the total impact of drug-induced weight loss over that of diet alone weight loss appears to be related in part to variables other than the drug prescribed, such as the amount of weight loss due to the various possible drug effects are not established. The amount of only a fraction of a pound a week. The rate of weight loss is greatest in the first weeks of therapy. The greatest effect on weight loss is seen during the first 4 weeks of therapy, and, very rarely, in patients with a history of obesity and prior EES evidence of sequelae. In this practice, a weight loss of 10% of the weight of the patient at the start of therapy is considered a significant improvement as to the relative importance of the drug and patients weight loss on the drug. The greatest effect on weight loss is usually seen during the first 4 weeks of therapy.

The natural history of obesity is measured, whereas the studies claimed to be right for few weeks duration, thus the total impact of drug-induced weight loss over that of diet alone must be considered limited to the following:

ADVERSE REACTIONS
Evekeo is a sympathomimetic amine, USP for:

1. Nervousness
2. Attention Deficit Disorder with Hyperactivity as an integral part of a total treatment plan which typically includes other measures (psychological, educational, social) for a stabilizing effect in children with behavioral syndrome characterized by the following group of developmentally inappropriate symptoms: marked disorientation, short attention span; hyperactivity, emotional lability, and impulsivity. The diagnosis of the syndrome is made by a careful history and physical examination. The symptoms are almost always inattentive to, and specifically responsive to, the stimulant drugs. This allows for a clear distinction from the symptoms of a drug-induced effect in children. The symptoms of children with ADHD are very commonly associated with ADHD. The decision to treat children with stimulants should be considered only in light of the complete history and evaluation of the child. The decision to treat children with stimulants should be considered only in light of the complete history and evaluation of the child. The decision to treat children with stimulants should be considered only in light of the complete history and evaluation of the child.

3. Exogenous Obesity

4. ADDITIONAL INFORMATION

ADVERSE EFFECTS

5. Postural hypotension (e.g., orthostatic hypotension) may be observed in patients treated with stimulants. Orthostatic hypotension may be more likely to occur in the elderly, in patients with concomitant cardiovascular disorders, or in patients treated with concomitant antihypertensive agents, including monoamine oxidase inhibitors. Orthostatic hypotension may be more likely to occur in the elderly, in patients with concomitant cardiovascular disorders, or in patients treated with concomitant antihypertensive agents, including monoamine oxidase inhibitors. Orthostatic hypotension may be more likely to occur in the elderly, in patients with concomitant cardiovascular disorders, or in patients treated with concomitant antihypertensive agents, including monoamine oxidase inhibitors.
Evekeo is a centrally controlled substance (CS) because it contains amphetamine that can be a target for people who abuse prescription medicines or street drugs. Keep Evekeo in a safe place to protect it from theft. Never give Evekeo to anyone else, because it may cause death or harm from theft. Selling or giving away Evekeo is against the law.

Tell your doctor if you or your child has or has had a family history of drug abuse or drug addiction.

Evekeo is a central nervous system stimulant prescription medicine used for the treatment of:

- Attention Deficit Hyperactivity Disorder (ADHD). Evekeo may help increase attentiveness and decrease impulsiveness and hyperactivity in patients with ADHD. Evekeo should be used as part of a total treatment program for ADHD that may include counseling or other therapies.
- Excessive sleepiness: Evekeo may be used as part of a sleep-form, weight-reduction program for obesity.
- Evekeo is not for use as an anorectic agent for excessive obesity in children less than 12 years of age.
- Evekeo is not for use for ADHD in children less than 3 years old.

The effects of long term use of Evekeo in children are unknown.

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