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1. Overview

This statistical analysis plan (SAP) describes the planned analysis and reporting for KemPharm, Inc. protocol number KP415.S01 (A Multicenter, Dose-Optimized, Open-Label Safety Study with KP415 in Children with Attention-Deficit/Hyperactivity Disorder), dated 26-Apr-2018, Amendment #2. Reference materials for this statistical plan include the protocol and the accompanying sample data collection documents. Operational aspects related to collection and timing of planned clinical assessments are not repeated in this SAP unless relevant to the planned analysis.

The structure and content of this SAP provides sufficient detail to meet the requirements identified by the Food and Drug Administration (FDA), European Medicines Agency (EMA), and International Conference on Harmonization (ICH) of Technical Requirements for Registration of Pharmaceuticals for Human Use: Guidance on Statistical Principles in Clinical Trials[1]. All work planned and reported for this SAP will follow internationally accepted guidelines, published by the American Statistical Association[2]and the Royal Statistical Society[3], for statistical practice.

The planned analyses identified in this SAP may be included in clinical study reports (CSRs), regulatory submissions, or future manuscripts. Also, post-hoc exploratory analyses not necessarily identified in this SAP may be performed to further examine study data. Any post-hoc or unplanned, exploratory analysis performed will be clearly identified as such in the final CSR.

The statistical plan described hereafter is an *a priori* plan. It will be submitted to file prior to any unblinded inferential or descriptive analysis of data pertaining to KemPharm, Inc.'s study KP415.S01.

2. Study Objectives and Endpoints

2.1. Study Objectives

2.1.1. Primary Objective

The primary objective is to determine the safety and tolerability of KP415 in treating children with attention-deficit hyperactivity disorder (ADHD).

2.1.2. Secondary Objectives

The secondary objectives are to determine the efficacy and changes in sleep behavior during KP415 treatment in children with ADHD.

2.2. Study Endpoints

This study is primarily an open-label safety study in the target patient population after approximately 12 months of daily oral doses of KP415 capsules, or after a shorter duration if the study is stopped at an interim analysis. Therefore, the primary endpoint is safety.

2.2.1. Safety Endpoints

The safety endpoints of this study include the following for all subjects:

- The occurrence of treatment-emergent adverse events (TEAEs) will be assessed starting following the first dose of study drug, and ending with the Follow-Up Visit or Early Termination Visit.
- Physical examinations will be performed at the first visit (at Screening, before the first dose of study drug), after approximately 6 months of treatment (Visit 11), and at the end of the Treatment Phase (Visit 17, End of Treatment [EOT]) or at Early Termination.
- Clinical laboratory tests will be performed at the first visit (at Screening, before the first dose of study drug), after approximately 6 months of treatment (Visit 11), and at the end of the Treatment Phase (Visit 17, EOT) or at Early Termination.
- Electrocardiogram (ECG) parameters will be collected at the first visit (at Screening, before the first dose of study drug), after approximately 6 months of treatment (Visit 11), and at the end of the Treatment Phase (Visit 17, EOT) or at Early Termination.
- Vital signs, height, weight, and body mass index (BMI) will be collected at each study visit.
- The Columbia-Suicide Severity Rating Scale (C-SSRS) will be performed at each study visit.

2.2.2. Efficacy Endpoints

The efficacy endpoints of this study include the following:

- During the Dose Optimization Phase (new subjects only):
    - Clinical Global Impressions–Severity (CGI-S) will be assessed at each visit (Screening to Visit 5). Attention-Deficit Hyperactivity Disorder Rating Scale 5 (ADHD-RS-5) will be administered at Visits 2 through Visit 5. Clinical Global Impressions–Improvement (CGI-I) will be assessed at Visits 3, 4, and 5 (since CGI-I is an ADHD improvement assessment, it will not be assessed at Screening and at Visit 2).
- During the Treatment Phase (all subjects):
    - ADHD-RS-5 and CGI-S will be assessed at each visit (Visit 5 to Visit 17, EOT).

2.2.3. Other Endpoint

The modified, abbreviated Children's Sleep Habits Questionnaire (CSHQ) will be used to assess the sleep behavior in the Dose Optimization Phase for new subjects (Visit 2) and in the Treatment Phase for all subjects (Visit 5 to Visit 17). The baseline will be measured before the first dose of study drug, at Visit 2 for new subjects and at Visit 5 for roll-over subjects.

3. Overall Study Design and Plan

3.1. Overall Design

3.2. Sample Size and Power

No formal sample size calculations were conducted. It was determined that approximately 200 subjects are adequate to satisfy the primary objective of the study, which is to determine the safety and tolerability of KP415 in treating children with ADHD for at least 6 months. Assuming a maximum dropout rate of 20% over 6 months, approximately 250 subjects will be enrolled. Subjects will be rolled over from Study KP415.E01 and to reach the targeted number of subjects, new subjects will be enrolled as well. Subjects who fail Screening and new subjects who terminate early during the Dose Optimization Phase may be replaced. Subjects who terminate early in the Treatment Phase will not be replaced.

3.3. Study Population

The study population includes subjects rolled over from Study KP415.E01 (aged 6 to 13) or new subjects (aged 6 to 12) with ADHD who meet the inclusion/exclusion criteria listed in the protocol.

3.4. Treatments Administered

All subjects will be administered 1 unblinded KP415 capsule once daily in the Treatment Phase. The dose of KP415 will be determined by the optimal dose of KP415 identified at the end of the Dose Optimization Phase, either 20, 30, or 40 mg/day KP415.

3.5. Method of Assigning Subjects to Treatment Groups

Dose Optimization Phase (new subjects only): All eligible subjects will start on a dose of 30 mg/day open-label KP415 and the KP415 dose will be titrated to either 20, 30 or 40 mg/day based on tolerability and best individual dose-response in the opinion of the Investigator.

Treatment Phase (all subjects): Roll-over subjects from Study KP415.E01, and new subjects who completed the Dose Optimization Phase (and passed the eligibility criteria for the Treatment Phase will be enrolled at Visit 5 (start of the Treatment Phase) for treatment with the optimized dose of KP415 capsules. During the Treatment Phase, based on individual tolerability and dose response, the daily dose of KP415 may be changed to any of the allowed dose levels (20, 30, or 40 mg/day) at the Investigator's discretion.

3.6. Blinding and Unblinding

This is an open-label study. Study treatments will not be blinded.

3.7. Schedule of Events

A detailed schedule of events for the study is provided in Table 1 (Screening [all subjects] and Dose Optimization Phase [new subjects only]), Table 2 (Treatment Phase, first 6 months [all subjects]), and Table 3 (Treatment Phase, second 6 months; Early Termination; and Follow-up

Visits [all subjects]).

Table 1: Schedule of Events (Screening [all subjects] and Dose Optimization Phase [new subjects only])

ASSESSMENTS	SCREENING PHASE [22] (*NEW* / *ROLLOVER*)		OPEN-LABEL DOSE OPTIMIZATION PHASE [21, 22] (*NEW SUBJECTS ONLY*)					
Study Day	-30 to -1	-30 to -1	0	1-6 (±3 Days)	7 (±3 Days)	8-13 (±3 Days)	14 (±3 Days)	15-20 (±3 Days)
Visit Number	1A	1B[24]	2		3		4	
Parental Permission/Written or Verbal Assent	X	X						
ADHD Diagnosis and Confirmation [1]	X							
Capsule Swallowing Test [2]	X							
Inclusion/Exclusion	X	X	X		X		X	
Demographics	X	X						
Medical History [3]	X	X	X					
Physical Examination	X	X						
Body Weight, Height, BMI [4]	X	X						
Vital Signs [5]	X	X	X		X		X	
12-Lead ECG [6]	X	X						
Chemistry/Hematology/Urinalysis (under fasting conditions)	X	X						
Urine Alcohol/Drugs of Abuse Screen [7]	X	X						
Urine MPH Screen [8]	X		X					
Pregnancy Test [9]	X	X	X					
C-SSRS [10]	X	X	X		X		X	
Washout ADHD Meds [11]			X					
Open-Label KP415 Dosing [12]				X	X	X	X	X
Drug Accountability & Compliance Assessment [13]					X		X	
ADHD-RS-5 [14]			X		X		X	
MINI-KID [15]	X							
CGI-S [16]	X		X		X		X	
CGI-I [17]					X		X	
CSHQ [18]			X					
Adverse Events [19]				X	X	X	X	X
Concomitant Medications [20]	X		X		X		X	

BMI = Body Mass Index; ECG = Electrocardiogram; MPH = methylphenidate; see footnotes for other abbreviations.

1. ADHD Diagnosis based on the Statistical Manual of Mental Disorders - Fifth Edition (DSM-5) criteria for a primary diagnosis of ADHD (combined, inattentive, or hyperactive/impulsive presentation) and confirmed by the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID).
2. Capsule Swallowing Test: Subjects must be able to comply with one of the following:

a) Subjects will take a size 3 capsule with up to 240 mL of water at Screening. The capsule may not contain any active drug substance. Subjects must be able to easily swallow the size 3 capsule to be eligible for further study participation. This is not required for subjects who have previously participated in the KP415.E01 study.
b) If subjects are unable to demonstrate that they can swallow size 3 capsules, they must agree to take the capsule contents sprinkled over a small amount of applesauce or added to a small amount of water during the study.

Any of the methods of administration may be used on any day of the study, but if subjects plan to take study drug as the whole capsule, subjects will need to have demonstrated that they are able to swallow size 3 capsules at Screening or any time during the study (or have been previously participated in Study KP415.E01).

3. Medical History: A complete medical history including chronic conditions, relevant surgical procedures (with start date), history of drug and alcohol use. As part of Medical History for Visit 1B (and with more details captured in the database), record treatment with study drug in Study KP415.E01 with regards to dose, duration, date of last dose (Visit 6 in Study KP415.E01), last visit in Study KP415.E01 (Visit 7 in Study KP415.E01), etc.
4. Height will be recorded in centimeters (cm) with the subject's shoes removed. Body weight will be measured in kilograms (kg); subjects will remain in their normal clothing with shoes and jacket (and/or outer clothing) removed.
5. Vital sign measurements will be obtained after the subject has been seated for at least 3 minutes. Vital signs will include sitting blood pressure (systolic and diastolic measurements), pulse rate (beats per minute), respiratory rate (breaths per minute), and oral temperature. Vital signs will be collected once at each visit.
6. Electrocardiogram (ECG): A 12-lead ECG will be obtained after the subject has been in the supine position for at least 3 minutes. Abnormal ECGs may be repeated for confirmation in which case only the repeated ECG will be recorded. The QT interval corrected for heart rate will be calculated with Fridericia's formula (QTcF). For roll-over subjects, if the Screening Visit (Visit 1B) occurs on the same day as the Follow-Up Visit (Visit 7) of Study KP415.E01, one ECG will be obtained to be used in both studies. If Visit 1B occurs later, after Visit 7 in E01, a new ECG will be obtained at Visit 1B as baseline for the current study.
7. Urine Screen for Alcohol and Drugs of Abuse: Urine samples will be tested for alcohol, and drugs of abuse (amphetamines, methamphetamines, benzodiazepines, barbiturates, cannabinoids, cocaine, opioids including oxycodone) at Screening (Visit 1A or 1B). If the urine test is positive for any of the analytes at Screening, the subject will be excluded from study participation, with the exception of the following: Depending on a subject's current ADHD medication at Screening, the urine screen at Screening may test positive for ADHD medications such as amphetamines and methamphetamines. All ADHD medications must be washed out by Visit 2 for new subjects and Visit 5 for roll-over subjects.
8. Urine Screen for Methylphenidate (MPH): For new subjects, urine samples will be tested for MPH at Screening (Visit 1A) and Visit 2. A urine dipstick (eg, NarcoCheck®) will be used to screen for the presence of MPH in the urine. If a subject's current ADHD medication at Screening contains MPH, the urine screen at Screening (Visit 1A, new subjects) may test positive for MPH. All ADHD medications must be washed out by Visit 2 for new subjects and Visit 5 for roll-over subjects (MPH urine screen must test negative).
9. Pregnancy Test: performed for female subjects of childbearing potential. A serum β-hCG pregnancy test will be performed at Screening. A urine pregnancy test will be performed at Visit 2. A positive pregnancy test at Screening or before the last dose of study drug will exclude a subject from further participation in the study.
10. Columbia-Suicide Severity Rating Scale (C-SSRS): The "Children's Baseline/Screening" version will be assessed at Screening, and the "Children's Since Last Visit" version will be assessed at all other visits. Subjects who have, in the opinion of the Investigator, clinically significant suicidal ideation/behavior, based on history of attempted suicide and the C-SSRS assessment at Screening or at any time before the last dose of study drug, will be excluded from further participation in the study.
11. All Subjects must wash out ADHD medications prior to Visit 2. Stimulant ADHD medications (with the exception of study drug), including herbal medications, are prohibited from 5 days prior to Visit 2 for new subjects and prior to Visit 5 for roll-over subjects to the end of the Follow-Up Visit or Early Termination Visit. Before or on the day during the screening period that subjects will need to start the washout of their ADHD medications (for example, 5 days before Visit 2 for stimulants), study site staff will contact the subject's parent/guardian by phone to remind them of the washout ("washout phone call"). Non-Stimulant ADHD medications are prohibited from 14 days prior to the start of the Dose Optimization Phase (Visit 2) to the end of the Follow-Up Visit or Early Termination Visit. Other prohibited medications with their associated time windows when they are prohibited are listed in the protocol.

12. KP415 Dose Optimization: Subjects will begin taking open-label KP415 at home the morning following Visit 2. The starting dose of KP415 (Days 1-7 ±3 days) will be 30 mg/day. KP415 dose adjustments, if needed, will be performed at approximately weekly intervals between visits (at Visits 3 and 4). Actual visit dates may deviate from exactly being spaced 7 days apart such that the total duration of the Dose Optimization Phase is 3 weeks (21 days) ±3 days. The daily doses of KP415 used in the Dose Optimization Phase will be 20, 30, and 40 mg (dose optimization range of ≥20 and ≤40 mg). At Visits 3 and 4, based on the CGI scores, interview with the parent/guardian/caregiver, and safety data, the Investigator will evaluate the subject's therapeutic responses and tolerability to treatment and decide whether the current KP415 dose should be increased, decreased, or remain the same for the next week of dosing. If subjects experience symptoms of intolerance during the at-home treatment, they must contact the clinical site, and, at the discretion of the Investigator, their KP415 dose may be adjusted before the next scheduled visit. Unscheduled visits between Visits 2, 3, and 4 are allowed as needed, at the discretion of the Investigator.
13. Drug Accountability & Compliance Assessment: All study drug will be recorded by each site's pharmacy staff member or Investigator-delegated employee. A record of the study drug accountability will be prepared and kept by the clinical site.
14. ADHD-Rating Scale-5 (ADHD-RS-5) assessment: 1 assessment at the indicated visits.
15. Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID): For confirmation of ADHD diagnosis at Screening.
16. Clinical Global Impressions–Severity (CGI-S) scale assessment: 1 assessment at the indicated visits.
17. Clinical Global Impressions–Improvement (CGI-I) scale assessment: 1 assessment at the indicated visits.
18. Children's Sleep Habits Questionnaire (CSHQ) assessment: 1 assessment at Visit 2.
19. Adverse Events: To be assessed and recorded in the eCRF following the first dose of open-label drug (KP415), on Day 1, through either Follow-Up or Early Termination. Subject's parent/guardian will be instructed to contact the study site for the reporting of AEs during the dosing periods at home.
20. Concomitant Medications: new and/or changed medications and dose, medical treatments and/or therapies will be recorded at Screening through either Follow-Up or Early Termination.
21. Actual visit dates in the Dose Optimization Phase may deviate from exactly being spaced 7 days apart such that the total duration of the Dose Optimization Phase ranges between 18 and 24 days (21 ±3 days). Any allowed deviation (up to 3 days in total) of the targeted 21-day Dose Optimization Phase will be carried over into the actual days for the subsequent visits.
22. Subjects who meet withdrawal criteria post-dose during the Dose Optimization Phase (after at least one dose of study drug is administered) will complete Early Termination procedures as listed in the Schedule of Events in Table 3. This includes subjects who do not meet the eligibility criteria to continue in the Treatment Phase. At the discretion of the Investigator, ensuring the safety of the subjects, any Early Termination procedures that were already performed on the same day as part of the procedures of the Dose Optimization Phase, do not need to be repeated. Subjects who withdraw early from the study and complete the ET procedures will not return for a Follow-Up Visit. Therefore, the ET Visit is the End-of-Study (EOS) for these subjects.
23. The procedures at Screening are different between subjects rolled over from Study KP415.E01 and new subjects. Therefore, the Screening Visit for roll-over subjects is designated as Visit 1B, and for new subjects is designated Visit 1A. Visits 2, 3 and 4 are not needed for subjects rolled over from Study KP415.E01 because their optimum dose was determined in the Dose Optimization Phase of Study KP415.E01. Therefore, roll-over subjects from Study KP415.E01 will start with Visit 1B as the first visit of the current study, followed by Visit 5 as the next visit (roll-over subjects will not have Visits 2, 3 and 4).
24. The Screening Visit for roll-over subjects (Visit 1B) may occur on the same day as the EOS (Visit 7, Follow-Up) in Study KP415.E01 or later, and must occur within 30 days before Visit 5 in the current study. For roll-over subjects, the Investigator has the option to use the clinical laboratory (clinical chemistry, hematology and urinalysis) results from the Follow-Up Visit in Study KP415.E01 (Visit 7) in lieu of collecting new blood samples at Screening (Visit 1B) in the current study, as long as the clinical laboratory samples from the E01 study were collected within 30 days prior to Screening (Visit 1B) in the current study. For all roll-over subjects who are children of childbearing potential, a blood sample for the measurement of a serum pregnancy test is needed at Visit 1B. For other assessments required at Visit 1B (C-SSRS, for example), the Visit 7 assessments from the E01 study (if collected) can be used as long as Visit 1B is conducted on the same day as Visit 7 in the E01 study. Visit 7 clinical laboratory samples collected during KP415.E01 (also used as the Visit 1B results) are not required to be collected under fasting conditions. During Visit 1B of the current study, the study site will document whether these samples were collected under fasting/non-fasting conditions, and this will be recorded in the database.

Table 2: Schedule of Events (Treatment Phase [First 6 Months; All Subjects])

ASSESSMENTS	OPEN-LABEL TREATMENT PHASE [19]												
Study Day	0	1-29 (±5 Days)	30 (±5 Days)	31-59 (±5 Days)	60 (±5 Days)	61-89 (±5 Days)	90 (±5 Days)	91-119 (±5 Days)	120 (±5 Days)	121-149 (±5 Days)	150 (±5 Days)	151-179 (±5 Days)	180 (±5 Days)
Visit Number	5		6		7		8		9		10		11
Inclusion/Exclusion	X												
Medical History [1]	X												
Physical Examination [2]													X
Body Weight, Height, BMI [3]	X		X		X		X		X		X		X
Vital Signs [4]	X		X		X		X		X		X		X
12-Lead ECG [5]													X
Chemistry/Hematology/Urinalysis													X
Urine MPH Screen (roll-overs) [6]	X												
Pregnancy Test [7]	X		X		X		X		X		X		X
C-SSRS [8]	X		X		X		X		X		X		X
Prohibited Medications [9]	X	X	X	X	X	X	X	X	X	X	X	X	X
Eligibility Criteria (new subjects) [10]	X												
Enrollment in Treatment Phase [11]	X												
Open-Label KP415 Dosing [12]		X	X	X	X	X	X	X	X	X	X	X	X
Drug Accountability & Compliance Assessment	X[22]												X
ADHD-RS-5 [13]	X		X		X		X		X		X		X
CGI-S [14]	X		X		X		X		X		X		X
CGI-I [15]	X												
CSHQ [16]	X		X		X		X		X		X		X
Adverse Events [17]	X	X	X	X	X	X	X	X	X	X	X	X	X
Concomitant Medications [18]	X		X		X		X		X		X		X
Interim Analysis [23]													X

EOS = End of Study; ET = Early Termination; BMI = Body Mass Index; ECG = Electrocardiogram; see footnotes for other abbreviations.

Table 3: Schedule of Events (Treatment Phase [Second 6 Months], and Early Termination and Follow-Up Visits [All Subjects])

ASSESSMENTS	OPEN-LABEL TREATMENT PHASE [19]												**ET** [21] (EOS)	**ET** [21] (EOS)
Study Day	181-209 (±5 days)	210 (±5 days)	211-239 (±5 days)	240 (±5 days)	241-269 (±5 days)	270 (±5 days)	271-299 (±5 days)	300 (±5 days)	301-229 (±5 days)	330 (±5 days)	331-359 (±5 days)	360 20 (±5 days)	-	343-383 (±2 days)[19]
Visit Number		12		13		14		15		16		17	-	18
Physical Examination [2]												X	X	
Body Weight, Height, BMI [3]		X		X		X		X		X		X	X	X
Vital Signs [4]		X		X		X		X		X		X	X	X
12-Lead ECG [5]												X	X	
Chemistry/Hematology/ Urinalysis (under fasting conditions)												X	X	
Pregnancy Test [7]		X		X		X		X		X		X	X	X
C-SSRS [8]		X		X		X		X		X		X	X	X
Prohibited Medications [9]	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Open-Label KP415 Dosing [12]	X	X	X	X	X	X	X	X	X	X	X	X		
Drug Accountability & Compliance Assessment		X		X		X		X		X		X	X	
ADHD-RS-5 [13]		X		X		X		X		X		X		
CGI-S [14]		X		X		X		X		X		X		
CGI-I [15]														
CSHQ [16]		X		X		X		X		X		X		
Adverse Events [17]	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Concomitant Medications [18]		X		X		X		X		X		X	X	X

EOS = End of Study; ET = Early Termination; BMI = Body Mass Index; ECG = Electrocardiogram; see footnotes for other abbreviations.

1. Medical History: A complete medical history including chronic conditions, relevant surgical procedures (with start date), history of drug and alcohol use.
2. Physical examination at Visit 11, and at Visit 17 (EOT) or at Early Termination (if possible).
3. Body weight, height and BMI at each visit. Height will be recorded in centimeters (cm) with the subject's shoes removed. Body weight will be measured in kilograms (kg); subjects will remain in their normal clothing with shoes and jacket (and/or outer clothing) removed.

4. Vital sign measurements will be obtained after the subject has been seated for at least 3 minutes. Vital signs will include sitting blood pressure (systolic and diastolic measurements), pulse rate (beats per minute), respiratory rate (breaths per minute), and oral temperature. Vital signs will be collected once at each visit.
5. Electrocardiogram (ECG): A 12-lead ECG will be obtained after the subject has been in the supine position for at least 3 minutes. Abnormal ECGs may be repeated for confirmation in which case only the repeated ECG will be recorded. The QT interval corrected for heart rate will be calculated with Fridericia's formula (QTcF).
6. Urine Screen for Methylphenidate (MPH): Urine samples will be tested for MPH at Visit 5 for roll-over subjects. A urine dipstick (e.g., NarcoCheck®) will be used to screen for the presence of MPH in the urine. All ADHD medications must be washed out by Visit 5 for roll-over subjects. Subjects with a positive MPH urine screen at Visit 5 will be excluded from further participation in the study or may be retested at a later date, and may be enrolled if the MPH urine screen retest is negative as long as the Screening Window is adhered to.
7. A urine pregnancy test will be performed for female subjects of childbearing potential at all visits during the Treatment Phase, and at Early Termination or Follow-Up. A positive pregnancy test before the last dose of study drug will exclude a subject from further participation in the study.
8. Columbia Suicide Severity Rating Scale (C-SSRS): The "Children's Since Last Visit" version will be assessed at all visits the Treatment Phase, and at Early Termination or Follow-Up. Subjects who have, in the opinion of the Investigator, clinically significant suicidal ideation/behavior, based on history of attempted suicide and the C-SSRS assessment at Screening or at any time before the last dose of study drug, will be excluded from further participation in the study.
9. Stimulant ADHD medications (with the exception of study drug), including herbal medications, are prohibited from 5 days prior to Visit 5 to the end of the Follow-Up Visit or Early Termination Visit.
Non-Stimulant ADHD medications are prohibited from 14 days prior to the start of Visit 5 to the end of the Follow-Up Visit or Early Termination Visit. Other prohibited medications with their associated time windows when they are prohibited are listed in the protocol body text.
10. At Visit 5, for new patients, the Investigator will evaluate the eligibility criteria based on assessments in the Dose Optimization Phase, for continuation into the subsequent Treatment Phase. For subjects eligible for the Treatment Phase, the optimal daily KP415 dose will be used as the daily KP415 dose in the Treatment Phase. This is not needed for subjects rolled over from Study KP415.E01 because their optimum dose was determined in the Dose Optimization Phase of Study KP415.E01. Rolled-over subjects from Study KP415.E01 will start with Visit 1B as the first visit of the current study, followed by Visit 5 as the next visit (rolled-over subjects will not have Visits 2, 3, and 4).
11. Enrollment in the Treatment Phase: Subjects able to tolerate at least 20 mg/day of KP415 and with an adequate dose-response will be enrolled into the Treatment Phase. The determination of tolerability and adequate dose-response will be determined in Study KP415.E01 for subjects rolled over from Study KP415.E01 (they will need to have completed Study KP415.E01), or at the end of the Dose Optimization Phase in the current study for new subjects. Subjects rolled over from Study KP415.E01 will be enrolled in the Treatment Phase of the current study (Visit 5) within 45 days after the last dose of study drug in Study KP415.E01 (Visit 6 in Study KP415.E01). New subjects will continue to the Treatment Phase immediately after the end of the Dose Optimization Phase in the current study. Subjects not rolled over from Study KP415.E01 within 45 days of the last dose of study drug, may be enrolled in the current study as new subjects (they will need to start with Screening and Dose Optimization Phase). At the start of the Treatment Phase (Visit 5), the appropriate open-label study drug to be taken at home once-a-day in the morning on each of the days of the Treatment Phase until the next visit will be dispensed to the subjects.
12. Study Drug Administration: All subjects eligible to participate in the Treatment Phase will receive non-blinded oral capsules with active KP415 drug (one capsule). The dose level is an optimized KP415 dose of 20, 30, or 40 mg determined at the end of the Dose Optimization Phase in Study KP415.E01 for rolled-over subjects from Study KP415.E01, or as determined at the end of the Dose Optimization Phase in the current study for new subjects.
Based on individual tolerability and dose-response during the Treatment Phase, at the discretion of the Investigator, the KP415 dose may be changed (increased or decreased, but one of the 3 dose levels of 20, 30, or 40 mg KP415 capsules). All study drugs will be given orally. Subjects will take study drug (one capsule/day) in the morning at home under supervision of their parent or legal guardian. The final dose of study drug will be administered on the last day of the Treatment Phase (Day 360 ±20 days; Visit 17). If the study is stopped earlier based on the stopping rules, the last day of the Treatment Phase (Visit 17) may occur earlier than Day 360 for some or all subjects. Study drug will be taken orally with up to 210-240 mL of water. The capsule needs to be swallowed whole

(without crushing, cutting, crushing, chewing, opening, or dissolving) or may be taken by sprinkling the contents of the capsule over a small amount of applesauce, or putting the contents in a small amount of water.
13. ADHD-Rating Scale-5 (ADHD-RS-5) assessment: 1 assessment at the indicated visits.
14. Clinical Global Impressions–Severity (CGI-S) scale assessment: 1 assessment at the indicated visits.
15. Clinical Global Impressions–Improvement (CGI-I) scale assessment: 1 assessment at Visit 5 for new subjects only.
16. Children's Sleep Habits Questionnaire (CSHQ) assessment: 1 assessment at the indicated visits.
17. Adverse Events: To be assessed and recorded in the eCRF following the first dose of open-label drug (KP415), through either Early Termination or Follow-Up. Subject's parent/guardian will be instructed to contact the study site for the reporting of AEs while away from the study site.
18. Concomitant Medications: new and/or changed medications and dose, medical treatments and/or therapies will be recorded at Visit 5 through either Follow-Up or Early Termination.
19. To allow flexibility in scheduling visits, actual visit dates for individual subjects in the Treatment Phase may deviate from exactly being spaced 30 days apart (up to 30 ±5 days from the previous visit) such that the total duration of the Treatment Phase may be in the range of 360 ±20 days (340-380 days from Visit 5 to Visit 17). The Follow-Up Visit (3 days after the last dose) therefore falls between Day 343 and Day 383, but has its own window of ±2 days added.
20. The end of the Treatment Phase is on Day 360 ±20 days (Visit 17), after all post-dosing procedures are completed.
21. Subjects who meet withdrawal criteria post-dose during the Treatment Phase (after at least one dose of study drug is administered) will complete Early Termination procedures. At the discretion of the Investigator, ensuring the safety of the subjects, any Early Termination procedures that were already performed on the same day as part of the procedures of the Treatment Phase, do not need to be repeated. Subjects who withdraw early from the study and complete the ET procedures will not return for a Follow-Up Visit. Therefore, the ET Visit is the End-of-Study (EOS) for these subjects.
22. Drug Accountability & Compliance Assessment: All study drug will be recorded by each site's pharmacy staff member or Investigator-delegated employee. A record of the study drug accountability will be prepared and kept by the clinical site at each visit for subjects receiving study drug since the previous visit (including drug accountability at Visit 5 for drug returned from the last week of the Dose Optimization Phase, by new subjects).
23. An interim analysis of the safety data will be conducted after approximately all subjects remaining in the study have completed 180 days (approximately 6 months) of treatment. After the completion of the interim analysis, based on the acceptance of the clinical and nonclinical safety database from the current study and other studies, the Sponsor may stop the study. Treatment in the current study will continue as planned while the interim analysis is conducted. If the decision is made to stop the study, all subjects remaining in the study will undergo the EOT Visit (with safety evaluations including fasting safety labs and ECGs) and a Follow Up Visit.

4. Statistical Analysis and Reporting

The analyses contained in this Statistical Analysis Plan will assess the safety and efficacy of KP415 and will be included in the CSR. The final analysis will be performed after database lock when all subjects have been followed through Visit 18 (Days 343-383 ±2 days), unless the study is stopped early (see Section 4.2 for stopping rules).

The protocol will include an interim analysis after approximately all subjects remaining in the study have completed 180 days (approximately 6 months) of treatment (Visit 11). The focus of the interim analysis will be the safety assessments during the first 6 months of treatment in the Treatment Phase. The table, figure, and listing (TLF) shells that will be used for both the interim and final analyses are contained in this SAP. See Section 4.2 for more details.

4.1. Introduction

Data processing, tabulation of descriptive statistics, calculation of inferential statistics, and graphical representations will be performed primarily using SAS (release 9.4 or higher). If the use of other software is warranted, the final statistical methodology report will detail what software was used for what purposes.

Continuous (quantitative) variable summaries will include the number of subjects (n) with non-missing values, mean, standard deviation (SD), coefficient of variation (CV%), median, minimum, and maximum.

Categorical (qualitative) variable summaries will include the frequency and percentage of subjects who are in the particular category or each possible value, as well as 95% confidence intervals (CIs). In general, the denominator for the percentage calculation will be based upon the total number of subjects in the study population for the treatment, unless otherwise specified. The denominator for by-visit displays will be the number of subjects in the relevant study population and treatment with non-missing data at each visit.

The minimum and maximum will be reported with the same degree of precision (ie, the same number of decimal places) as the observed data. Measures of location (mean and median) will be reported to 1 degree of precision more than the observed data and measures of spread (SD) will be reported to 2 degrees of precision more than the observed data.

Percentages will be presented to 1 decimal place, unless otherwise specified.

Unless otherwise indicated, all statistical tests will be conducted at the 0.05 significance level using *2*-tailed tests, and *P* values will be reported. Corresponding 95% CIs will be presented for statistical tests.

A *P* value of ≤ 0.10 but > 0.05 will be considered evidence of a trend. All formal statistical comparisons for continuous variables will be based on the t-test with unequal variances if data is normally distributed. If data is not normally distributed, the non-parametric Wilcoxon/Mann-Whitney rank-sum test will be used. All formal statistical

comparisons for categorical or binary variables will be based on the Chi-square test or Fisher's exact test. Wilson confidence intervals for binomial proportions and differences in binomial proportions will be computed.

Summaries of disposition and efficacy will be presented overall, by any dose of KP415. For safety summaries presented by treatment, the dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. For the dose optimization phase tables, the optimized dose is presented. If a subject receives a lower dose than planned due to tolerability, this will be mentioned in a footnote.

4.2. Interim Analysis and Data Monitoring

An interim analysis of the safety data will be conducted after approximately all subjects remaining in the study have completed 180 days (approximately 6 months) of treatment (Visit 11). The focus of the interim analysis will be the safety assessments (primary endpoints) during the first 6 months of treatment in the Treatment Phase. The safety data will be analyzed using the same statistical methods as planned for the main analysis after completion of the study. The results from the interim safety analysis will be used to determine whether or not the study can be stopped. All other endpoints (including the secondary endpoints) and assessments will also be analyzed as part of the interim analysis. Tables that will be presented in the interim analysis will be flagged in the table of contents.

The study may be stopped for any of the following reasons, whichever comes first:

1. After the completion of the interim analysis, based on the acceptance of the clinical and nonclinical safety database from the current study and other studies, the Sponsor may stop the study. Treatment in the current study will continue as planned while the interim analysis is conducted. If the decision is made to stop the study, all subjects remaining in the study will undergo the EOT Visit (with safety evaluations including fasting safety labs and ECGs) and a Follow-Up Visit.

2. After approximately 100 subjects have completed 360 days (approximately 1 year) of treatment. Other subjects remaining in the study (treated at that time for less than 360 days) will undergo the EOT Visit (with safety evaluations including fasting safety labs and ECGs) and a Follow-Up Visit.

5. Analysis Populations

The following analysis populations are planned for this study:

- **Treatment-phase Safety Population:** The Treatment-phase Safety Population will include all enrolled subjects who received at least 1 dose of study medication in the Treatment Phase and had at least 1 post-dose safety assessment in the Treatment Phase. All baseline and safety data (the latter during the Treatment Phase) will be analyzed using this population.
- **Efficacy Population:** The Efficacy Population will include all enrolled subjects who received at least 30 days of study medication in the Treatment Phase, who had

adequate data to assess the change from baseline of the efficacy parameters, and who had no protocol deviations that could affect the efficacy parameters. All efficacy analyses and sleep behavior results (via CSHQ) across the Treatment Phase will be analyzed using this population.

- **Dose-optimization Safety Population:** The Dose-optimization Safety Population will include all enrolled subjects in the Dose Optimization Phase ("New Subjects") who received at least one dose of study medication in the Dose Optimization Phase and had at least one post-dose safety assessment in the Dose Optimization Phase. All data from the Dose Optimization Phase will be analyzed using this population.

6. General Issues for Statistical Analysis

6.1. Statistical Definitions and Algorithms

6.1.1. Baseline

The baseline for the safety parameters (physical examinations, vital signs, height, weight, BMI, ECG parameters, clinical laboratory tests, and C-SSRS scores) will be the last observation recorded prior to the first dose of study drug. This is measured at either Visit 1A or Visit 2 for new subjects and Visit 1B for roll-over subjects.

The baseline for ADHD-RS-5, CGI-S, and CSHQ will be measured at Visit 5 for roll-over subjects and at Visit 2 for new subjects.

6.1.2. Adjustments for Covariates

Where statistical modelling is performed, the baseline value of that assessment will be used as a covariate.

6.1.3. Multiple Comparisons

No adjustments will be made for multiple comparisons; all analyses will be conducted at the $\alpha = 0.05$ level.

6.1.4. Handling of Dropouts or Missing Data

Subjects who withdraw from the study during the Treatment Phase will not be replaced. Subjects who withdraw from the study during the Dose Optimization Phase may be replaced. Missing data will not be imputed for safety analyses.

For the analysis of efficacy, a sensitivity analysis will be performed in which missing ADHD-RS-5, CGI-S, CGI-I, and CSHQ scores during the Dose Optimization Phase and Treatment Phase will be imputed using Last Observation Carried Forward (LOCF).

6.1.5. Analysis Visit Windows

For all analyses, unscheduled and/or repeated measurements will only be included if a scheduled measurement is not available and the unscheduled/repeated measurement falls within the analysis visit windows as described in Table 1, Table 2, and Table 3. Otherwise, visits will be analyzed as scheduled.

6.1.6. Pooling of Sites

Safety and efficacy data will be pooled across all sites. Additionally, subgroup analyses will be performed in which safety, efficacy, and CSHQ endpoints are analyzed by site. See Section 8 and Section 9 for more details.

6.1.7. Derived Variables

- ADHD-RS-5 Inattention Subscale Score = summed severity and frequency ratings of the 9 item inattentiveness ADHD rating sub scale. Each item is scored from a range of 0 (reflecting no symptoms or a frequency of never or rarely) to 3 (reflecting severe symptoms or a frequency of very often), so that the subscale score ranges from 0 to 27.

- ADHD-RS-5 Hyperactivity/Impulsivity Subscale Score = summed severity and frequency ratings of the 9 item hyperactivity/impulsivity ADHD rating subscale. Each item is scored from a range of 0 (reflecting no symptoms or a frequency of never or rarely) to 3 (reflecting severe symptoms or a frequency of very often), so that the subscale score ranges from 0 to 27.

- ADHD-RS-5 Total Score = summed severity and frequency ratings of the 18 item ADHD rating scale based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) [4] criteria. Each item/symptom is scored from a range of 0 (reflecting no symptoms or a frequency of never or rarely) to 3 (reflecting severe symptoms or a frequency of very often), so that the total ADHD-RS-5 scores range from 0 to 54.

- Total Sleep Disturbance Score = summed frequency ratings of the 33-item modified, abbreviated CSHQ used to assess examine sleep behavior in small children[5, 6]. Items are rated on a 3-point scale of "Usually," "Sometimes," and "Rarely" for occurrences in the following sleep domains: bedtime resistance, sleep onset delay, sleep duration, sleep anxiety, night wakings, parasomnias, sleep disordered breathing, and daytime sleepiness.

- Change from baseline = value at current time point – value at baseline

- Percent change from baseline = (change from baseline / baseline) * 100. If both baseline and change from baseline are 0 then percent change from baseline will be set to 0.

- TEAE = any adverse event (AE) with an onset date/time between the initiation of study drug and 5 days after the last dose of study drug. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment administration.

- Treatment duration (days) = LASTDAY – FIRSTDAY + 1 day

  where

  LASTDAY is the date of last dose, and

  FIRSTDAY is the date of first dose.

- Mean daily dose = sum of all doses taken (in mg) / total number of days from day after previous visit to current visit

- BMI = weight (kg) / [(height (cm)/100) * (height (cm)/100)]

- Body surface area (BSA) =$\sqrt{[\text{height(cm)} * \text{weight(kg)}]/3600)}$

- Treatment compliance = Number of pills taken/Total number of days on the study

  Acceptable Compliance is defined as 80-100% (inclusive) of the total pills to be taken on study (eg, 288-360 pills if the subject completes the study).

- Fridericia's correction (QTcF) will be derived as follows: $QTcF = \frac{QT}{\sqrt[3]{RR}}$

  where

  Relative rate: RR = 60 / HR

  HR = Heart rate obtained from the ECG.

6.1.8. Data Adjustments/Handling/Conventions

All collected data will be presented in listings. Data not subject to analysis according to this plan will not appear in any tables or graphs but will be included only in the data listings.

All *P* values will be displayed in 4 decimals and rounded using standard scientific notation (eg, 0.XXXX). If a *P* value less than 0.0001 occurs it will be shown in tables as <0.0001.

All AEs and medical histories will be coded using the Medical Dictionary for Regulatory Activities (MedDRA) version 20.1 thesaurus or higher. Prior and concomitant medications will be coded using the World Health Organization-Drug Dictionary Enhanced (WHO-DDE) version September 2017 or higher.

A treatment related AE is any AE with a relationship to the study drug of possibly, probably, or definitely related.

If partial AE or medication dates occur, the convention for replacing missing dates for the purpose of statistical analysis is as follows:

For partial AE and medication start dates:

- If the year is unknown, then do not impute the date but assign a missing value.
- If the year is known, but the month or month and day is unknown, then:
    - If the year matches the year of first dose date and the end date (if present) is after first dose date, then impute as the month and day of the first dose date.
    - Otherwise, assign 01 January.
- If the year and month are known, but the day is unknown, then:
    - If the month and year match the month and year of the first dose date, then impute as the day of the first dose date.
    - Otherwise, assign 01.

For partial AE and medication end dates:

- If the year is unknown, then do not impute the date but assign as missing value.
- If the year is known, but the month or month and day is unknown, then:
    - If the year matches the year of the last date of the study (date of last contact if subject lost to follow-up; date of completion or early termination otherwise), then impute as the month and day of the last date of the study.
    - Otherwise, assign 31 December.
- If the year and month are known, but the day is unknown, then:
    - If the month and year match the month and year of the last date of the study, then impute as the day of the last date of the study.
    - Otherwise, assign the last day of the month.

7. Study Subjects and Demographics

7.1. Disposition of Subjects and Withdrawals

Disposition will include an accounting of the number of subjects enrolled into each treatment, the number of roll-over subjects who participated in KP415.E01, the number of subjects who received treatment, reasons for discontinuation from the study, and number of subjects in each analysis population. For each main reason for early discontinuation, an assessment will be made to determine when in the course of treatment most subjects discontinued early. The last dose received prior to discontinuation will be listed.

The number of subjects remaining in the study by visit will also be presented by treatment.

Percentages will be based on the number of subjects in the Dose-Optimization Safety Population for Visits 2-4 and in the Treatment-Phase Safety Population for Visits 5-18.

Listings of subject disposition and inclusion and exclusion criteria not met will be provided.

7.2. Protocol Violations and Deviations

All protocol deviations will be listed.

7.3. Demographics and Other Baseline Characteristics

Summary statistics for age, gender, child-bearing potential, ethnicity, race, height, weight, BSA, and BMI will be presented.

For the continuous variables, the number of non-missing values and the mean, standard deviation, median, minimum and maximum will be tabulated.

For the categorical variables, the counts and percentages of each value will be tabulated.

Baseline variables and dose of study drug will also be presented by study status. Study status will be categorized as “Completed Study” or “Discontinued Early.”

The number and percent of subjects reporting various medical histories and prior medications, grouped by MedDRA system organ class and preferred term, will be tabulated.

These analyses will be conducted for the Treatment-Phase Safety Population.

Individual subject listings will be presented for ADHD diagnosis and confirmation as well as the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID).

7.4. Exposure and Compliance

At Visit 5, subjects will be dispensed an unblinded bottle with 35 capsules of the optimized dose of KP415 (either 20 mg, 30 mg or 40 mg capsules). For roll-over subjects from Study KP415.E01, the optimized dose as determined in Study KP415.E01 will be used. For new subjects, the optimized dose will be determined at the end of the Dose Optimization Phase in the current study.

Subjects will return to the research clinic at Visits 6-16 with unused study drug, and will be dispensed a new bottle with 35 capsules of either 20 mg, 30 mg, or 40 mg KP415 product. Since the Investigator may increase or decrease the dose of KP415 during the Treatment Phase, based on individual tolerability and dose response, the capsule strengths dispensed at Visit 6 to Visit 16 may be different from the previous visit.

The number of capsules dispensed and returned will be accounted for by site staff. Acceptable compliance is defined as 80-100% (inclusive). The number and percentage of

subjects compliant with study treatment will be tabulated. The total number of doses received as well as the mean, standard deviation, minimum, median and maximum doses received will be tabulated overall and by visit, beginning with Visit 6, the first visit in which study drug is returned.

The mean daily dose of KP415 (mg), the mean daily dose of KP415 by body weight (mg/kg), and the mean daily dose of KP415 by body surface area (mg/m^2) will be calculated by visit, and will be compared over time (percent change from starting dose in the Treatment Phase) to show dose changes over the course of the study. The number and percent of subjects who did not take study drug for any continuous period of ≥7, ≥14, ≥21, and ≥28 days in the Treatment Phase will also be reported.

Results from the capsule swallowing test will be listed.

8. Efficacy Analysis

8.1. Secondary Efficacy Analysis

The secondary efficacy endpoints include changes in ADHD-RS-5, CGI-S, CGI-I, and CSHQ.

During the Dose Optimization Phase (new subjects only):

- CGI-S will be assessed at each visit (Screening to Visit 5). ADHD-RS-5 will be administered at Visits 2 through Visit 5. CGI-I will be assessed at Visits 3, 4, and 5 (since CGI-I is an ADHD improvement assessment, it will not be assessed at Screening or at Visit 2).

During the Treatment Phase (all subjects):

- ADHD-RS-5, CSHQ, and CGI-S will be assessed at each visit (Visit 5 to Visit 17, EOT).

Changes in ADHD-RS-5, CGI-S, and CSHQ will be analyzed in the Efficacy Population. Changes in CGI-I will be analyzed in the Efficacy Population during the Dose Optimization Phase. Change in mean scores between baseline and subsequent study visits will be analyzed using a 2-sided paired t-test at a significance level of 0.05. Summary statistics and the 95% confidence interval of the mean will be presented as will the change from baseline and percent change from baseline. Normality assumptions will be tested separately on all evaluable ADHD-RS-5 and CSHQ data across all dose groups using the Shapiro-Wilk and Anderson-Darling methods. If both *P* values for the normality tests are >0.01, the data for that particular outcome will be considered normally distributed. Otherwise, if one or both *P* values are ≤0.01, the data for that particular outcome will be considered non-normal and then the null hypothesis that the median change from baseline is 0 will be tested with the Wilcoxon signed rank test.

Change from baseline and percent change from baseline will be summarized by overall subjects. The analyses will be repeated in the Dose-Optimization Safety population for new subjects. No statistical inference will be performed for this analysis population.

Categorical CGI-S and CGI-I results will be summarized by study visit.

Section 6.1.7 describes the derivations of the above variables and their baseline values.

Subgroup analyses will be performed for the Treatment Phase by gender, age, duration of treatment, race, study site, previous stimulant exposure and treatment. Mean and SD change from baseline ADHD-RS-5 /CSHQ score for each subgroup will be displayed for each visit. Duration of treatment and age will be broken up into quartiles. If the distribution of duration of treatment or age is such that the use of quartiles does not lead to distinct intervals of values, other cut points will be examined (e.g. tertiles, above/below median). CGI-S results will also be presented for the above subgroups.

9. Safety and Tolerability Analysis

Safety will be evaluated from reported AEs, physical exam results, and changes in the following: clinical laboratory values, vital signs, height, weight, BMI, ECG, and C-SSRS scores.

Descriptive statistics will be calculated for quantitative safety data and frequency counts and percentages will be compiled for classification of qualitative safety data. Individual subject listings will be prepared for all safety data.

The primary safety analyses will be performed on the Treatment-Phase Safety Population. Data from the Dose-Optimization Safety Population will be summarized descriptively. All safety data will be presented in the listings.

9.1. Adverse Events

Adverse events with new onset during the study between the initiation of study drug and 5 days after the last dose of study drug will be considered as TEAEs. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment initiation. For AEs occurring on the date of the first dose of study drug, if the time of onset is missing, the AE will be assumed to be treatment emergent.

All AEs, TEAEs, and SAEs will be coded using MedDRA version 20.1 or higher.

The causal relationship of the AE to the study drug is determined by the investigator as Unrelated, Possibly Related, Probably Related, and Definitely Related. These can be mapped to Unrelated (*Unrelated*) and Related *(Possibly Related*, *Probably Related*, and *Definitely Related*).

Adverse event severity grades are reported on a 5-point scale of Grade 1 (*Mild*), Grade 2 (*Moderate*), Grade 3 (*Severe*), Grade 4 (*Life-threatening consequences*), or Grade 5 (*Death related to AE*).

The number and percentage of subjects who experience a TEAE along with the 95% Wilson confidence interval (CI) will be presented.

Summaries of incidence rates (frequencies and percentages) of individual TEAEs will be summarized by MedDRA system organ class (SOC) and preferred term (PT) for overall

subjects and by average dose. This will include overall incidence rates (regardless of severity and relationship to study drug). Such summaries will also be displayed for TEAEs by maximum severity and relationship to study drug. If a particular event is missing the severity and/or relationship, then the severity or relationship will be presented as missing.

Each subject will be counted only once within each SOC and PT. If a subject experiences more than 1 TEAE within a particular SOC and PT, the TEAE with the strongest relationship or the maximum severity, as appropriate, will be included in the summaries of relationship and severity.

Incidences will be presented by descending frequency of SOC and PT within SOC, and then alphabetically within PT where the incidence is the same; this is based on overall subjects.

Missing and partially missing AE start and/or stop dates will be imputed, for the purpose of statistical analysis, according to the specifications described in Section 6.1.8.

In the AE data listings, all AEs will be displayed. Any AEs that are treatment emergent will be flagged.

Subgroup analyses of safety will be performed by gender, age, duration of treatment, race, study site, previous stimulant exposure, and treatment. Duration of treatment and age will be broken up into quartiles. If the distribution of duration of treatment or age is such that the use of quartiles does not lead to distinct intervals of values, other cut points will be examined (e.g. tertiles, above/below median). Subgroup analyses will be performed on the Treatment-Phase Safety Population.

9.1.1. Adverse Events Leading to Withdrawal

A summary of incidence rates (frequencies and percentages) of TEAEs leading to discontinuation of study drug, by average dose, SOC, and PT will be prepared for the Treatment-Phase Safety Population. No inferential statistical tests will be performed.

A data listing of AEs leading to withdrawal of study drug will also be provided, displaying details of the event(s) captured on the CRF.

9.1.2. Deaths and Serious Adverse Events

Any deaths that occured during the study will be listed.

Serious adverse events will be listed and also tabulated by SOC and PT and presented by treatment.

9.1.3. Other Significant Adverse Events

In accordance with the 2017 FDA Guidance for Industry[7], Assessment of Abuse Potential of Drugs[8], abuse-related AEs will be analyzed in the Treatment Phase using the following MedDRA Preferred Terms:

- Euphoria-related terms: Euphoric mood; Elevated mood; Feeling abnormal; Feeling drunk; Feeling of relaxation; Dizziness; Thinking abnormal; Hallucination; Inappropriate affect
- Terms of altered attention, cognition and mood: Somnolence; Mood disorders and disturbances
- Dissociative/psychotic terms: psychosis; aggression; confusion and disorientation
- Related terms not captured elsewhere: drug tolerance; habituation; drug withdrawal syndrome; substance-related disorders.

The number and percentage of subjects with at least 1 abuse-related AE will be presented. Abuse-related AEs will be categorized by SOC and PT and tabulated by treatment, age, and gender. Age will be broken up into quartiles. If the distribution of age is such that the use of quartiles does not lead to distinct intervals of values, other cut points will be examined (e.g. tertiles, above/below median).

Abuse-related AEs will be flagged in the individual subject listings to show the incident that led to the AEs, the time at which AEs appear following drug administration, the duration of the AEs, and which AEs overlap temporally.

9.2. Clinical Laboratory Evaluations

Safety clinical hematology laboratory evaluations will include measures of red blood cell count, white blood cell count with differential (neutrophils, lymphocytes, monocytes, eosinophils, basophils), hemoglobin, hematocrit and platelets, Prothrombin Time (PT) and Partial Thromboplastin Time (PTT).

Serum chemistry laboratory evaluations will include measures of aspartate aminotransferase (AST), alanine aminotransferase (ALT), albumin, alkaline phosphatase, bicarbonate, total bilirubin, blood urea nitrogen, phosphorus (inorganic) calcium, chloride, creatinine phosphokinase, creatinine, gamma glutamyl transferase, glucose, lactate dehydrogenase, potassium, sodium, total protein, thyroid stimulating hormone (TSH), and uric acid. TSH will be measured at Screening only, for new subjects only who did not previously participate in Study KP415.E01.

Urinalysis will include microanalysis for specific gravity, pH, protein, glucose, ketones, blood, nitrites, and leukocytes.

Safety laboratory tests will be summarized as observed values and by post-treatment change from baseline for each of the parameters using descriptive statistics overall at each visit. Categorical urinalysis results will be summarized using frequencies by visit. Shifts from baseline for clinical laboratory values below, within, or above the normal range will be provided for hematology, chemistry, and urinalysis results by visit and treatment. See Section 6.1.1 for the definition of baseline.

Subjects with significant laboratory abnormalities will be identified in data listings. If any laboratory tests are collected at an unscheduled visit post-baseline, the results will be included in listings.

Pregnancy test results and urine screens for alcohol and drugs of abuse will be listed.

9.3. Vital Signs

Descriptive summaries of observed values and change from baseline will be calculated for systolic blood pressure, diastolic blood pressure, pulse rate, respiratory rate, and oral temperature by visit and average dose.

Weight, height, BMI, and BSA will be summarized by observed values and by post-treatment change from baseline by visit and treatment.

9.4. Electrocardiograms

A 12-lead ECG will be obtained after the subject has been in a supine position for a minimum of 3 minutes. Abnormal ECGs may be repeated for confirmation in which case only the repeated ECG will be recorded. The QT interval corrected for heart rate will be calculated with Fridericia's formula (QTcF). ECGs will be obtained at Screening, after approximately 6 months of treatment (Visit 11), after the last dose of study drug (Visit 17, EOT), and at Early Termination (if possible). ECG recordings will be evaluated by skilled readers operating from a centralized ECG laboratory.

The number and percentage of subjects with normal, abnormal clinically significant, and abnormal not clinical significant ECG results will be summarized for the Treatment-Phase Safety Population by visit.

9.5. Further Safety Evaluations

Suicidal ideation will be assessed by the C-SSRS, Pediatric Version[9]. The "Children's Baseline/Screening" version will be assessed at Screening, and the "Children's Since Last Visit" version will be assessed at all visits of the Dose Optimization Phase (new subjects only), at all of the Treatment Phase visits, and at Follow-Up or Early Termination. For the continuous suicidal ideation, intensity of ideation, and suicidal behavior variables, the number of non-missing values and the mean, standard deviation, minimum, median and maximum will be tabulated by dose and visit. For the categorical variables, the counts and percentages of each value will be tabulated by dose and visit.

A complete physical examination will be completed at Screening, after approximately 6 months of treatment (Visit 11), after the last dose of study drug (Visit 17, EOT), and at Early Termination (if possible). The following body systems will be assessed: general appearance, skin, head, neck, eyes, ears, nose, mouth, and throat (HEENT), lymph nodes, thyroid, musculoskeletal/extremities, cardiovascular system, lungs, abdomen and a brief examination of the neurological system. Physical examination findings will be presented in individual subject listings.

9.6. Concomitant Medication

Summaries of medications that were started prior to dosing and continuing at the time of dosing as well as medications that were starting during dosing or during follow up will be presented using counts and percentages by WHO Drug Anatomical Therapeutic Chemical

(ATC) codes level 4 and level 5 (PT) and treatment for subjects in the Treatment-Phase Safety population.

Individual subject listings will be presented for all concomitant medications, lifetime history of ADHD treatment, and ADHD medication washout.

10. Changes from Planned Analysis

Not Applicable

11. Other Planned Analysis

Not Applicable

12. References

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13. Tables, Listings, and Figures

All listings, tables, and graphs will have a header showing the sponsor company name and protocol and a footer showing the version of SAS, the file name and path, and the source of the data (CRF page or listing number).

13.1. Planned Table Descriptions

The following are planned summary tables for protocol number KP415.S01. The table numbers and page numbers are place holders only and will be determined when the tables are produced.

Table 4: Demographic Data Summary Tables and Figures

Number	Population	Title
Table 14.1.1	All Subjects	Summary of Subject Disposition by Treatment
Table 14.1.2	All Subjects	Summary of Subject Attrition by Treatment
Table 14.1.3.1	Treatment-Phase Safety	Summary of Demographics and Baseline Characteristics by Treatment
Table 14.1.3.2	Treatment-Phase Safety	Summary of Demographics and Baseline Characteristics by Treatment and Study Status
Table 14.1.4	Treatment-Phase Safety	Incidence of Medical Histories by SOC, PT, and Treatment
Table 14.1.5.1	Treatment-Phase Safety	Summary of Prior Medications by ATC Class Level 4, PT, and Treatment
Table 14.1.6.1	Treatment-Phase Safety	Summary of Study Drug Compliance by Treatment and Visit
Table 14.1.6.2	Treatment-Phase Safety	Summary of Mean Daily Doses by Visit
Table 14.1.6.3	Treatment-Phase Safety	Summary of Missed Doses by Treatment

13.2. Efficacy Data

Table 5: Efficacy Data

Number	Population	Title
Table 14.2.1.1.1	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit
Table 14.2.1.1.2	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit Using Imputation
Table 14.2.1.1.3	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit and Gender
Table 14.2.1.1.4	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit and Age
Table 14.2.1.1.5	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit and Duration of Treatment
Table 14.2.1.1.6	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit and Race
Table 14.2.1.1.7	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit and Site
Table 14.2.1.1.8	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit and Previous Stimulant Exposure
Table 14.2.1.1.9	Efficacy	Summary of ADHD-RS-5 Scores by Study Visit and Treatment
Table 14.2.1.2.1	Efficacy	Summary of CGI-S by Study Visit
Table 14.2.1.2.2	Efficacy	Summary of CGI-S by Study Visit and Gender
Table 14.2.1.2.3	Efficacy	Summary of CGI-S by Study Visit and Age

Number	Population	Title
Table 14.2.1.2.4	Efficacy	Summary of CGI-S by Study Visit and Duration of Treatment
Table 14.2.1.2.5	Efficacy	Summary of CGI-S by Study Visit and Race
Table 14.2.1.2.6	Efficacy	Summary of CGI-S by Study Visit and Site
Table 14.2.1.2.7	Efficacy	Summary of CGI-S by Study Visit and Previous Stimulant Exposure
Table 14.2.1.2.8	Efficacy	Summary of CGI-S by Study Visit and Treatment
Table 14.2.1.3.1	Efficacy	Summary of CGI-I by Study Visit
Table 14.2.1.4.1	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit
Table 14.2.1.4.2	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit Using Imputation
Table 14.2.1.4.3	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Gender
Table 14.2.1.4.4	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Age
Table 14.2.1.4.5	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Duration of Treatment
Table 14.2.1.4.6	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Race
Table 14.2.1.4.7	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Site
Table 14.2.1.4.8	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Previous Stimulant Exposure
Table 14.2.1.4.9	Efficacy	Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Treatment

13.3. Safety Data

Table 6: Safety Data

Number	Population	Title
14.3.1 Displays of Adverse Events		
Table 14.3.1.1.1	Treatment-Phase Safety	Summary of Treatment Emergent Adverse Events by Treatment
Table 14.3.1.1.2	Dose-Optimization Safety	Summary of Treatment Emergent Adverse Events by Treatment
Table 14.3.1.2.1	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by SOC, PT, and Treatment
Table 14.3.1.2.2	Dose-Optimization Safety	Incidence of Treatment Emergent Adverse Events by SOC, PT, and Treatment
Table 14.3.1.3.1	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Treatment
Table 14.3.1.3.2	Dose-Optimization Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Treatment
Table 14.3.1.3.3	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Gender
Table 14.3.1.3.4	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Age
Table 14.3.1.3.5	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Duration of Treatment
Table 14.3.1.3.6	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Race
Table 14.3.1.3.7	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Site
Table 14.3.1.3.8	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Previous Stimulant Exposure
Table 14.3.1.4.1	Treatment-Phase Safety	Incidence of Treatment Related Treatment Emergent Adverse Events by SOC, PT, and Treatment
Table 14.3.1.4.2	Dose-Opimization Safety	Incidence of Treatment Related Treatment Emergent Adverse Events by SOC, PT, and Treatment
Table 14.3.1.5.1	Treatment-Phase Safety	Incidence of Treatment Emergent Adverse Events Leading to Study Drug Discontinuation by SOC, PT, and Treatment

Number	Population	Title
Table 14.3.1.5.2	Dose-Optimization Safety	Incidence of Treatment Emergent Adverse Events Leading to Study Drug Discontinuation by SOC, PT, and Treatment
14.3.2 Summary of Deaths, Other Serious and Significant Adverse Events		
Table 14.3.2.1	Treatment-Phase Safety	Incidence of Serious Adverse Events by SOC, PT, and Treatment,
Table 14.3.2.2	Dose-Optimization Safety	Incidence of Serious Adverse Events by SOC, PT, and Treatment
14.3.3 Narratives of Deaths, Other Serious and Certain Other Significant Adverse Events		
Table 14.3.3.1.1	Treatment-Phase Safety	Listing of Adverse Events Leading to Study Drug Discontinuation
Table 14.3.3.1.2	Dose-Optimization Safety	Listing of Adverse Events Leading to Study Drug Discontinuation
Table 14.3.3.2.1	Treatment-Phase Safety	Listing of Serious Adverse Events
Table 14.3.3.2.2	Dose-Optimization Safety	Listing of Serious Adverse Events
Table 14.3.3.3.1	Treatment-Phase Safety	Listing of Deaths
Table 14.3.3.3.2	Dose-Optimization Safety	Listing of Deaths
Table 14.3.3.4.1	Treatment-Phase Safety	Incidence of Abuse Related Adverse Events by SOC, PT, and Treatment
Table 14.3.3.4.2	Treatment-Phase Safety	Incidence of Abuse Related Adverse Events by SOC, PT, and Age
Table 14.3.3.4.3	Treatment-Phase Safety	Incidence of Abuse Related Adverse Events by SOC, PT, and Gender
Table 14.3.3.4.4	Dose-Optimization Safety	Incidence of Abuse Related Adverse Events by SOC, PT, and Treatment
14.3.4 Abnormal Laboratory Value		
NA		
14.3.5 Laboratory Data Summary Tables		
Table 14.3.5.1.1	Treatment-Phase Safety	Summary of Hematology Laboratory Results by Study Visit and Treatment

Number	Population	Title
Table 14.3.5.1.2	Treatment-Phase Safety	Shift from Baseline in Hematology Laboratory Results by Study Visit and Treatment
Table 14.3.5.2.1	Treatment-Phase Safety	Summary of Serum Chemistry Laboratory Results by Study Visit and Treatment
Table 14.3.5.2.2	Treatment-Phase Safety	Shift from Baseline in Serum Chemistry Laboratory Results by Study Visit and Treatment
Table 14.3.5.3.1	Treatment-Phase Safety	Shift from Baseline in Quantitative Urinalysis Laboratory Results by Study Visit and Treatment
Table 14.3.5.3.2	Treatment-Phase Safety	Shift from Baseline in Quantitative Urinalysis Laboratory Results by Study Visit and Treatment
Table 14.3.5.3.3	Treatment-Phase Safety	Summary of Qualitative Urinalysis Laboratory Results by Study Visit and Treatment
14.3.6 Other Safety Data Summary Tables		
Table 14.3.6.1	Treatment-Phase Safety	Summary of Vital Signs by Study Visit, and Treatment
Table 14.3.6.2.1	Treatment-Phase Safety	Summary of 12-Lead Electrocardiogram by Study Visit and Treatment
Table 14.3.6.2.2	Treatment-Phase Safety	Summary of 12-Lead Electrocardiogram Interpretation by Study Visit and Treatment
Table 14.3.6.3	Treatment-Phase Safety	Summary of Columbia-Suicide Severity Rating Scale (C-SSRS)
Table 14.3.6.4	Treatment-Phase Safety	Summary of Concomitant Medications by ATC Class Level 4, PT, and Treatment

13.4. Other Data Summary Tables

13.5. Planned Listing Descriptions

The following are planned data and patient/subject data listings for protocol number KP415.S01.

In general, one listing will be produced per CRF domain. All listings will be sorted by treatment, site, and subject number. All calculated variables will be included in the listings.

In all listings a blank line will be placed between each subject. Within a data listing, if an item appears line after line (eg, repetition of subject number), then only the first occurrence will be displayed.

In data listings, the information for one subject will be kept on one page if at all possible, rather than splitting a subject's information across pages.

Table 7: Planned Listings

Number	Population	Title / Summary
16.2.1 Subject Discontinuations/Completions		
Listing 16.2.1	All Subjects	Subject Disposition
16.2.2 Protocol Deviations		
Listing 16.2.2.1	All Subjects	Inclusion and Exclusion Criteria Not Met
Listing 16.2.2.2	All Subjects	Protocol Deviations
16.2.3 Subjects Excluded from the Efficacy Analyses		
Listing 16.2.3	All Subjects	Analysis Populations
16.2.4 Demographic Data and Other Baseline Characteristics		
Listing 16.2.4.1	All Subjects	Demographics and Baseline Information
Listing 16.2.4.2	All Subjects	Medical History
Listing 16.2.4.3	All Subjects	ADHD Diagnosis and Confirmation
Listing 16.2.4.4	All Subjects	Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID)
16.2.5 Compliance and/or Drug Concentration Data		
Listing 16.2.5.1	All Subjects	Capsule Swallowing Test
Listing 16.2.5.2	All Subjects	Study Drug Dispensation and Return
16.2.6 Individual Efficacy Response Data		
Listing 16.2.6.1	All Subjects	ADHD-Rating Scale-5
Listing 16.2.6.2	All Subjects	Clinical Global Impression (CGI) – Severity
Listing 16.2.6.3	All Subjects	Clinical Global Impression (CGI) – Improvement

Number	Population	Title / Summary
Listing 16.2.6.4	All Subjects	Children's Sleep Habits Questionnaire
16.2.7 Adverse Event Listings (by Subject)		
Listing 16.2.7.1	All Subjects	Adverse Events
16.2.8 Laboratory Values and Other Clinical Observations and Measurements (by Subject)		
Listing 16.2.8.1.1	All Subjects	Clinical Laboratory Data: Hematology
Listing 16.2.8.1.2	All Subjects	Clinical Laboratory Data: Serum Chemistry
Listing 16.2.8.1.3	All Subjects	Clinical Laboratory Data: Urinalysis
Listing 16.2.8.1.4	All Subjects	Clinical Laboratory Data: Urine Drug Screen and Pregnancy Tests
Listing 16.2.8.2	All Subjects	Vitals Signs
Listing 16.2.8.3	All Subjects	12-Lead Electrocardiogram (ECG)
Listing 16.2.8.4	All Subjects	Columbia-Suicide Severity Rating Scale (C-SSRS)
Listing 16.2.8.5	All Subjects	Physical Examination
Listing 16.2.8.6	All Subjects	Prior and Concomitant Medications
Listing 16.2.8.7	All Subjects	Lifetime History of ADHD Treatment
Listing 16.2.8.8	All Subjects	ADHD Medication Washout

13.6. Planned Figure Descriptions

Not Applicable

13.7. Standard Layout for all Tables, Listings, and Figures

The following standard layout will be applied to all Tables, Listings, and Figures in support of this study. Note that programming notes may be added if appropriate after each TLF shell.

Figure 1: Standardized Layout

KemPharm, Inc. Page xx of xx

Protocol: KP415.S01 Version

<Table, Listing, Figure> xx.x.x

<Title of Table Listing or Figure>

<Study Population and if applicable subgroup Description>

Body of Table, Listing or Figure

<Note: If directly Applicable>

Footnote 1 *<if applicable>* Recommendation is to keep footnotes to a minimum

Footnote 2 *<if applicable>*

Footnote n *<if applicable>*

Footnote n+1 *<pgm path and name>, <date>*

13.8. Planned Table Shells

Table 14.1.1
Summary of Subject Disposition
All Subjects

Status	KP415 (N=XX)
Enrolled	XX
Study Populations:	
Treatment-Phase Safety Population [1]	XX (XX.X%)
Efficacy Population [2]	XX (XX.X%)
Dose-Optimization Safety Population [3]	XX (XX.X%)
Completed Study	XX (XX.X%)
Ongoing in Study	XX (XX.X%)
Prematurely Discontinued from Study	XX (XX.X%)
Reason for Discontinuation:	
Subject withdrawal of consent	XX (XX.X%)
Non-compliance with study procedures	XX (XX.X%)
Adverse event	XX (XX.X%)
Lack of efficacy	XX (XX.X%)
Protocol deviation	XX (XX.X%)
Lost to follow-up	XX (XX.X%)
Sponsor request for early termination of study	XX (XX.X%)
Positive pregnancy test	XX (XX.X%)
Out-of-range vital signs	XX (XX.X%)
Sponsor planned study stop	XX (XX.X%)
Other	XX (XX.X%)
Participated in KP415.E01 and enrolled as roll-over subjects	XX (XX.X%)
Participated in KP415.E01 and enrolled as new subjects	XX (XX.X%)

Note: Percentages are n/Number of subjects in enrolled *100. Subjects are summarized overall.
[1] The Treatment-Phase Safety Population includes all subjects who are enrolled in the Treatment Phase and received at least 1 dose of study medication in the Treatment Phase and had at least 1 post-dose safety assessment in the Treatment Phase.
[2] The Efficacy Population includes all enrolled subjects who received at least 30 days of study medication in the Treatment Phase and had adequate data to assess the change from baseline of the efficacy parameters and no protocol deviations that could affect the efficacy parameters.
[3] The Dose-Optimization Population includes all subjects who are enrolled in the Dose Optimization Phase and received at least 1 dose of study medication in the Dose Optimization Phase and had at least 1 post-dose safety assessment in the Dose Optimization Phase.
SOURCE: Listings 16.2.1, 16.2.3

Table 14.1.2
Summary of Subject Attrition by Study Phase
All Subjects

Visit Number	KP415 (N=XX)
Screening Phase:	
Visit 01A (New Subjects)	XX (XX.X%)
Visit 01B (Rollover Subjects)	XX (XX.X%)
Dose Optimization Phase:	
Visit 02 (New Subjects)	XX (XX.X%)
Visit 03 (New Subjects)	XX (XX.X%)
Visit 04 (New Subjects)	XX (XX.X%)
Treatment Phase:	
Visit 05	XX (XX.X%)
Visit 06	XX (XX.X%)
Visit 07	XX (XX.X%)
Visit 08	XX (XX.X%)
Visit 09	XX (XX.X%)
Visit 10	XX (XX.X%)
Visit 11	XX (XX.X%)
Visit 12	XX (XX.X%)
Visit 13	XX (XX.X%)
Visit 14	XX (XX.X%)
Visit 15	XX (XX.X%)
Visit 16	XX (XX.X%)
Visit 17	XX (XX.X%)
Follow up:	
Visit 18	XX (XX.X%)

Note: Percentages are n/Number of subjects in enrolled*100. Subjects are summarized overall.
SOURCE: Listings 16.2.1

Table 14.1.3.1
Summary of Demographics and Baseline Characteristics
Treatment-Phase Safety Population

Variable Statistic or Category	KP415 (N=XX)
Age (years)	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX
Gender	
Male	XX (XX.X%)
Female	XX (XX.X%)
Child-Bearing Potential? [1]	
Yes	XX (XX.X%)
No	XX (XX.X%)
Ethnicity	
Hispanic or Latino	XX (XX.X%)
Not Hispanic or Latino	XX (XX.X%)
Race	
American-Indian or Alaska Native	XX (XX.X%)
Asian	XX (XX.X%)
Black or African-American	XX (XX.X%)
Native Hawaiian or Other Pacific Islander	XX (XX.X%)
White	XX (XX.X%)
Other	XX (XX.X%)
More than One Race	XX (XX.X%)

Abbreviations: CV% = coefficient of variation; SD = standard deviation.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall.
[1] Only captured for female subjects; percentages are based on the number of female subjects in the Treatment-Phase Safety Population.
SOURCE: Listing 16.2.4.1

Table 14.1.3.1 (cont.)
Demographics and Baseline Characteristics
Treatment-Phase Safety Population

Variable Statistic or Category	KP415 (N=XX)
Height (cm)	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX
Weight (kg)	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX
Body Surface Area (mg/m^2)	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX
Body Mass Index (kg/m^2)	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX

Abbreivations: CV% = coefficient of variation; SD = standard deviation.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall.
[1] Only captured for female subjects; percentages are based on the number of female subjects in the Treatment-Phase Safety Population.
SOURCE: Listing 16.2.4.1

Table 14.1.3.2
Demographics and Baseline Characteristics by Study Status
Treatment-Phase Safety Population

(Same Shell as Table 14.1.3.1)

Programming Note: *Update Note to read "*Percentages are n/Number of subjects in the Treatment-Phase Safety Population for each study status*100." *Add Listing 16.2.3 to SOURCE. Add a header row that says "Study Status: XXXX", where XXXX is "Completed Study" or "Discontinued Early".*

Table 14.1.4
Incidence of Medical Histories by SOC and PT
Treatment-Phase Safety Population

System Organ Class Preferred Term	KP415 (N=XX)
Subjects with at least 1 Recorded Medical History	XX (XX.X%)
System Organ Class 1	XX (XX.X%)
Preferred Term 1	XX (XX.X%)
Preferred Term 2	XX (XX.X%)
Preferred Term 3	XX (XX.X%)
System Organ Class 2	XX (XX.X%)
Preferred Term 1	XX (XX.X%)
Preferred Term 2	XX (XX.X%)
Preferred Term 3	XX (XX.X%)

Abbreviations: PT = Preferred Term; SOC = System Organ Class.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall. Medical histories were coded using MedDRA version 20.1. Subjects were counted once for each system organ class (SOC) and once for each preferred term (PT). Medical history terms are displayed by descending frequency of SOC, then PT within SOC, and then alphabetically by PT.
SOURCE: Listing 16.2.4.2

Programming note: *SOC & PT text should be in proper case in table, as shown in the shell.*

Table 14.1.5
Summary of Prior Medications by ATC Class Level 4 and PT
Treatment-Phase Safety Population

ATC Class Level 4 Preferred Term (ATC Class Level 5)	KP415 (N=XX)
Subjects with at least 1 Prior Medication	XX (XX.X%)
ATC Class 1	XX (XX.X%)
Preferred Term 1	XX (XX.X%)
Preferred Term 2	XX (XX.X%)
Preferred Term 3	XX (XX.X%)
ATC Class 2	XX (XX.X%)
Preferred Term 1	XX (XX.X%)
Preferred Term 2	XX (XX.X%)
Preferred Term 3	XX (XX.X%)

Abbreviations: ATC = Anatomic Therapeutic Chemical; PT = Preferred Term
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall. Medications were coded using WHO-DDE version September 2017. Prior medications are all medications that were started before the date of the first dose of study drug in the Treatment Phase. Medications are displayed by descending frequency of Anatomic Therapeutic Chemical (ATC) Level 4 classification, by Preferred Term (PT) within ATC, and then alphabetically. Subjects were counted only once for each ATC and PT.
SOURCE: Listing 16.2.9.6

Programming note: *ATC & PT text should be in proper case in table, as shown in the shell.*

Table 14.1.6.1
Summary of Study Drug Compliance by Visit
Treatment-Phase Safety Population

Statistic / Category	KP415 (N=XX)
Compliant [1]	XX (XX.X%)
Not Compliant	XX (XX.X%)
Total Number of Doses Taken	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX
Total Number of Doses Taken Visit 6	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX
Total Number of Doses Taken Visit 7	
n	XX
Mean (SD)	XX.X (XX.XX)
CV%	XX.XX
Median	XX.X
Min, Max	XX, XX
Continue for Visits 8-17	

Abbreviations: CV% = coefficient of variation; SD = Standard Deviation.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall. Number of doses taken is calculated as the number of expected doses (number of days on study, where number of days on study is derived as last treatment – first treatment + 1) minus total number of missed doses, as collected in the CRF.
[1] Subjects were to receive one dose in the morning each day. Acceptable compliance is defined as 80-100% (inclusive) and is derived as number of doses taken / number of expected doses * 100%.
SOURCE: Listing 16.2.5.2

Table 14.1.6.2
Summary of Mean Daily Doses by Visit
Treatment-Phase Safety Population

Study Visit	Mean Daily Dose (mg) (N = XX)			Mean Daily Dose by Body Weight (mg/kg) (N = XX)			Mean Daily Dose by BSA (mg/m^2) (N = XX)		
Statistic	Observed	CFB	%CFB	Observed	CFB	%CFB	Observed	CFB	%CFB
Visit 5									
n	XX	--	--	XX	--	--	XX	--	--
Mean (SD)	XX.X (X.XX)			XX.X (X.XX)			XX.X (X.XX)		
CV%	XX.XX			XX.XX			XX.XX		
Median	XX.X			XX.X			XX.X		
Min, Max	XX, XX			XX, XX			XX, XX		
Visit 6									
n	XX	XX	XX	XX	XX	XX	XX	XX	XX
Mean	XX.X (X.XX)	XX.X (X.XX)	XX.X (X.XX)	XX.X (X.XX)	XX.X (X.XX)	XX.X (X.XX)	XX.X (X.XX)	XX.X (X.XX)	XX.X (X.XX)
CV%	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
Median	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
Min, Max	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX

Continue for the the remaining Visits.

Abbreviations: BSA = body surface area; CFB = change from baseline; CV% = coefficient of variation; SD = standard deviation.
Note: Mean daily dose = sum of all doses taken (in mg) / total number of days from the day after the previous visit to current visit.
SOURCE: Listing 16.2.5.2

Table 14.1.6.3
Summary of Missed Doses by Treatment
Treatment-Phase Safety Population

Number of Days Study Drug Not Taken [1]	KP415 (N=XX)
≥7 Days	XX (XX.X%)
≥14 Days	XX (XX.X%)
≥21 Days	XX (XX.X%)
≥28 Days	XX (XX.X%)

Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall. A subject contributes to row if they did not take study drug for the continuous period of specified days.
[1] Subjects were to receive one dose in the morning each day.
SOURCE: Listing 16.2.5.2

Table 14.2.1.1.1
Summary of ADHD-RS-5 Scores by Study Visit
Efficacy Population

Parameter: ADHD-RS-5 Total Score

Study Visit	KP415 (N=XX)		
Statistic	Observed	CFB	%CFB
Baseline [1]			
n	XX	XX	XX
Mean (SD)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)
(95% CI of Mean)	(XX.X, XX.X)	(XX.X, XX.X)	(XX.X, XX.X)
CV%	XX.XX	XX.XX	XX.XX
Median	XX.X	XX.X	XX.X
Min, Max	XX, XX	XX, XX	XX, XX
Visit 2			
n	XX	XX	XX
Mean (SD)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)
(95% CI of Mean)	(XX.X, XX.X)	(XX.X, XX.X)	(XX.X, XX.X)
CV%	XX.XX	XX.XX	XX.XX
Median	XX.X	XX.X	XX.X
Min, Max	XX, XX	XX, XX	XX, XX
P-value [2]		X.XXXX	

Abbreviations: CFB = change from baseline; CV% = coefficient of variation; SD = standard deviation.
Note: ADHD-RS-5 Inattention Subscale Score = summed severity and frequency ratings of the 9 item inattentiveness ADHD rating sub scale. ADHD-RS-5 Hyperactivity/Impulsivity Subscale Score = summed severity and frequency ratings of the 9 item hyperactivity/impulsivity ADHD rating subscale. Each item is scored from a range of 0 (reflecting no symptoms or a frequency of never or rarely) to 3 (reflecting severe symptoms or a frequency of very often), so that the subscale scores range from 0 to 27. ADHD-RS-5 Total Score = summed severity and frequency ratings of the 18 item ADHD rating scale (Inattention and Hyperactivity/Impulsivity subscales combined). The total ADHD-RS-5 scores range from 0 to 54. A negative change indicates improvement. 95% Wilson CIs are presented.
[1] The baseline is measured before the first dose of study drug at Visit 2 for new subjects and at Visit 5 for roll-over subjects. Visit 3 and Visit 4 will only be populated for new subjects in the Dose Optimization Phase. Visits 5-17 will include all subjects in the Treatment Phase.
[2] P-value for testing mean change from baseline to subsequent visit is 0 is calculated using a paired t-test.
SOURCE: Listing 16.2.6.1

Table 14.2.1.1.1 (cont.)
Summary of ADHD-RS-5 Scores by Study Visit
Efficacy Population

Parameter: ADHD-RS-5 Total Score

Study Visit		KP415 (N=XX)	
Statistic	Observed	CFB	%CFB
Visit 4			
n	XX	XX	XX
Mean (SD)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)
(95% CI of Mean)	(XX.X, XX.X)	(XX.X, XX.X)	(XX.X, XX.X)
CV%	XX.XX	XX.XX	XX.XX
Median	XX.X	XX.X	XX.X
Min, Max	XX, XX	XX, XX	XX, XX
P-value		X.XXXX	

Continue for Study Visits 5-17. Repeat for the following parameters: ADHD-RS-5 Inattention Subscale Score; ADHD-RS-5 Hyperactivity/Impulsivity Subscale Score.

Abbreviations: CFB = change from baseline; CV% = coefficient of variation; SD = standard deviation.
Note: ADHD-RS-5 Inattention Subscale Score = summed severity and frequency ratings of the 9 item inattentiveness ADHD rating sub scale. ADHD-RS-5 Hyperactivity/Impulsivity Subscale Score = summed severity and frequency ratings of the 9 item hyperactivity/impulsivity ADHD rating subscale. Each item is scored from a range of 0 (reflecting no symptoms or a frequency of never or rarely) to 3 (reflecting severe symptoms or a frequency of very often), so that the subscale scores range from 0 to 27. ADHD-RS-5 Total Score = summed severity and frequency ratings of the 18 item ADHD rating scale (Inattention and Hyperactivity/Impulsivity subscales combined). The total ADHD-RS-5 scores range from 0 to 54. A negative change indicates improvement. 95% Wilson CIs are presented.
[1] The baseline is measured before the first dose of study drug at Visit 2 for new subjects and at Visit 5 for roll-over subjects. Visit 3 and Visit 4 will only be populated for new subjects in the Dose Optimization Phase. Visits 5-17 will include all subjects in the Treatment Phase.
[2] P-value for testing mean change from baseline to subsequent visit is 0 is calculated using a paired t-test.
SOURCE: Listing 16.2.6.1

Programming note: *Check assumptions for normality per Section 8.1 of the SAP. If normality assumptions are violated, use the Wilcoxon signed rank test and update the footnote accordingly.*

Table 14.2.1.1.2
Summary of ADHD-RS-5 Scores by Study Visit Using Imputation
Efficacy Population
(Same shell as Table 14.2.1.1.1)

Programming note: *Add the following footnote "Missing scores were inputed using Last Observation Carried Forward (LOCF)"*

Table 14.2.1.1.3
Summary of ADHD-RS-5 Scores by Study Visit and Gender
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Each subgroup will have its own set of columns. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.1.4
Summary of ADHD-RS-5 Scores by Study Visit and Age
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Check cut points per Section 8.1 of SAP. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.1.5
Summary of ADHD-RS-5 Scores by Study Visit and Duration of Treatment
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Check cut points per Section 8.1 of SAP. Add 16.2.5.2 to SOURCE.*

Table 14.2.1.1.6
Summary of ADHD-RS-5 Scores by Study Visit and Race
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.1.7
Summary of ADHD-RS-5 Scores by Study Visit and Site
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.1 to SOURCE.*

Table 14.2.1.1.8
Summary of ADHD-RS-5 Scores by Study Visit and Previous Stimulant Exposure
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Each subgroup will have its own set of columns (subgroups include Previous Stimulant Exposure and No Stimulant Exposure). Add 16.2.8.6 to SOURCE.*

Table 14.2.1.1.9
Summary of ADHD-RS-5 Scores by Study Visit and Treatment
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add footnote "Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented." Add 16.2.5.2 to SOURCE.*

Table 14.2.1.2.1
Summary of CGI-S by Study Visit
Efficacy Population

Study Visit Statistic	KP415 (N=XX) n (%)	95% CI
Screening [1]	XX	
0 = Not Assessed	XX (XX.X%)	(XX.X%, XX.X%)
1 = Normal, Not at All Ill	XX (XX.X%)	(XX.X%, XX.X%)
2 = Borderline Mentally Ill	XX (XX.X%)	(XX.X%, XX.X%)
3 = Mildly Ill	XX (XX.X%)	(XX.X%, XX.X%)
4 = Moderately Ill	XX (XX.X%)	(XX.X%, XX.X%)
5 = Markedly Ill	XX (XX.X%)	(XX.X%, XX.X%)
6 = Severely Ill	XX (XX.X%)	(XX.X%, XX.X%)
7 = Among the Most Extremely Ill Patients	XX (XX.X%)	(XX.X%, XX.X%)
Baseline [2]	XX	
0 = Not Assessed	XX (XX.X%)	(XX.X%, XX.X%)
1 = Normal, Not at All Ill	XX (XX.X%)	(XX.X%, XX.X%)
2 = Borderline Mentally Ill	XX (XX.X%)	(XX.X%, XX.X%)
3 = Mildly Ill	XX (XX.X%)	(XX.X%, XX.X%)
4 = Moderately Ill	XX (XX.X%)	(XX.X%, XX.X%)
5 = Markedly Ill	XX (XX.X%)	(XX.X%, XX.X%)
6 = Severely Ill	XX (XX.X%)	(XX.X%, XX.X%)
7 = Among the Most Extremely Ill Patients	XX (XX.X%)	(XX.X%, XX.X%)
Repeat for Visits 3-17		

Abbreviation: CGI-S = Clinical Global Impression – Severity; CI = confidence interval.
Note: Percentages are n/Number of subjects in the Efficacy Population at each visit*100. The CGI-S rates the severity of the subject's illness at the time of assessment, relative to the clinician's past experience with subjects who have the same diagnosis. Subjects are summarized by treatment recieved. 95% Wilson CIs are presented.
[1] Screening will only include new subjects at Visit 01A.
[2] The baseline is measured before the first dose of study drug at Visit 2 for new subjects and at Visit 5 for roll-over subjects. Visit 3 and Visit 4 will only be populated for new subjects in the Dose Optimization Phase. Visits 5-17 will include all subjects in the Treatment Phase.
SOURCE: Listing 16.2.6.2

Table 14.2.1.1.2
Summary of CGI-S by Study Visit by Study Visit and Gender
Efficacy Population

(Same shell as Table 14.2.1.2.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.2. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.2.3
Summary of CGI-S by Study Visit and Age
Efficacy Population

(Same shell as Table 14.2.1.2.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Check cut points per Section 8.1 of SAP. Change SOURCE to Listing 16.2.6.2. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.2.4
Summary of CGI-S by Study Visit and Duration of Treatment
Efficacy Population

(Same shell as Table 14.2.1.2.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Check cut points per Section 8.1 of SAP. Change SOURCE to Listing 16.2.6.2. Add 16.2.5.2 to SOURCE..*

Table 14.2.1.2.5
Summary of CGI-S by Study Visit and Race
Efficacy Population

(Same shell as Table 14.2.1.2.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.2. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.2.6
Summary of CGI-S by Study Visit and Site
Efficacy Population

(Same shell as Table 14.2.1.2.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.2. Add 16.2.1 to SOURCE.*

Table 14.2.1.2.7
Summary of CGI-S by Study Visit and Previous Stimulant Exposure
Efficacy Population

(Same shell as Table 14.2.1.2.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.2. Add 16.2.8.6 to SOURCE.*

Table 14.2.1.2.8
Summary of CGI-S by Study Visit and Treatment
Efficacy Population

(Same shell as Table 14.2.1.2.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.2. Add 16.2.5.2 to SOURCE.*

Table 14.2.1.3.1
Summary of CGI-I by Study Visit
Efficacy Population
Dose Optimization Phase (New Subjects Only)

Study Visit Statistic	KP415 (N=XX) n (%)	 95% CI
Visit 3	XX	
0 = Not Assessed	XX (XX.X%)	(XX.X%, XX.X%)
1 = Very Much Improved	XX (XX.X%)	(XX.X%, XX.X%)
2 = Much Improved	XX (XX.X%)	(XX.X%, XX.X%)
3 = Minimally Improved	XX (XX.X%)	(XX.X%, XX.X%)
4 = No Change	XX (XX.X%)	(XX.X%, XX.X%)
5 = Minimally Worse	XX (XX.X%)	(XX.X%, XX.X%)
6 = Much Worse	XX (XX.X%)	(XX.X%, XX.X%)
7 = Very Much Worse	XX (XX.X%)	(XX.X%, XX.X%)

Continue for Visit 4 and Visit 5

Abbreviation: CGI-I = Clinical Global Impression – Improvement; CI = confidence interval.
Note: Percentages are n/Number of subjects in the Efficacy Population at each visit*100. The CGI-I measures the overall improvement in the subject's condition post-treatment. The Investigator will rate the subject's total improvement whether or not it is due entirely to drug treatment. By definition, all CGI-I assessments are evaluated against baseline conditions. Subjects are summarized by treatment received. 95% Wilson CIs are presented.
SOURCE: Listing 16.2.6.3

Table 14.2.1.4.1
Summary of CSHQ Total Sleep Disturbance Score by Study Visit
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Change SOURCE to Listing 16.2.6.4.*

Table 14.2.1.4.2
Summary of CSHQ Total Sleep Disturbance Score by Study Visit Using Imputation
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Add the following footnote "Missing scores were inputed using Last Observation Carried Forward (LOCF)". Change SOURCE to Listing 16.2.6.4.*

Table 14.2.1.4.3
Summary of CSHQ Total Sleep Disturbance Score by Study Visit by Study Visit and Gender
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.4. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.4.4
Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Age
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Check cut points per Section 8.1 of SAP. Change SOURCE to Listing 16.2.6.4. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.4.5
Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Duration of Treatment
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Check cut points per Section 8.1 of SAP. Change SOURCE to Listing 16.2.6.4. Add 16.2.5.2 to SOURCE..*

Table 14.2.1.4.6
Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Race
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.4. Add 16.2.4.1 to SOURCE.*

Table 14.2.1.4.7
Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Site
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.4. Add 16.2.1 to SOURCE.*

Table 14.2.1.4.8
Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Previous Stimulant Exposure
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.4. Add 16.2.8.6 to SOURCE.*

Table 14.2.1.4.9
Summary of CSHQ Total Sleep Disturbance Score by Study Visit and Treatment
Efficacy Population

(Same shell as Table 14.2.1.1.1)

Programming note: *Add CSHQ = Children's Sleep Habits Questionnaire to abbreviations in footnote. Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Change SOURCE to Listing 16.2.6.4. Add 16.2.5.2 to SOURCE.*

Table 14.3.1.1.1
Summary of Treatment Emergent Adverse Events by Treatment
Treatment-Phase Safety Population

	KP415				
	20 mg (N=XX)	30 mg (N=XX)	40 mg (N=XX)	Overall (N=XX)	
Category	n (%)	n (%)	n (%)	n (%)	95% CI
Subjects with at least 1 TEAE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Maximum Severity of TEAE					
Grade 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Grade 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Grade 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Grade 4	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Grade 5	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Subjects with a Related TEAE [2]	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Subjects with a TEAE Leading to Discontinuation of Study Drug	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Subjects with an SAE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Subjects with an AE leading to Death	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)

Abbreviations: CI = confidence interval; CRF = Case Report Form; TEAE = Treatment emergent adverse event; SAE = Serious adverse event.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. AEs were coded using MedDRA version 20.1. A TEAE is any AE with an onset date/time between the initiation of study drug and 5 days after the last dose of study drug. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment administration. 95% Wilson CIs are presented.
[1] Related TEAEs are those marked as Possibly Related, Probably Related, or Definitely Related on the CRF.
SOURCE: Listing 16.2.7.1

Programming note: *Ensure correct MedDRA version is printed in footnote. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.1.1.2
Summary of Treatment Emergent Adverse Events by Treatment
Dose-Optimization Safety Population

Programming Note: *Update footnote with Dose-Optimization Safety Population. Since treatment groups presented are based on the optimized dose (mg) from the Dose Optimization Phase, actual doses need to be determined from the data. Update footnote to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.1.2.1
Incidence of Treatment Emergent Adverse Events by SOC, PT, and Treatment
Treatment-Phase Safety Population

System Organ Class Preferred Term	KP415 20 mg (N=XX) n (%)	 30 mg (N=XX) n (%)	 40 mg (N=XX) n (%)	Overall (N=XX) n (%)	 95% CI
Subjects with at least 1 TEAE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
System Organ Class 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
System Organ Class 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)

Abbreviations: CI = confidence interval; PT = Preferred Term; SOC = System Organ Class; TEAE = treatment emergent adverse event.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. AEs were coded using MedDRA version 20.1. A TEAE is any AE with an onset date/time between the initiation of study drug and 5 days after the last dose of study drug. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment administration. Subjects are counted once for each SOC and once for each PT. AEs are displayed by descending frequency of SOC, then PT within SOC, and then alphabetically by PT. 95% Wilson CIs are presented.
SOURCE: Listing 16.2.7.1

Programming note: *SOC & PT text should be in proper case in table, as shown in the shell. Ensure correct MedDRA version is printed in footnote. Since treatment groups presented are based on the dose (mg) received at the beginning of the treatment-phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.1.2.2
Incidence of Treatment Emergent Adverse Events by SOC, PT, and Treatment
Dose-Optimization Safety Population

(Same Shell as Table 14.3.1.2.1)

Programming note: *Update footnote with Dose-Optimization Safety Population. Since treatment groups presented are based on the optimized dose (mg) from the Dose Optimization Phase, actual doses need to be determined from the data. Update footnote to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.1.3.1
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Treatment
Treatment-Phase Safety Population

System Organ Class Preferred Term Maximum Severity	KP415 20 mg (N=XX) n (%)	KP415 30 mg (N=XX) n (%)	KP415 40 mg (N=XX) n (%)	Overall (N=XX) n (%)	Overall (N=XX) 95% CI
Subjects with at least 1 TEAE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Any Event (Total)					
Mild	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Moderate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Severe	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Life-threatening consequences	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Death related to AE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
System Organ Class 1					
Any Event (Total)					
Mild	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Moderate	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Severe	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Life-threatening consequences	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Death related to AE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1					
Mild	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
…					

Abbreviations: CI = confidence interval; PT = Preferred Term; SOC = System Organ Class; TEAE = treatment emergent adverse event.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. AEs were coded using MedDRA version 20.1. A TEAE is any AE with an onset date/time between the initiation of study drug and 5 days after the last dose of study drug. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment administration. Subjects are counted once for each SOC and once for each PT. The severity shown is the greatest severity reported for a particular subject (Death related to AE > Life-threatening consequences > Severe > Moderate > Mild). AEs with a missing severity were counted as Missing. AEs are displayed by descending frequency of SOC, then PT within SOC, and then alphabetically by PT. 95% Wilson CIs are presented.
SOURCE: Listing 16.2.7.1

Programming note: *SOC & PT text should be in proper case in table, as shown in the shell. Ensure correct MedDRA version is printed in footnote. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.1.3.2
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Treatment
Dose-Optimization Safety Population

(Same shell as Table 14.3.1.3.1)

Programming note: *Update footnote with Dose-Optimization Phase Safety Population. Since treatment groups presented are based on the optimized dose (mg) from the Dose-Optimization Phase, actual doses need to be determined from the data. Update footnote to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.1.3.3
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Gender
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.3.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.4.1 to SOURCE.*

Table 14.3.1.3.4
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Age
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.3.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.4.1 to SOURCE.*

Table 14.3.1.3.5
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Duration of Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.3.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.5.2 to SOURCE.*

Table 14.3.1.3.6
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Race
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.3.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.4.1 to SOURCE.*

Table 14.3.1.3.7
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Site
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.3.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.1 to SOURCE.*

Table 14.3.1.3.8
Incidence of Treatment Emergent Adverse Events by Maximum Severity, SOC, PT, and Previous Stimulant Exposure
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.3.1)

Programming note: *Each subgroup will have its own set of columns. If there are too many subgroups such that the table would be too wide, repeat the table for each subgroup. Add 16.2.8.6 to SOURCE.*

Table 14.3.1.4.1
Incidence of Treatment Related Adverse Events by SOC, PT, and Treatment
Treatment-Phase Safety Population

	KP415			Overall (N=XX)	
System Organ Class Preferred Term	20 mg (N=XX) n (%)	30 mg (N=XX) n (%)	40 mg (N=XX) n (%)	n (%)	95% CI
Subjects with at least 1 Treatment Related TEAE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
System Organ Class 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
System Organ Class 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)

Abbreviations: CI = confidence interval; PT = Preferred Term; SOC = System Organ Class; TEAE = treatment emergent adverse event.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. AEs were coded using MedDRA version 20.1. A TEAE is any AE with an onset date/time between the initiation of study drug and 5 days after the last dose of study drug. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment administration. A treatment related TEAE is an AE that is marked as being possibly, probably, or definitely related to treatment. Subjects are counted once for each SOC and once for each PT. AEs are displayed by descending frequency of SOC, then PT within SOC, and then alphabetically by PT. 95% Wilson CIs are presented.
SOURCE: Listing 16.2.7.1

Programming note: *SOC & PT text should be in proper case in table, as shown in the shell. Ensure correct MedDRA version is printed in footnote. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.1.4.2
Incidence of Treatment Related Adverse Events by SOC, PT, and Treatment
Dose-Optimization Safety Population
(Same Shell as Table 14.3.1.4.1)

Programming note: *Update footnote with Dose-Optimization Safety Population. Since treatment groups presented are based on the optimized dose (mg) from the Dose Optimization Phase, actual doses need to be determined from the data. Update footnote to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.1.5.1
Incidence of Treatment Emergent Adverse Events Leading to Study Drug Discontinuation by SOC, PT, and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.2.1)

Table 14.3.1.5.2
Incidence of Treatment Emergent Adverse Events Leading to Study Drug Discontinuation by SOC, PT, and Treatment
Dose-Optimization Safety Population

(Same shell as Table 14.3.1.2.1)

Programming note: *Update footnote with Dose-Optimization Safety Population. Since treatment groups presented are based on the optimized dose (mg) from the Dose Optimization Phase, actual doses need to be determined from the data. Update footnote to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.2.1
Incidence of Serious Adverse Events by SOC, PT, and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.1.2.1)

Table 14.3.2.2
Incidence of Serious Adverse Events by SOC, PT, and Treatment
Dose-Optimization Safety Population

(Same shell as Table 14.3.1.2.1)

Programming note: *Update footnote with Dose-Optimization Safety Population. Since treatment groups presented are based on the optimized dose (mg) from the Dose Optimization Phase, actual doses need to be determined from the data. Update footnote to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.3.1.1
Listing of Adverse Events Leading to Study Drug Discontinuation
Treatment-Phase Safety Population

Subject ID	Treatment [1]	System Organ Class/ Preferred Term/ Verbatim Term	Start Date/Time (Study Day)/ End Date/Time (Study Day)	Severity/ Relationship	Outcome/ Study Drug Action Taken/ Other Action Taken	Serious?/ Criteria Met	TEAE? [2]
XXXXX	XXXXXXXX	Xxxxxxxxxxxx/ Xxxxxxxxxxx/ Xxxxxxxxx	DDMMMYYYY/hh:mm (X)/ DDMMMYYYY/hh:mm (X)	XXXXXXXXX/ XXXXXXXXXX	XXXXXXXXX/ XXXXXXXXXXX/ XXXXXXXXX	XX	XX
XXXXX	XXXXXXXX	Xxxxxxxxxxxx/ Xxxxxxxxxxx/ Xxxxxxxxx	DDMMMYYYY/hh:mm (X)/ DDMMMYYYY/hh:mm (X)	XXXXXXXXX/ XXXXXXXXXX	XXXXXXXXX/ XXXXXXXXXXX/ XXXXXXXXX	XX	XX

Abbreviations: TEAE = Treatment emergent adverse event.
Note: Study day is calculated relative to the date of first dose of study drug. AEs were coded using MedDRA version 20.1.
[1] Treatment groups are based on treatment received. The dose received at the beginning of the treatment-phase, or the last dose received if the subject discontinued from the study during the treatment-phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] A TEAE is any AE with an onset date/time between the initiation of study drug and 5 days after the last dose of study drug. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment administration.
SOURCE: Listing 16.2.7.1

Programming note: *If time missing, display "- -:- -". "Other Action Taken" will be either None, Concomitant Medication, Non-drug Therapy, or Other; if specify text is needed, concatenate "Concomitant Medication:" or "Other:" with the text. If Serious? is Yes, concatenate all serious criteria marked as Yes with a semicolon. If no events meet the criteria for display, present "No events are reported." SOC & PT text should be in proper case in table, as shown in the shell. TEAE will be Yes or No. Since treatment groups presented are based on the dose (mg) received at the beginning of the treatment-phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to treatment in the treatment column. Add ''16.2.5.2'' to the SOURCE line.*

Table 14.3.3.1.2
Listing of Adverse Events Leading to Study Drug Discontinuation
Dose-Optimization Safety Population

(Same shell as Table 14.3.3.1.1)

Programming Note: *Update footnote [1] to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.3.2.1
Listing of Serious Adverse Events
Treatment-Phase Safety Population

(Same shell as Table 14.3.3.1.1)

Table 14.3.3.2.2
Listing of Serious Adverse Events
Dose-Optimization Safety Population

(Same shell as Table 14.3.3.1.1)

Programming Note: *Update footnote [1] to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.3.3.1
Listing of Deaths
Treatment-Phase Safety Population

(Same shell as Table 14.3.3.1.1)

Table 14.3.3.3.2
Listing of Deaths
Dose-Optimization Safety Population

(Same shell as Table 14.3.3.1.1)
Programming Note: *Update footnote [1] to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.3.4.1
Incidence of Abuse Related Adverse Events by SOC, PT, and Treatment
Treatment-Phase Safety Population

System Organ Class Preferred Term	KP415 20 mg (N=XX) n (%)	 30 mg (N=XX) n (%)	 40 mg (N=XX) n (%)	Overall (N=XX) n (%)	 95% CI
Subjects with at least 1 Abuse Related TEAE	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
System Organ Class 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
System Organ Class 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)

Abbreviations: CI = confidence interval; PT = Preferred Term; SOC = System Organ Class.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. AEs were coded using MedDRA version 20.1. AEs that are abuse potential-related include the following MedDRA PTs: euphoria-related terms, terms of altered attention, cognition and mood, and dissociative/psychotic terms. A treatment related TEAE is an AE that is marked as being possibly, probably, or definitely related to treatment. Subjects are counted once for each SOC and once for each PT. AEs are displayed by descending frequency of SOC, then PT within SOC, and then alphabetically by PT. 95% Wilson CIs are presented.
SOURCE: Listing 16.2.7.1

Programming note: *SOC & PT text should be in proper case in table, as shown in the shell. Ensure correct MedDRA version is printed in footnote. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.3.4.2
Incidence of Abuse Related Adverse Events by SOC, PT, and Age
Treatment-Phase Safety Population

(Same shell as Table 14.3.3.4.1)

Programming note: *Column headers will be "Overall", and each appropriate Age range. Check cut points per Section 9.1.3 of SAP. Remove footnote explaining treatment groups.*

Table 14.3.3.4.3
Incidence of Abuse Related Adverse Events by SOC, PT, and Gender
Treatment-Phase Safety Population

(Same shell as Table 14.3.3.4.1)

Programming note: *Column headers will be "Overall", "Male", and "Female." Remove footnote explaining treatment groups.*

Table 14.3.3.4.4
Incidence of Abuse Related Adverse Events by SOC, PT, and Treatment
Dose-Optimization Safety Population

(Same shell as Table 14.3.3.4.1)

Programming Note: *Update footnote to read "Treatment groups are based on treatment received. The optimized dose is presented."*

Table 14.3.5.1.1
Summary of Hematology Laboratory Results by Study Visit and Treatment
Treatment-Phase Safety Population

Parameter: XXXXXXXXX

	KP415							
	20 mg (N=XX)		30 mg (N=XX)		40 mg (N=XX)		Overall (N=XX)	
Study Visit / Statistic	Observed	CFB	Observed	CFB	Observed	CFB	Observed	CFB
Baseline [1]								
n	XX		XX		XX		XX	
Mean (SD)	XX.X (XX.XX)		XX.X (XX.XX)		XX.X (XX.XX)		XX.X (XX.XX)	
CV%	XX.XX		XX.XX		XX.XX		XX.XX	
Median	XX.X		XX.X		XX.X		XX.X	
Min, Max	XX, XX		XX, XX		XX, XX		XX, XX	
Visit 11								
n	XX	XX	XX	XX	XX	XX	XX	XX
Mean (SD)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)
CV%	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
Median	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
Min, Max	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX
Visit 17								
n	XX	XX	XX	XX	XX	XX	XX	XX
Mean (SD)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)	XX.X (XX.XX)
CV%	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
Median	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X	XX.X
Min, Max	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX	XX, XX

Continue for other parameters. Sort alphabetically by parameter.

Abbreviations: CFB = change from baseline. CV% = coefficient of variation; NA = not applicable; SD = standard deviation.
Note: Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented.
[1] Baseline is the Screening Visit 01A for new subjects and either the Screening Visit 01B or the last KP415.E01 Study Visit for roll-over subjects.
SOURCE: Listing 16.2.8.1.1

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.5.1.2
Shift from Baseline in Hematology Laboratory Results by Study Visit and Treatment
Treatment-Phase Safety Population

Parameter: XXXXXXX

	Baseline [1]			
	KP415 Overall (N=XX)			
Study Visit Category	Low n (%)	Normal n (%)	High n (%)	Missing n (%)
Visit 11				
Low	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Normal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
High	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Visit 17				
Low	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Normal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
High	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Missing	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Continue for other parameters and treatment groups. Sort alphabetically by parameter.

Abbreviations: CFB = change from baseline; NA = not applicable.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall and by treatment received. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented.
[1] Baseline is the Screening Visit 01A for new subjects and either the Screening Visit 01B or the last KP415.E01 Study Visit for roll-over subjects.
SOURCE: Listing 16.2.8.1.1

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment-Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.5.2.1
Summary of Serum Chemistry Laboratory Results by Study Visit and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.5.1.1; SOURCE: Listing 16.2.8.1.2)

Table 14.3.5.2.2
Shift from Baseline in Serum Chemistry Laboratory Results by Study Visit and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.5.1.2; SOURCE: Listing 16.2.8.1.2)

Table 14.3.5.3.1
Summary of Quantitative Urinalysis Laboratory Results by Study Visit and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.5.1.1; SOURCE: Listing 16.2.8.1.3)

Table 14.3.5.3.2
Shift from Baseline in Quantitative Urinalysis Laboratory Results by Study Visit and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.5.1.2; SOURCE: Listing 16.2.8.1.3)

Table 14.3.5.3.3
Summary of Qualitative Urinalysis Laboratory Results by Study Visit and Treatment
Treatment-Phase Safety Population

Parameter: XXXXXXXX

	KP415				
	20 mg	30 mg	40 mg	Overall	
Study Visit	(N=XX)	(N=XX)	(N=XX)	(N=XX)	
Category	n (%)	n (%)	n (%)	n (%)	95% CI
Baseline [1]					
Category 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Category 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Category 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Visit 11					
Category 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Category 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Category 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Visit 17					
Category 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Category 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Category 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)

Continue for other parameters. Sort alphabetically by parameter.

Abbreviation: CI = confidence interval; NA = not applicable.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Subjects are summarized overall and by treatment received. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. 95% Wilson CIs are presented.
[1] Baseline is the Screening Visit 01A for new subjects and either the Screening Visit 01B or the last KP415.E01 Study Visit for roll-over subjects.
SOURCE: Listing 16.2.8.1.3

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment-Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.6.1
Summary of Vital Signs by Study Visit and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.5.1.1; visits include Baseline, Visit 3 and Visit 4 for new subjects in the Dose Optimization Phase, Visit 5-Visit 17 for subjects in the Treatment-Phase; parameters include Temperature (C), pulse Rate (bpm), Respiratory Rate (breaths per min) Sitting Systolic Blood Pressure (mmHg), Sitting Diastolic Blood Pressure (mmHg), Height (cm), and Weight (kg), BMI (kg/m^2), BSA(m^2); ensure footnote updated to SOURCE: Listing 16.2.8.2)

Table 14.3.6.2.1
Summary of 12-Lead Electrocardiogram by Study Visit and Treatment
Treatment-Phase Safety Population

(Same shell as Table 14.3.5.1.1; visits include Baseline, Visit 3 and Visit 4 for new subjects in the Dose Optimization Phase, Visit 5-Visit 17 for subjects in the Treatment-Phase; parameters include HR, RR, QT, QTcF; ensure footnote updated to SOURCE: Listing 16.2.8.3)

Table 14.3.6.2.2
Summary of 12-Lead Electrocardiogram Interpretation by Study Visit and Treatment
Treatment-Phase Safety Population

Study Visit Category	KP415 20 mg (N=XX) n (%)	KP415 30 mg (N=XX) n (%)	KP415 40 mg (N=XX) n (%)	Overall (N=XX) n (%)	Overall (N=XX) 95% CI
Baseline [1]					
Normal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Abnormal, Not Clinically Significant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Abnormal, Clinically Significant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Visit 11					
Normal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Abnormal, Not Clinically Significant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Abnormal, Clinically Significant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Visit 17					
Normal	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Abnormal, Not Clinically Significant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Abnormal, Clinically Significant	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)

Abbreviation: CI = confidence interval; NA = not applicable.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. 95% Wilson CIs are presented.
[1] Baseline is the Screening Visit 01A for new subjects and either the Screening Visit 01B or the last KP415.E01 Study Visit for roll-over subjects.
SOURCE: Listing 16.2.8.3

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment-Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

Table 14.3.6.3
Summary of Columbia-Suicide Severity Rating Scale (C-SSRS)
Treatment-Phase Safety Population

	KP415			
	20 mg		30 mg	
C-SSRS Section C-SSRS Item	Pre-treatment (N=xx)	Post-treatment (N=xx)	Pre-treatment (N=xx)	Post-treatment (N=xx)
Suicidal Ideation	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Wish to be Dead	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-Specific Active Suicidal Thoughts	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Active Suicidal Ideation with Any Methods	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Active Suicidal Ideation with Some Intent	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Active Suicidal Ideation with Specific Plan	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Suicidal Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Actual Attempt	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Subject Engaged in Non-Suicidal Self-Injurious Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Interrupted Attempt	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Aborted Attempt	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Preparatory Acts or Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Suicidal Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Suicide	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. The C-SSRS scale consists of a Screening evaluation that assesses the lifetime and more recent experience (past 6 months) of the subject with suicidal ideation and behavior, a baseline evaluation that focuses on suicidality since Screening that occurs before first dose of study drug (all of which is summarized under “pre-treatment”), and a post-baseline evaluation (“post-treatment”) that focuses on suicidality since the last study visit. Subjects are counted once for each C-SSRS section and once for each C-SSRS item answered “Yes” in pre-treatment and post-treatment.
SOURCE: Listing 16.2.8.4

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as “Subject XXXXXX was down-titrated due to tolerability issues.”; add “16.2.5.2” to the SOURCE line.*

Table 14.3.6.3 (cont.)
Summary of Columbia-Suicide Severity Rating Scale (C-SSRS)
Treatment-Phase Safety Population

C-SSRS Section C-SSRS Item	KP415 40 mg Pre-treatment (N=xx)	KP415 40 mg Post-treatment (N=xx)	Overall Pre-treatment (N=xx)	Overall Post-treatment (N=xx)
Suicidal Ideation	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Wish to be Dead	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Non-Specific Active Suicidal Thoughts	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Active Suicidal Ideation with Any Methods	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Active Suicidal Ideation with Some Intent	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Active Suicidal Ideation with Specific Plan	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Suicidal Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Actual Attempt	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Subject Engaged in Non-Suicidal Self-Injurious Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Interrupted Attempt	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Aborted Attempt	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Preparatory Acts or Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Suicidal Behavior	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)
Suicide	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)

Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. The C-SSRS scale consists of a Screening evaluation that assesses the lifetime and more recent experience (past 6 months) of the subject with suicidal ideation and behavior, a baseline evaluation that focuses on suicidality since Screening that occurs before first dose of study drug (all of which is summarized under “pre-treatment”), and a post-baseline evaluation (“post-treatment”) that focuses on suicidality since the last study visit. Subjects are counted once for each C-SSRS section and once for each C-SSRS item answered “Yes” in pre-treatment and post-treatment.
SOURCE: Listing 16.2.8.4

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as “Subject XXXXXX was down-titrated due to tolerability issues.”; add “16.2.5.2” to the SOURCE line.*

Table 14.3.6.4
Summary of Concomitant Medications by ATC Class Level 4, PT, and Treatment
Treatment-Phase Safety Population

	KP415			Overall (N=XX)	
ATC Class Level 4	20 mg (N=XX)	30 mg (N=XX)	40 mg (N=XX)		
Preferred Term (ATC Class Level 5)	n (%)	n (%)	n (%)	n (%)	95% CI
Subjects with at least 1 Concomitant Medication	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
ATC Class 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
ATC Class 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 1	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 2	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)
Preferred Term 3	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	XX (XX.X%)	(XX.X%, XX.X%)

Abbreviations: ATC = Anatomical Therapeutic Chemical; CI = confidence interval; PT = Preferred Term.
Note: Percentages are n/Number of subjects in the Treatment-Phase Safety Population*100. Treatment groups are based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. 95% Wilson CIs are presented. Medications were coded using WHO-DDE version September 2017. Concomitant medications are all medications that were continuing or starting after first dose of study drug. Medications are displayed by descending frequency of Anatomic Therapeutic Chemical (ATC) Level 4 classification, by PT within ATC, and then alphabetically. Subjects were counted only once for each ATC and PT. 95% Wilson CIs are presented.
SOURCE: Listing 16.2.8.6

Programming note: *ATC & PT text should be in proper case in table, as shown in the shell. Ensure correct WHO-DDE is printed in footnote. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, this should be mentioned in the footnote as "Subject XXXXXX was down-titrated due to tolerability issues."; add "16.2.5.2" to the SOURCE line.*

13.9. Planned Listing Shells

Listing 16.2.1
Subject Disposition
All Subjects

Subject ID	Treatment [1]	Site	Did Subject Complete Study?	Date of Completion/Discontinuation (Study Day)	Date of Last Visit (Study Day)	Reason for Discontinuation	Last Dose Received Prior to Discontinuation
XXXXXX	XXXXXX	XXXXXX	Yes	DDMMMYYYY (XX)	DDMMMYYYY (XX)		
XXXXXX	XXXXXX	XXXXXX	Yes	DDMMMYYYY (XX)	DDMMMYYYY (XX)		
XXXXXX	XXXXXX	XXXXXX	Yes	DDMMMYYYY (XX)	DDMMMYYYY (XX)		
XXXXXX	XXXXXX	XXXXXX	No	DDMMMYYYY (X)	DDMMMYYYY (X)	XXXXXXXXXX: XXXXXXXXX	XXX
XXXXXX	XXXXXX	XXXXXX	No	DDMMMYYYY (XX)	DDMMMYYYY (XX)	XXXXXXXXXXXXXXXXXXXXXX	XXX

Abbreviation: NA = not applicable.
Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * subject was down-titrated due to tolerability issues.

Programming Note: *If reason for early termination is Other, concatenate the specify text as follows: "Other: XXXXXXXXX". If reason for early termination is lost to follow-up, concatenate with date of last contact as follows: "Lost to follow-up; date of last contact: DDMMMYYYY". Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.2.1
Inclusion and Exclusion Criteria Not Met
All Subjects

Subject ID	Treatment [1]	Date (Study Day) of: Screening/Informed Consent	Date (Study Day) of: Informed Assent	All Inclusion Criteria Met? [2]	Any Exclusion Criteria Met? [3]
XXXXXX	XXXXXX	DDMMMYYYY (-X)	DDMMMYYYY (-X)	Yes	No
XXXXXX	XXXXXX	DDMMMYYYY (-X)	DDMMMYYYY (-X)	No: 02, 07	No
XXXXXX	XXXXXX	DDMMMYYYY (-X)	DDMMMYYYY (-X)	No: 02	No
XXXXXX	XXXXXX	DDMMMYYYY (-X)	DDMMMYYYY (-X)	Yes	Yes: 05
XXXXXX	XXXXXX	DDMMMYYYY (-X)	DDMMMYYYY (-X)	Yes	No
XXXXXX	XXXXXX	DDMMMYYYY (-X)	DDMMMYYYY (-X)	Yes	No

Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] 02 Subject must have a body weight of at least 21 kg at Screening; 07 = Subject must meet Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5) criteria for a primary diagnosis of ADHD (combined, inattentive, or hyperactive/impulsive presentation) per clinical evaluation and confirmed by the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID). If the MINI-KID assessment is available from a previous study with KP415, it does not need to be repeated.
[3] 05 = Subject has a positive urine MPH screen at Visit 5.

Programming note: *If more than 1 inclusion or exclusion criterion number exists, concatenate with a comma as shown above. Decode any relevant criteria in the footnotes as shown in the example. If no criteria are present for a column, remove the [2] and/or [3] from the column header. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment-Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.2.2
Protocol Deviations
All Subjects

Subject ID	Treatment [1]	Event Type	Violation Level	Description
XXXXXX	XXXXXXX	XXXXXXXXXXX XXXXXXXXXXXXX	MAJOR MINOR	XXXXXXX XXXXXXXXXXXXXX
XXXXXX	XXXXXXX	XXXXXXXXXXX XXXXXXXXXXXXXX	MINOR MINOR	XXXXXXXXXXXXXXXXXX XXXXXXXXXX
XXXXXX	XXXXXXXXX	XXXXXXXXXXX	MAJOR	XXXXXXXXXXXXXXXXXXX

[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *The structure of this listing may change depending on the information in the protocol deviations file. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to treatment in the treatment column.*

Listing 16.2.3
Analysis Populations
All Subjects

Subject ID	Treatment [1]	Treatment-Phase Safety [2]	Efficacy [3]	Dose-Optimization Safety [4]	Reason(s) for Exclusion
XXXXXX	XXXXXX	Yes	Yes	No	Dose-Optimization Safety Population: Subject did not have at least 1 post-dose safety assessment in the Dose Optimization Phase.
XXXXXX	XXXXXXX	Yes	Yes	Yes	
XXXXXX	XXXXXX	No	No	No	Treatment-Phase Safety: Subject did not receive at least 1 dose of study drug.

[1] Treatment is based on treatment received. The dose received at the beginning of the treatment-phase, or the last dose received if the subject discontinued from the study during the treatment-phase, is presented.
[2] The Treatment-Phase Safety Population includes all subjects who are enrolled in the Treatment Phase and received at least 1 dose of study medication in the Treatment Phase and had at least 1 post-dose safety assessment in the Treatment Phase. * = subject was down-titrated due to tolerability issues.
[3] The Efficacy Population includes all enrolled subjects who received at least 30 days of study medication in the Treatment Phase and had adequate data to assess the change from baseline of the efficacy parameters and who had no protocol deviations that could affect the efficacy parameters.
[4] The Dose-Optimization Safety Population includes all subjects who are enrolled in the Dose Optimization Phase and received at least 1 dose of study medication in the Dose Optimization Phase and had at least 1 post-dose safety assessment in the Dose Optimization Phase.

***Programming note**: Concatenate all reasons for exclusion with a semi-colon. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.4.1
Demographics and Baseline Characteristics
All Subjects

Subject ID	Treatment [1]	Sex	Child-Bearing Potential?	Date of Birth	Age (years)	Ethnicity	Race	Weight (kg)	Height (cm)	BMI (kg/m^2)	BSA (m^2) [2]
XXXXXX	XXXX	XXXX		DDMMMYYY	XX	XXXXXXX	XXXXXXX	XX.X	XX.X	XX.XX	XX.XX
XXXXXX	XXXXXX	XXXXXX	No	DDMMMYYY	XX	XXXXXXX	XXXXXX	XX.X	XX.X	XX.XX	XX.XX
XXXXXX	XXXXXX	XXXXXX	Yes	DDMMMYYY	XX	XXXXXXX	XXXXXX	XX.X	XX.X	XX.XX	XX.XX
XXXXXX	XXXX	XXXX		DDMMMYYY	XX	XXXXXXX	XXXXX	XX.X	XX.X	XX.XX	XX.XX
XXXXXX	XXXXXX	XXXXXX	No	DDMMMYYY	XX	XXXXXXX	XXXXXX	XX.X	XX.X	XX.XX	XX.XX
XXXXXX	XXX	XXXX		DDMMMYYY	XX	XXXXXX	XXXXXX	XX.X	XX.X	XX.XX	XX.XX

Abbreviation: BMI = Body Mass Index; BSA = body surface area.
Note: Height, weight, BMI, and BSA are the values at Screening.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] BSA = $\sqrt{[\text{height(cm)} * \text{weight(kg)}]/3600}$

Programming Note: *If race is other, concatenate "Other:" with specify text. If subject has multiple races, concatenate them. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.4.2
Medical History
All Subjects

Subject ID	Treatment [1]	System Organ Class/ Preferred Term/ Verbatim Term	Start Date (Study Day)/ End Date (Study Day)/
XXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXX/ XXXXXXXXXXXXX	DDMMMYYYY (X)/ DDMMMYYYY (X)
		XXXXXXXXX/ XXXXXXXXXXXXXXX/ XXXXXXXXXXX	MMMYYYY (X)/ Ongoing
		XXXXXXXXX/ XXXXXXXXXXXXXXX/ XXXXXXXXXXX	MMMYYYY (X)/ Ongoing
XXXXXX	XXXXXXXXXX	XXXXXXXXX/ XXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXX	DDMMMYYYY (X)/ DDMMMYYYY (X)

Note: Study day is calculated relative to the date of first dose of study drug. Medical history was coded using MedDRA version 20.1.
Only subjects with medical history recorded are listed.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *SOC & PT text should be in proper case in table, as shown in the shell. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.4.3
ADHD Diagnosis and Confirmation
All Subjects

Subject ID	Treatment [1]	Has an ADHD Diagnosis been confirmed?	Date of ADHD Diagnosis (Study Day)
XXXXXX	XXXXXXXXX	XXX	DDMMMYYYY (X)
XXXXXX	XXXXXXXXX	XXX	DDMMMYYYY (X)

Abbreviations: ADHD = attention-deficit hyperactivity disorder
Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.4.4
Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID)
All Subjects

Subject ID	Treatment [1]	Was Assessment Performed?	Interview			Module	Item	Response	Primary Diagnosis?
			Date (Study Day)	Start/Stop Time	Total Time				
XXXXXX	XXXXXX	XXXX	DDMMMYYYY (-X)	hh:mm/ hh:mm	XXXX	Major Depressive Episode	Current (Past 2 weeks)	XX	
							Past	XX	
							Recurrent	XX	
						Major Depressive Disorder	Current (Past 2 weeks)	XX	XXX
							Past	XX	XXX
							Recurrent	XX	XXX
						Suicidality	Current (Past Month)	XX	XXX
							Lifetime	XX	XXX
							Lifetime Attempt Level	XXXXXX X	
						Suicide Behavior Disorder	Current (In Past Year)	XX	XXX
							In early remission (1-2 years ago)	XX	XXX
						…			

Abbreviations: MINI-KID= Mini International Neuropsychiatric Interview for Children and Adolescents
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *Continue for other categories and assessments. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.5.1
Capsule Swallowing Test
All Subjects

Subject ID	Treatment [1]	Was Subject Able to Swallow the Capsule?
XXXXXX	XXXXXXXX	XXX
XXXXXX	XXXXXXXX	XXX
XXXXXX	XXXXXXXX	XXX
XXXXXX	XXXXXXXX	XXX

[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to treatment in the treatment column.*

Listing 16.2.5.2
Study Drug Dispensation and Return
All Subjects

Subject ID	Treatment [1]	Study Visit	Study Medication Assessment Type	Study Medication Dispensed/ Returned?	Date Dispensed/ Returned (Study Day)	Number of Capsules Dispensed/ Returned	Dose Adjusted?	Adjusted Dose Level (mg)	Number of Doses Missed (Reason)	Subject Compliant? (% Compliance) [2]
XXXXXX	XXXXXXXX	Visit 2	Dispensed	Yes	DDMMMYYYY (X)	XX	No	XX		
			Returned	Yes	DDMMMYYYY (X)	XX			XX	Yes (100%)
		Visit 3	Dispensed	Yes	DDMMMYYYY (XX)	XX	No	XX		
			Returned	Yes	DDMMMYYYY (XX)	XX			XX (XXXX)	Yes (80%)
		Visit 4	Dispensed	Yes	DDMMMYYYY (XX)	XX	Yes: XXXX	XX		
			Returned	Yes	DDMMMYYYY (XX)	XX			XX (XXXX)	No (60%): XXXXXXX
		Visit 5	Dispensed	Yes	DDMMMYYYY (XX)	XX	No	XX		
			Returned	Yes	DDMMMYYYY (XX)	XX			XX	Yes (100%)
		Visit 6	Dispensed	Yes	DDMMMYYYY (X)	XX	No	XX		
			Returned	Yes	DDMMMYYYY (X)	XX			XX (XXXX)	Yes (85%)

Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented.
[2] Acceptable compliance is defined as 80-100% of total doses (inclusive).

Programming note: *If med not dispensed or returned, or subject is not compliant, concatenate reason like: "No: XXXXXX". If Dose was adjusted, concatenate reason like: "Yes: XXXX". If Any doses were missed, concatenate reason like: "#: XXXXXX"*

Listing 16.2.6.1
ADHD-Rating Scale-5
All Subjects

Subject ID	Treatment [1]	Study Visit	Date of Assessment (Study Day)	Category	Assessment	Numeric Result	Text Result
XXX-XX	XXXXXX	XXXXXX	DDMMMYYYY (XX)	How often does your child display this behavior?	Fails to give close attention to details or makes careless mistakes in schoolwork or during other activities	XX	XXXXXXXXX
					Has difficulty sustaining attention in tasks or play activities	XX	XXXXXXXXX
					Does not seem to listen when spoken to directly	XX	XXXXXXXX
					Does not follow through on instructions and fails to finish schoolwork or chores	XX	XXXXXXXX
					Has difficulty organizing tasks and activities	XX	XXXXXXXX
				…	…		
				Subscale and Total Scores	Inattention Subscale Score	XX	
					Hyperactivity/Impulsivity Subscale Score	XX	
					Total ADHD-RS-5 Score	XX	

Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment-Phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] Change from baseline is calculated as Numeric Result – Baseline.

Programming Note: *Continued for other categories and assessments. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment phase.*

Listing 16.2.6.2
Clinical Global Impression (CGI) – Severity
All Subjects

Subject ID	Treatment [1]	Study Visit	Date of Assessment (Study Day)	Reason Not Performed	Numeric Result	Text Result
XXX-XX	XXXXXXX	XXXXXXX	DDMMMYYYY (X)		X	XXXXXXX
		XXXXXXX	DDMMMYYYY (X)		X	XXXXXXX

Abbreviation: CGI-S = Clinical Global Impression - Severity.
Note: Study day is calculated relative to the date of first dose of study drug. The CGI-S score is based on the following question regarding severity of illness: Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.6.3
Clinical Global Impression (CGI) – Improvement
All Subjects

Same shell as Listing 16.2.6.2; use the following footnotes:

Abbreviation: CGI-I = Clinical Global Impression – Improvement.
Note: Study day is calculated relative to the date of first dose of study drug. The CGI-I score is based on the following question regarding global improvement: Rate total improvement whether or not, in your judgment, it is due entirely to drug treatment. Compared to his/her condition at admission to the project, how much has patient changed?

Listing 16.2.6.4
Children's Sleep Habits Questionnaire (CSHQ)
All Subjects

Subject ID	Treatment [1]	Study Visit	Date of Assessment (Study Day)	Category	Assessment	Numeric Result	Text Result
XXX-XX	XXXXXX	XXXXXX	DDMMMYYYY (XX)	Bedtime	Child's bedtime		hh:mm
					1) Child goes to bed at the same time at night	XX	XXXXXX
					2) Child falls asleep within 20 minutes after going to bed	XX	XXXXXXXX
					3) Child falls asleep alone in own bed	XX	XXXXXXXXX
					4) Child falls asleep in parent's or sibling's bed	XX	XXXXXX
					5) Child needs parent in the room to fall asleep	XX	XXXXXXXX
					6) Child struggles at bedtime (cries, refuses to stay in bed, etc.)	XX	XXXXXXXXX
					7) Child is afraid of sleeping in the dark	XX	XXXXXX
					8) Child is afraid of sleeping alone	XX	XXXXXXXX
				Sleep Behavior	Child's usual amount of sleep each day (hours)	XX	XXXXXX
					Child's usual amount of sleep each day (minutes)	XX	XXXXXXXX
					9) Child sleeps too little	XX	XXXXXXXXX
				…	…		
				Subscale and Total Scores	Subcale 1: Bedtime Resistance	XX	
					Subscale 2: Sleep Onset Delay	XX	
					…		
					Subscale 8: Daytime Sleepiness	XX	
					Total Sleep Disturbance Score	XX	

Note: Study day is calculated relative to the date of first dose of study drug. Assessments that are marked as Not Done are not included in the listing.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming Note: *Continued for other categories and assessments. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.7.1
Adverse Events
All Subjects

Subject ID	Treatment [1]	TEAE?	System Organ Class/ Preferred Term/ Verbatim Term	Start Date (Study Day)/ End Date (Study Day)	Severity/ Relationship	Outcome/ Study Drug Action Taken/ Other Action Taken	Serious?/ Criteria Met	Abuse Related? [2]
XXX-XX	XXXXXX	XXX	XXXXXXXXXXXXXXXXX/ XXXXXXXXXXXXXXX/ XXXXXXXXXXXXX	DDMMMYYYY/ DDMMMYYYY	XXXXXXXXX/ XXXXXXXX	XXXXXXXXXXXX/ XXXXXXXXXXXXXX/ XXXXXXXXXXXXXXX	XX/ XXXXXXXXX	XXX
	XXXXXX	XXX	XXXXXXXXX/ XXXXXXXXXXXXXXX/ XXXXXXXXXXX	DDMMMYYYY/ Ongoing	XXXXXXXXX/ XXXXXXXX	XXXXXXXXXXXXX	XX	XXX
	XXXXXX	XXX	XXXXXXXXX/ XXXXXXXXXXXXXX/ XXXXXXXXXXXXXXX	DDMMMYYYY/ DDMMMYYYY	XXXXXXX/ XXXXXXX	XXXXXXXXXXXXXX	XX	XXX

Abbreviation: TEAE = Treatment emergent adverse event.
Note: Study day is calculated relative to the date of first dose of study drug. AEs were coded using MedDRA version 19.1. A TEAE is any adverse event with an onset date/time between the initiation of study drug and 5 days after the last dose of study drug. This will include any AE with onset prior to initiation of study drug and increased severity after the treatment administration.
[1] Treatment is based on treatment received. The dose received at the beginning of the treatment-phase, or the last dose received if the subject discontinued from the study during the treatment-phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] Abuse-related AEs include the following MedDRA Preferred Terms: Euphoric mood; Elevated mood; Feeling abnormal; Feeling drunk; Feeling of relaxation; Dizziness; Thinking abnormal; Hallucination; Inappropriate affect; Somnolence; Mood disorders and disturbances; psychosis; aggression; confusion and disorientation; drug tolerance; habituation; drug withdrawal syndrome; substance-related disorders.

Programming note: *"Other Action Taken" will be either None, Medication Required, Relevant Procedure, or Other; if specify text is needed, concatenate "Relevant Procedure:" or "Other:" with the text. If Serious? is Yes, concatenate all serious criteria marked as Yes with a semicolon. If no events meet the criteria for display, present "No events are reported." SOC & PT text should be in proper case in table, as shown in the shell. Ensure correct MedDRA version is printed in footnote. Since treatment groups presented are based on the dose (mg) received at the beginning of the treatment-phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.8.1.1
Clinical Laboratory Data: Hematology
All Subjects

Subject ID	Treatment [1]	Parameter (unit)	Study Visit	Date of Assessment (Study Day)	Standard Results	Change from Baseline [2]	Reference Range [3]	Reference Range Flag	Accession Number	Comments/Reason Not Done
XXXXXX	XXXXXXXX	Red Blood Cell Count	XXXXXX	DDMMMYYYY (X)	XX		XX – YY		XXXXXXX	
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY		XXXXXXX	
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY		XXXXXXX	
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY	XXX	XXXXXXX	
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY		XXXXXXX	
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY		XXXXXXX	
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY		XXXXXXX	
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY		XXXXXXX	
			XXXXXX		ND					XXXXXXX
			XXXXXX	DDMMMYYYY (X)	XX	XX	XX – YY		XXXXXXX	

Abbreviations: A = abnormal; CS = clinically significant; H = high; L = low; ND = not done.
Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment-Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] Baseline is the Screening Visit 01A for new subjects and either the Screening Visit 01B or the last KP415.E01 Study Visit for roll-over subjects
[3] Reference range is used to identify potentially clinically significant laboratory values.

Programming note: *update abbreviations to reflect actual data. If test was not done, set results to ND; make sure last column is populated accordingly. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.8.1.2
Clinical Laboratory Data: Serum Chemistry
All Subjects

(Same shell as Listing 16.2.8.1)

Listing 16.2.8.1.3
Clinical Laboratory Data: Urinalysis
All Subjects

(Same shell as Listing 16.2.8.1; remove "(unit)" from 2nd column header)

Listing 16.2.8.1.4
Clinical Laboratory Data: Urine Drug Screen and Pregnancy Tests
All Subjects

(Same shell as Listing 16.2.8.1; remove "(unit)" from 2nd column header; do not display Reference Range or Accession number columns)

Listing 16.2.8.2
Vital Signs
All Subjects

Subject ID	Treatment [1]	Study Visit	Date of Assessment (Study Day)	Temp (C)	Pulse Rate (beats/min)	Respiratory Rate (breaths/min)	Sitting Blood Pressure (mmHg)		Height (cm)	Weight (kg)	BSA (m^2) [2]	BMI (kg/m^2)
							Systolic	Diastolic				
XXXXXX	XXXXXX	XXXXXX	DDMMMYYYY (X)	XX.X	XX	XX	XXX	XX	XX.X	XXX	XX.X	XX.X
		XXXXXX	DDMMMYYYY (X)	XX.X	XX	XX	XXX	XX		XXX		
		XXXXXX	DDMMMYYYY (X)	XX.X	XX	XX	XXX	XX		XXX		
		XXXXXX	DDMMMYYYY (X)	ND	ND	ND	ND	ND		ND		
		XXXXXX	DDMMMYYYY (X)	XX.X	XX	XX	XXX	XX		XXX		

Abbreviation: BMI = Body Mass Index; BSA = body surface area; ND = not done.
Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] BSA = $\sqrt{[\text{height(cm)} * \text{weight(kg)}]/3600}$

Programming Note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.8.3
12-Lead Electrocardiogram (ECG) Quantitative Results
All Subjects

Subject ID	Treatment [1]	Study Visit	Date/Time of ECG (Study Day)	Investigator Interpretation	Heart Rate (bpm)	RR Interval (msec)	QT Interval (msec)	QTcF Interval (msec)	Comments
XXXXXX	XXXXXX	XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXX	XXX	XXX	XXX	XXX	
		XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXXXXXX	XXX	XXX	XXX	XXX	
		XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXXXX	XXX	XXX	XXX	XXX	
		XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXX	XXX	XXX	XXX	XXX	
		XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXXXXXX	XXX	XXX	XXX	XXX	
		XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXXXX	XXX	XXX	XXX	XXX	
		XXXXXX	ND						
XXXXXX	XXXXXX	XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXX	XXX	XXX	XXX	XXX	
		XXXXXX	DDMMMYYYY/ hh:mm (X)	XXXXXXXXXXX	XXXX	XXXX	XXXX	XXXX	XXXXXXXXX

Abbreviation: HR = heart rate; ND = not done.
Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *if assessment not done at a visit, put 'ND' in the date column. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column. Add columns for any additional parameters provided by the central reader.*

Listing 16.2.8.4
Columbia-Suicide Severity Rating Scale (C-SSRS)
All Subjects

Subject ID	Treatment [1]	Study Visit	Date/Time of Assessment (Study Day)	Reference Period	Category	Assessment	Result
XXX-XX	XXXXXX	XXXXXX	DDMMMYYYY/ HH:MM (XX)	Lifetime	Suicidal Ideation	1. Wish to be dead	XX
						If yes, describe:	
						2. Non-Specific Active Suicidal Thoughts	XX
						If yes, describe:	
						3. Active Suicidal Ideation with Any Methods (not Plan) without Intent to Act	XX
						If yes, describe:	
						4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan	XX
						If yes, describe:	
						5. Active Suicidal Ideation with Specific Plan and Intent	XX
						If yes, describe:	
					Intensity of Ideation	Was the answer to “1. Wish to be dead” and/or “2. Non-Specific Active Suicidal Thoughts” equal to “Yes”?	XX
						Most Severe Ideation Type # (1-5)	X
						Description of Ideation	XXXXXXXXXXXXXX
						Frequency	1 = Only one time

Note: Study day is calculated relative to the date of first dose of study drug. Assessments that are marked as Not Done are not included in the listing.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming Note: *Continued for other categories and assessments. Screening and Baseline time points will have Lifetime and Past 6 months test periods. Other time points will have “Since last visit” test period. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.8.5
Physical Examination
All Subjects

Subject ID	Treatment [1]	Study Visit	Exam Date (Study Day)	Body System	Result	Abnormal Findings	Clinically Significant?
XXXXXX	XXXXXXX	XXXXXXX	DDMMMYYYY (-X)	General Appearance	Normal		
				Skin	Abnormal	XXXXXXXX	No
				Head and Neck	Normal		
				Lymph Nodes	Normal		
				Thyroid	Normal		
				Musculoskeletal	Normal		
				Extremeties	Normal		
				Cardiovascular	Normal		
				Lungs	Normal		
				Abdomen	Normal		
				Neurological	Normal		

Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.8.6
Prior and Concomitant Medications
All Subjects

Subject ID	Treatment [1]	Prior/ Concomitant [2]	Reason for Use	ATC Class (Level 4)/ Preferred Term (ATC Level 5)/ Verbatim Term	Start Date (Study Day)/ End Date (Study Day)	Dose (unit) / Total Daily Dose	Route/ Frequency
XXXXXX	XXXXXX	Prior	XXXXXXXX	XXXXXXXXXXXXXXXX/ XXXXXXXXXXXXX/ XXXXXXXXXXXX	DDMMMYYYY (X)/ DDMMMYYYY (X)	XXX (XXX)/ XXX	XXXXXXXX/ XXXXXXX
		Both	XXXXXXXX	XXXXXXXXX/ XXXXXXXXXXXXXX/ XXXXXXXXXX	DDMMMYYYY (X)/ Ongoing	XXX (XXX) / XXX	
		Concomitant	XXXXXXX	XXXXXXXXX/ XXXXXXXXXXXXXX/ XXXXXXXXXXXXXXXXXXXXX	DDMMMYYYY (X)/ DDMMMYYYY (X)	XXX (XXX) / XXX	

Abbreviation: ATC = anatomic therapeutic chemical; NA = Not applicable.
Note: Study day is calculated relative to the date of first dose of study drug. Medications were coded using WHO-DDE version September 2017.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.
[2] Prior indicates medication that was started and stopped prior to dosing of study drug. Concomitant indicates medication that started during the treatment period. Both indicates medication that was started prior to dosing of study drug and continued during the treatment period.

Programming note: *If Dose unit, Route or Frequency is Other, display other specify text only (ie, do not display "Other: XXXXXX" but just "XXXXXX "). Sort by subject, start date/time, end date/time, ATC level 4 & PT. ATC & PT text should be in proper case in table, as shown in the shell. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.8.7
Lifetime History of ADHD Treatment
All Subjects

Subject ID	Treatment [1]	Medication/Therapy Name	ADHD Drug Class	Dose (Dose Unit)	Route	Frequency	Reason for Use	Start Date (Study Day)	Was this Medication Started Within the Last 14 Days?	Ongoing?	End Date (Study Day)
XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXXX (XXXX)	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX (XXX)	XXX	XXX	XXXXXXXX (XXX)
		XXXXXXXX	XXXXXXXX	XXXXX (XXXX)	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX (XXX)	XXX	XXX	XXXXXXXX (XXX)
		XXXXXXXX	XXXXXXX	XXXXX (XXXX)	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX (XXX)	XXX	XXX	XXXXXXXX (XXX)

Abbreviation: ADHD = attention-deficit hyperactivity disorder; NA = Not applicable.
Note: Study day is calculated relative to the date of first dose of study drug.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *If Dose unit, Route or Frequency is Other, display other specify text only (ie, do not display "Other: XXXXXX" but just "XXXXXX "). Sort by subject, start date/time, end date/time, ADHD Drug Class, Medication/Therapy Name. ADHD Drug Class and Medication/Therapy Name text should be in proper case in table, as shown in the shell. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column.*

Listing 16.2.8.8
ADHD Medication Washout
All Subjects

Subject ID	Treatment [1]	Was the Subject Reminded of the Washout?	Were ADHD Medications Washed Out?	Start Date of Washout (Study Day)	End Date of Washout (Study Day)
XXXXXX	XXXXXX	XXX	XXX	DDMMMYYYY (XXX)	DDMMMYYYY (XXX)
XXXXXX	XXXXXX	No: XXXXXXXX	XXX	DDMMMYYYY (XXX)	DDMMMYYYY (XXX)
XXXXXX	XXXXXX	XXX	XXX	DDMMMYYYY (XXX)	DDMMMYYYY (XXX)

Abbreviations: ADHD = attention-deficit hyperactivity disorder.
[1] Treatment is based on treatment received. The dose received at the beginning of the Treatment Phase, or the last dose received if the subject discontinued from the study during the Treatment Phase, is presented. * = subject was down-titrated due to tolerability issues.

Programming note: *Sort by subject, start date, end date. Since treatment groups presented are based on the dose (mg) received at the beginning of the Treatment Phase, actual doses need to be determined from the data. If a subject receives a lower dose than planned due to tolerability, place an asterisk next to the treatment in the treatment column. If the subject was not reminded of the washout, concatenate reason like: "No: XXXXXX".*

13.10. Planned Figure Shells

Not Applicable

Appendix 1: Premier Research Library of Abbreviations

Abbreviation	Definition
aCRF	annotated case report form
AD	associated documents
ADHD	attention-deficit hyperactivity disorder
ADHD-RS-5	Attention-Deficit Hyperactivity Disorder Rating Scale 5
ADR	adverse drug reactions
AE	adverse event
AESI	adverse events special interest
AIC	Akaike information criterion
ALT	alanine aminotransferase
ANCOVA	analysis of covariance
AR(1)	Autoregressive
AST	aspartate aminotransferase
ATC	anatomical therapeutic chemical
BLQ	beneath limit of quantification
BMI	body mass index
BSA	body surface area
CCGs	CRF completion guidelines
CD	compact disc
CDISC	clinical data interchange standards consortium

Abbreviation	Definition
CEC	central ethics committee
CFR	code of federal regulations
CGI-I	Clinical Global Impressions–Improvement
CGI-S	Clinical Global Impressions–Severity
CI	confidence intervals
CIOMS	council for international organizations of medical sciences
CIP	clinical investigational plan
CM	clinical manager or centimeter
CMP	clinical monitoring plan
COV	close out visit
CRA	clinical research associate
CRF	case report form
CRO	contract research organization
CS	clinically significant or compound symmetry
CSHQ	Children's Sleep Habits Questionnaire
CSM	clinical supply manager
CSR	clinical study report
C-SSRS	Columbia-Suicide Severity Rating Scale
CTA	clinical trial administrator
CTM	clinical trial manager
CTMS	clinical trial management system

Abbreviation	Definition
DB	database
DBL	database lock
DBP	diastolic blood pressure
DCRF	data change request form
DDE	drug dispensing error form
DEA	drug enforcement administration
DIA	drug information association
DIS	data integration specification
DLT	dose limiting toxicity
DM	data management
DMB	data monitoring board
DMC	data monitoring committee
DML	data management lead
DMP	data management plan
DNA	deoxyribonucleic acid
DOB	date of birth
DS	document specialist
DSG	drug safety group
DSM	drug supply management (drug distributor)
DSMB	data safety monitoring board
DSP	data safety plan

Abbreviation	Definition
DSUR	development safety update report
DTS	data transfer specification
DVD	digital video disk
EC	ethics committee
ECD	edit check and derivation specifications
ECG	electrocardiogram
eCRF	electronic case report form
EDC	electronic data capture
EMA	European medicines agency
EOS	end of study
EOT	end of treatment
ET	early termination
eTMF	electronic trial master file
EU	European Union
FA	full analysis
FDA	food and drug administration
FMP	file management plan
FPFV	first patient first visit
FPI	first patient in
GCP	good clinical practice
GMP	good manufacturing practices

Abbreviation	Definition
GPV	global pharmacovigilance
HEENT	Head, neck, eyes, ears, nose, mouth, and thoat
HR	heart rate
IB	investigator's brochure
IC or ICF	informed consent or informed consent form
ICH	international council for harmonization
ID	identification
IDM	independent drug monitoring
IEC	independent ethics committee
IM	investigator meeting
IMV	interim monitoring visit
IND	investigational new drug
INDSR	investigational new drug safety reports
IP	investigational product
IRB	institutional review board
IRF	inventory release file
IRR	infusion related reactions
IRT	interactive response technology
ISF	investigator site file
ITT	intent-to-treat
IVRS	interactive voice response system

Abbreviation	Definition
IWRS	interactive web response system
IxRS	interactive voice/web response system
kg	kilogram
KPI	key performance indicator
LAN	local area network
LDM	lead data manager
LMS	learning management system
LLOQ	lower limit of quantification
LOCF	last observation carried forward
LPI	last patient in
LPLV	last patient last visit
LPO	last patient out
LS	least squares
MAAP	medical affairs and pharmacovigilance teams
MAH	marketing authorization holder
MedDRA	medical dictionary for regulatory activities
mg	milligram
MHRA	medicines and healthcare products regulatory agency
MINI-KID	Mini International Neuropsychiatric Interview for Children and Adolescents
mL	milliliter

Abbreviation	Definition
MM	medical monitor
MMP	medical monitoring plan
MMRM	mixed effect model repeat measurement
MPH	methylphenidate
MTD	maximum tolerated dose
MVR	monitoring visit report
N	number
NA	not applicable
NCS	non-clinically significant
NF	non-functional
PD	protocol deviation
PDGP	protocol deviation guidance plan
PE	physical examination
pH	hotential hydrogen
PI	principal investigator
PIN	personal identification number
PK	pharmacokinetic
PKAP	pharmacokinetic analysis plan
PM	project manager
PMP	project management plan
PP	per-protocol

Abbreviation	Definition
PRIMS	Premier Research information management system
PS	project specialist
PT	preferred term or Prothrombin Time
PTT	Prothrombin Thromboplastin Time
PV	pharmacovigilance
PVG	pharmacovigilance group
QA	quality assurance
QARC	quality assurance, risk and compliance
QC	quality control
QOL	quality of life
QTcF	Time between the start of the Q wave and the end of the T wave (QT interval) in the heart's electrical cycle, corrected for heart rate with Fridericia's formula
ROT	record of training
RR	respiratory rate or relative rate
RSM	regional site monitor
SAE	serious adverse event
SAP	statistical analysis plan
SAS®	a software system used for data analysis
SBP	systolic blood pressure
SC	study coordinator
SCR	software change request

Abbreviation	Definition
SD	standard deviation
SDS	study design specifications
SDTM	study data tabulation model
SDV	source data verification
SECC	self-evident correction conventions
SECP	self-evident correction plan
SF	screen failure
SFT or SFTP	secure file transfer or secure file transfer plan
SIV	site initiation visit
SLA	service level agreement
SMP	safety management plan
SOC	system organ class
SOP	standard operating procedure
SOW	statement of work
SQV	site qualification visit
SUA	start-up associate
SUSAR	suspected, unexpected, serious adverse (drug) reaction
TA	trial assistant
TEAE	treatment-emergent adverse event
TMF	trial master file
TOM	task ownership matrix

Abbreviation	Definition
TSH	thyroid stimulating hormone
UAT	user acceptance testing
USA	United States of America
UTC	universal coordinated time
VC	variance components
WAN	wide area network
WAR	work at risk
WG	working guideline
WHO	world health organization
WHO-DD	world health organization drug dictionary
WHO-DDE	world health organization drug dictionary enhanced