THINKING ABOUT CHANGING THEIR STORY?

CONSIDER PARTNERING WITH A SPECIALIST

GET ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT DUPIXENT

Not actual patients.

INDICATION

DUPIXENT is indicated for the treatment of adult and pediatric patients aged 6 months and older with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. DUPIXENT can be used with or without topical corticosteroids.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION: DUPIXENT is contraindicated in patients with known hypersensitivity to dupilumab or any of its excipients.

Please see additional Important Safety Information throughout and click here for full Prescribing Information.

DUPIXENT®
(dupilumab) Injection
200mg · 300mg

FREQUENTLY ASKED QUESTIONS ABOUT DUPIXENT

DUPIXENT® (dupilumab) Injection
200mg · 300mg

ABOUT DUPIXENT

WHAT IS DUPIXENT?

DUPIXENT is a biologic therapy that inhibits IL-4 and IL-13 signaling, two sources of type 2 inflammation. It is not an immunosuppressant or a steroid. The mechanism of dupilumab action has not been definitively established.[1]

When topical therapies aren't enough, DUPIXENT is the first and only biologic approved to treat moderate-to-severe atopic dermatitis from infancy to adulthood (6+ months of age).[1]

WHAT DERMATOLOGICAL CONDITION IS DUPIXENT INDICATED FOR?

DUPIXENT is indicated for the treatment of adult and pediatric patients aged 6+ months with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Patients may be appropriate for DUPIXENT if they[1,2]:

- Have tried a variety of topical Rx therapies for moderate-to-severe atopic dermatitis and are still uncontrolled
- Suffer from inadequate control of pruritus
- Have ≥10% of their body covered with lesions and/or may involve problem areas such as the face, hands, and feet
- Have moderate-to-severe erythema and moderate-to-severe papulation/infiltration (Investigator's Global Assessment [IGA] score of 3=moderate or 4=severe)

WHY TO REFER

WHY SHOULD I CONSIDER REFERRING TO A SPECIALIST WHEN MY PATIENT MIGHT OUTGROW THEIR ATOPIC DERMATITIS?

Uncontrolled moderate-to-severe atopic dermatitis is a chronic, systemic disease that for many patients may be a lifelong condition, one that may necessitate continuous treatment. We don't know which patients may outgrow their condition, and in the meantime, those with uncontrolled disease despite TCS use may need continuous therapy to adequately control their chronic itch and skin lesions.[3,4]

TCS, topical corticosteroids.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity: Hypersensitivity reactions, including anaphylaxis, serum sickness or serum sickness-like reactions, angioedema, generalized urticaria, rash, erythema nodosum, and erythema multiforme have been reported. If a clinically significant hypersensitivity reaction occurs, institute appropriate therapy and discontinue DUPIXENT.

Conjunctivitis and Keratitis: Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received DUPIXENT versus placebo. Conjunctivitis was the most frequently reported eye disorder. Most subjects with conjunctivitis or keratitis recovered or were recovering during the treatment period. Conjunctivitis and keratitis have been reported with DUPIXENT in postmarketing settings, predominantly in atopic dermatitis patients. Some patients reported visual disturbances (e.g., blurred vision) associated with conjunctivitis or keratitis. Advise patients to report new onset or worsening eye symptoms to their healthcare provider. Consider ophthalmological examination for patients who develop conjunctivitis that does not resolve following standard treatment or signs and symptoms suggestive of keratitis, as appropriate.

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FREQUENTLY ASKED QUESTIONS ABOUT DUPIXENT (cont'd)

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PRESCRIBING DUPIXENT

HOW IS DUPIXENT TYPICALLY PRESCRIBED?

DUPIXENT is typically prescribed by a specialist, such as a dermatologist or allergist. If you have a patient aged 6+ months with uncontrolled moderate-to-severe atopic dermatitis who you think might be appropriate for DUPIXENT, consider referring them to an eczema specialist.

For help finding a specialist, go to www.healthgrades.com.

Sanofi US and Regeneron do not endorse or recommend any particular physician, and search results do not include a comprehensive list of doctors in your area.

SAFETY PROFILE

WHAT WERE THE MOST COMMON ADVERSE EVENTS SEEN IN CLINICAL TRIALS?

The most common adverse reactions (incidence ≥1%) in patients with atopic dermatitis were injection site reactions, conjunctivitis, blepharitis, oral herpes, keratitis, eye pruritus, other herpes simplex virus infection, dry eye, and eosinophilia. The safety profile of DUPIXENT in pediatric patients through Week 16 was similar to that of adults with atopic dermatitis. In an open-label extension study, the long-term safety profile of DUPIXENT ± TCS in pediatric patients observed through Week 52 was consistent with that seen in adults with atopic dermatitis, with hand-foot-and-mouth disease and skin papilloma (incidence ≥2%) reported in patients 6 months to 5 years of age. These cases did not lead to study drug discontinuation.[1]

WERE SAFETY PROFILES CONSISTENT ACROSS AGE GROUPS?

DUPIXENT demonstrated a generally consistent safety profile across infants to preschoolers, children, adolescents, and adults.[1]

ACCESS AND SUPPORT

WHAT MIGHT ACCESS BE LIKE FOR MY PATIENTS?

99% of commercial patients nationally are covered for DUPIXENT, with 91% of patient lives having to fail only 1 or 2 prescription topical treatments.[2,a]

[a] MMIT Analysis, September 2023.

WHAT SUPPORT IS AVAILABLE TO PATIENTS WHO TAKE DUPIXENT?

For patients with a valid prescription for DUPIXENT, support is available through the *DUPIXENT MyWay®* patient support program. Patients who enroll can receive:

- Research and explanation of their insurance benefits
- Ways to help with the out-of-pocket cost of DUPIXENT for eligible patients
- Explanation of how to properly store DUPIXENT when they receive their shipment
- Connection with a Nurse Educator to provide supplemental injection training—in person, virtually, or over the phone
- A sharps container
- Refill and injection reminders

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (cont'd)

Risk Associated with Abrupt Reduction of Corticosteroid Dosage: Do not discontinue systemic, topical, or inhaled corticosteroids abruptly upon initiation of DUPIXENT. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a healthcare provider. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

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IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS (cont'd)

Atopic Dermatitis Patients with Co-morbid Asthma: Advise patients not to adjust or stop their asthma treatments without consultation with their physicians.

Arthralgia: Arthralgia has been reported with the use of DUPIXENT with some patients reporting gait disturbances or decreased mobility associated with joint symptoms; some cases resulted in hospitalization. Advise patients to report new onset or worsening joint symptoms. If symptoms persist or worsen, consider rheumatological evaluation and/or discontinuation of DUPIXENT.

Parasitic (Helminth) Infections: It is unknown if DUPIXENT will influence the immune response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with DUPIXENT. If patients become infected while receiving treatment with DUPIXENT and do not respond to anti-helminth treatment, discontinue treatment with DUPIXENT until the infection resolves.

Vaccinations: Consider completing all age-appropriate vaccinations as recommended by current immunization guidelines prior to initiating DUPIXENT. Avoid use of live vaccines during treatment with DUPIXENT.

ADVERSE REACTIONS: The most common adverse reactions (incidence ≥1%) in patients with atopic dermatitis are injection site reactions, conjunctivitis, blepharitis, oral herpes, keratitis, eye pruritus, other herpes simplex virus infection, dry eye, and eosinophilia. The safety profile in pediatric patients through Week 16 was similar to that of adults with atopic dermatitis. In an open-label extension study, the long-term safety profile of DUPIXENT ± TCS in pediatric patients observed through Week 52 was consistent with that seen in adults with atopic dermatitis, with hand-foot-and-mouth disease and skin papilloma (incidence ≥2%) reported in patients 6 months to 5 years of age. These cases did not lead to study drug discontinuation.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** A pregnancy exposure registry monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy. To enroll or obtain information call 1-877-311-8972 or go to https://mothertobaby.org/ongoing-study/dupixent/. Available data from case reports and case series with DUPIXENT use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Human IgG antibodies are known to cross the placental barrier; therefore, DUPIXENT may be transmitted from the mother to the developing fetus.
- **Lactation:** There are no data on the presence of DUPIXENT in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DUPIXENT and any potential adverse effects on the breastfed child from DUPIXENT or from the underlying maternal condition.

Please see additional Important Safety Information throughout and click here for full Prescribing Information.

Visit DiscoverDupixent.com to learn more and to find an eczema specialist near you

References: 1. DUPIXENT Prescribing Information. **2.** Data on file, Regeneron Pharmaceuticals, Inc. **3.** Raimondo A, Lembo S. Atopic dermatitis: epidemiology and clinical phenotypes. *Dermatol Pract Concept.* 2021;11(4):e2021146. doi:10.5826/dpc.1104a146 **4.** Blauvelt A, de Bruin-Weller M, Gooderham M, et al. Long-term management of moderate-to-severe atopic dermatitis with dupilumab and concomitant topical corticosteroids (LIBERTY AD CHRONOS): a 1-year, randomised, double-blinded, placebo-controlled, phase 3 trial. *Lancet.* 2017;389(10086):2287-2303.

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