# CHANGE THEIR STORY TOGETHER
## BY PARTNERING WITH A SPECIALIST

Not actual patients.

**FOR PATIENTS AGED 6+ MONTHS WITH UNCONTROLLED MODERATE-TO-SEVERE ATOPIC DERMATITIS**

# WHICH PATIENTS SHOULD YOU CONSIDER REFERRING TO AN ECZEMA SPECIALIST?

**Do you have patients trapped in a flare, treat, repeat cycle? Find out how you can identify them and help change their story at DiscoverDupixent.com**

## 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.**

AD, atopic dermatitis.

DUPIXENT® (dupilumab) Injection
200mg · 300mg

# PATIENTS WITH MODERATE-TO-SEVERE DISEASE MAY BE APPROPRIATE FOR DUPIXENT IF THEY:

Have **tried a variety of topical prescription therapies** for moderate-to-severe atopic dermatitis and are **still uncontrolled**[1]

Have **≥10% of their body covered with lesions** and/or may involve problem areas such as the face, hands, and feet[1]

Suffer from **inadequate control of pruritus**[1]

Have **moderate-to-severe erythema** and **moderate-to-severe papulation/infiltration** (Investigator's Global Assessment [IGA] score of 3=moderate or 4=severe)[1,2]

## 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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Not an actual patient. Patient story inspired by people who suffer from atopic dermatitis.

## Case #1 | Maria, aged 4 years

# PERSISTENT, INTENSE ITCHING

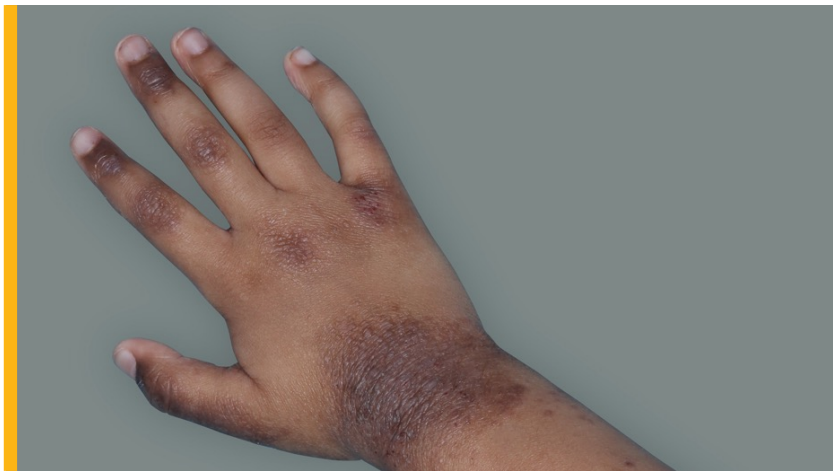

Image of an actual patient with uncontrolled moderate-to-severe atopic dermatitis.

## MARIA HAS LIVED WITH UNCONTROLLED SEVERE ATOPIC DERMATITIS SINCE INFANCY

**"She can't tell you herself, but every day is a constant struggle to not itch."**

**—Maria's father**

## MARIA'S SIGNS AND SYMPTOMS

- She has scaly lesions that itch persistently
- Her lesions continue to spread and worsen
- She is worried other kids will think she's contagious

## HER TREATMENT AND GOALS

- Has exhausted multiple topical prescriptions and over-the-counter medications, but with limited success
- We are struggling to find a treatment option to help control her intense itch

## 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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## Case #2 | Luke, aged 7 years

# VISIBLE LESIONS AND FREQUENT ITCHING

### LUKE HAS LIVED WITH UNCONTROLLED MODERATE ATOPIC DERMATITIS HIS WHOLE LIFE

**"I feel like there is nothing I can do to help him. He struggles with it every day."**

**—Luke's mother**

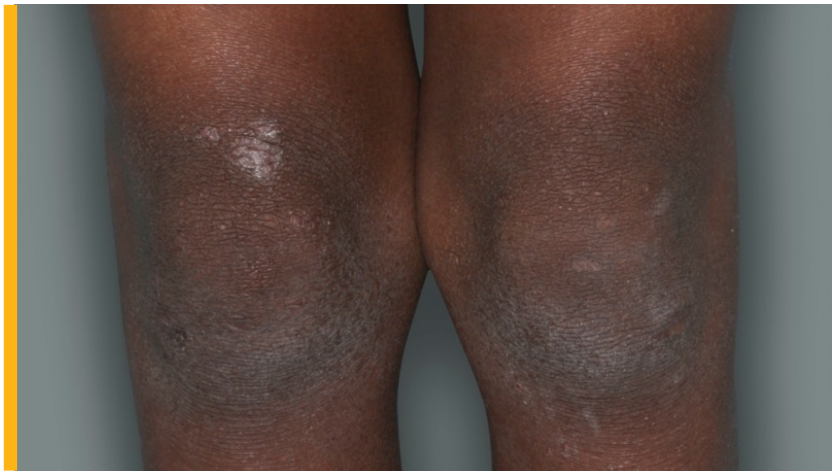

Image of an actual patient with uncontrolled moderate-to-severe atopic dermatitis.

## HIS SIGNS AND SYMPTOMS

- He tries his best not to scratch his lesions, but he can't help it
- He thinks his classmates make fun of the way his skin looks

## HIS TREATMENT AND GOALS

- Has tried multiple topical prescription medications
- We are struggling to find a treatment that may help reduce his itching and let his skin lesions improve

## 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.

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## Case #3 | George, aged 13 years

# WORSENING SIGNS AND SYMPTOMS

## GEORGE HAS LIVED WITH UNCONTROLLED MODERATE ATOPIC DERMATITIS SINCE AGE 3

**"Being a teenager is the worst time to have cracking, peeling, red skin. It makes me feel self-conscious."**

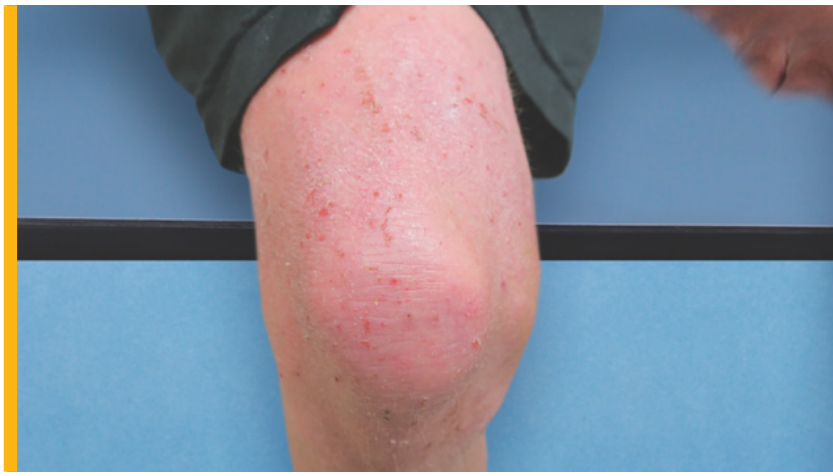

Image of an actual patient with uncontrolled moderate-to-severe atopic dermatitis.

## MY SIGNS AND SYMPTOMS

- My itchy, red patches generally appear on my arms, legs, and feet
- I'm constantly itching, and the amount of my body covered with red patches has increased in the last year
- I'm worried about being able to conceal these areas during upcoming school events

## MY TREATMENT AND GOALS

- I've tried a variety of therapies, including topical prescription treatments, but nothing has helped
- I just want clearer skin
- I'm ready to try another treatment option

## IMPORTANT SAFETY INFORMATION

**WARNINGS AND PRECAUTIONS (cont'd)**

**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.

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**Case #4** | Steve, aged 31 years

# STRUGGLING WITH STEROID CYCLES

## STEVE HAS LIVED WITH UNCONTROLLED MODERATE ATOPIC DERMATITIS SINCE INFANCY

**"I've tried multiple prescription topical treatments to get clearer skin, but they never seem to work."**

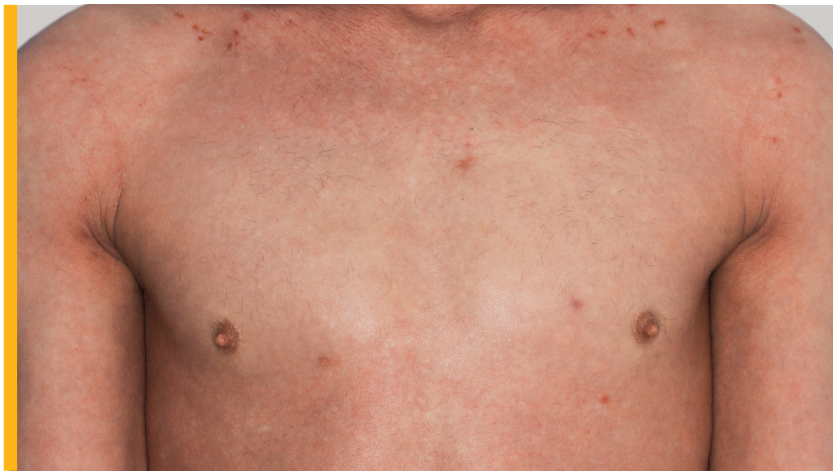

Image of an actual patient with uncontrolled moderate-to-severe atopic dermatitis.

## MY SIGNS AND SYMPTOMS

- The redness and rash generally appear on my legs, upper chest, and back
- It bothers me when people stare at my skin
- I have persistent itch despite having tried multiple therapeutic approaches

## MY TREATMENT AND GOALS

- I've tried a variety of treatments, including antihistamines, multiple topical prescription treatments, phototherapy, and dietary changes, but nothing provides the control I need
- I want a treatment that could have a sustained impact on my signs and symptoms

## IMPORTANT SAFETY INFORMATION

**WARNINGS AND PRECAUTIONS (cont'd)**

**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.

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# PROVEN ITCH REDUCTION AND SKIN CLEARANCE IN PATIENTS 6+ MONTHS OF AGE

**TRIAL DESIGNS:** A total of 917 adults in SOLO 1 and SOLO 2, 251 adolescents (12-17 years) in AD-1526, 162 infants to preschoolers (6 months to 5 years) in AD-1539 (16 weeks each), and 421 adults in CHRONOS (52 weeks) with moderate-to-severe atopic dermatitis and 367 children (6-11 years) in AD-1652 (16 weeks) with severe disease inadequately controlled with topical prescription therapies were randomized to DUPIXENT or placebo. All patients in CHRONOS, AD-1652, and AD-1539 received concomitant TCS. All DUPIXENT-treated adults and adolescents ≥60 kg received 300 mg Q2W after a 600 mg loading dose, adolescents <60 kg and children ≥30 kg but <60 kg received 200 mg Q2W after a 400 mg loading dose, children 15 kg but <30 kg received 300 mg Q4W after a 600 mg loading dose; infants to preschoolers 15 kg but <30 kg received 300 mg Q4W, and infants to preschoolers 5 kg but <15 kg received 200 mg Q4W. In SOLO 1, SOLO 2, CHRONOS, AD-1526, and AD-1539 patients had an IGA score ≥3 on a scale of 0 to 4, an EASI score ≥16 on a scale of 0 to 72, and BSA involvement ≥10%. In AD-1652, patients had an IGA score of 4, an EASI score ≥21, and BSA involvement ≥15%. At baseline, 52% of adults, 46% of adolescents, and 23% of infants to preschoolers had an IGA score of 3 (moderate); 48% of adults, 54% of adolescents, and 77% of infants to preschoolers had an IGA of 4 (severe); mean EASI score was 33 for adults, 36 for adolescents, 37.9 for children, and 34.1 for infants to preschoolers; weekly averaged Peak Pruritus NRS was 7 for adults, 8 for adolescents, and 7.8 for children on a scale of 0 to 10; and weekly average of daily Worst Scratch/Itch NRS was 7.6 for infants to preschoolers on a scale of 0 to 10.[1,2]

**TRIAL RESULTS:** The primary endpoint in SOLO 1, SOLO 2, CHRONOS, and AD-1526 was change from baseline in the proportion of subjects with an IGA 0 (clear) or 1 (almost clear) and ≥2-point improvement at Week 16 (38% and 36% of adults treated with DUPIXENT vs 10% and 9% with placebo in SOLO 1 and SOLO 2, respectively, *P*<0.001; 39% of adults treated with DUPIXENT + TCS vs 12% with placebo + TCS in CHRONOS, *P*<0.0001; and 24% of adolescents treated with DUPIXENT vs 2% with placebo in AD-1526, *P*<0.001). In AD-1652 (6-11 years), the primary endpoint was change from baseline in the proportion of subjects with an IGA 0 or 1 at Week 16 (39% of children ≥30 kg treated with DUPIXENT + TCS vs 10% with placebo + TCS, 30% of children <30 kg treated with DUPIXENT + TCS vs 13% with placebo + TCS. In AD-1539 (6 months to 5 years), 28% of infants to preschoolers treated with DUPIXENT + TCS vs 4% with placebo + TCS in AD-1539, *P*<0.0001).

Other endpoints included change from baseline in the proportion of subjects with EASI-75 at Week 16 (improvement of ≥75%; 51% and 44% of adults treated with DUPIXENT vs 15% and 12% with placebo in SOLO 1 and SOLO 2, respectively, *P*<0.001; 69% of adults treated with DUPIXENT + TCS vs 23% with placebo + TCS in CHRONOS, *P*<0.0001; 42% of adolescents treated with DUPIXENT vs 8% with placebo in AD-1526, *P*<0.001; 75% of children ≥30 kg treated with DUPIXENT + TCS vs 26% with placebo + TCS, and 75% of children <30 kg treated with DUPIXENT + TCS vs 28% with placebo + TCS in AD-1652; and 53% of infants to preschoolers treated with DUPIXENT + TCS vs 11% with placebo + TCS in AD-1539, *P*<0.0001), itch reduction defined by ≥4-point improvement in the Peak Pruritus NRS at Week 16 (41% and 36% of adults treated with DUPIXENT vs 12% and 10% with placebo in SOLO 1 and SOLO 2, respectively, *P*<0.001; 59% of adults treated with DUPIXENT + TCS vs 20% with placebo + TCS in CHRONOS, *P*<0.0001; 37% of adolescents treated with DUPIXENT vs 5% with placebo in AD-1526, *P*<0.001; 61% of children ≥30 kg treated with DUPIXENT + TCS vs 13% with placebo + TCS and 54% of children <30 kg treated with DUPIXENT + TCS vs 12% with placebo + TCS in AD-1652), and itch reduction defined by ≥4-point improvement in the Worst Scratch/Itch NRS at Week 16 (48% of infants to preschoolers treated with DUPIXENT + TCS vs 9% with placebo + TCS in AD-1539, *P*<0.0001).[1-6]

BSA, body surface area; EASI, Eczema Area and Severity Index; NRS, numerical rating scale; Q2W, once every 2 weeks; Q4W, once every 4 weeks; TCS, topical corticosteroids.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

**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.

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## IMPORTANT SAFETY INFORMATION

**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.**

**References: 1.** DUPIXENT Prescribing Information. **2.** Data on file, Regeneron Pharmaceuticals, Inc. **3.** Paller AS, Siegfried EC, Thaçi D, et al. Efficacy and safety of dupilumab with concomitant topical corticosteroids in children 6 to 11 years old with severe atopic dermatitis: a randomized, double-blinded, placebo-controlled phase 3 trial. *J Am Acad Dermatol.* 2020;83(5):1282-1293. **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. **5.** Simpson EL, Bieber T, Guttman-Yassky E, et al; SOLO 1 and SOLO 2 Investigators. Two phase 3 trials of dupilumab versus placebo in atopic dermatitis. *N Engl J Med.* 2016;375(24):2335-2348. **6.** Simpson EL, Paller AS, Siegfried EC, et al. Efficacy and safety of dupilumab in adolescents with uncontrolled moderate to severe atopic dermatitis: a phase 3 randomized clinical trial. *JAMA Dermatol.* 2020;156(1):44-56.

**If you have appropriate patients trapped in flare, treat, repeat cycles, find out how you can help change their story at DISCOVERDUPIXENT.COM**

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