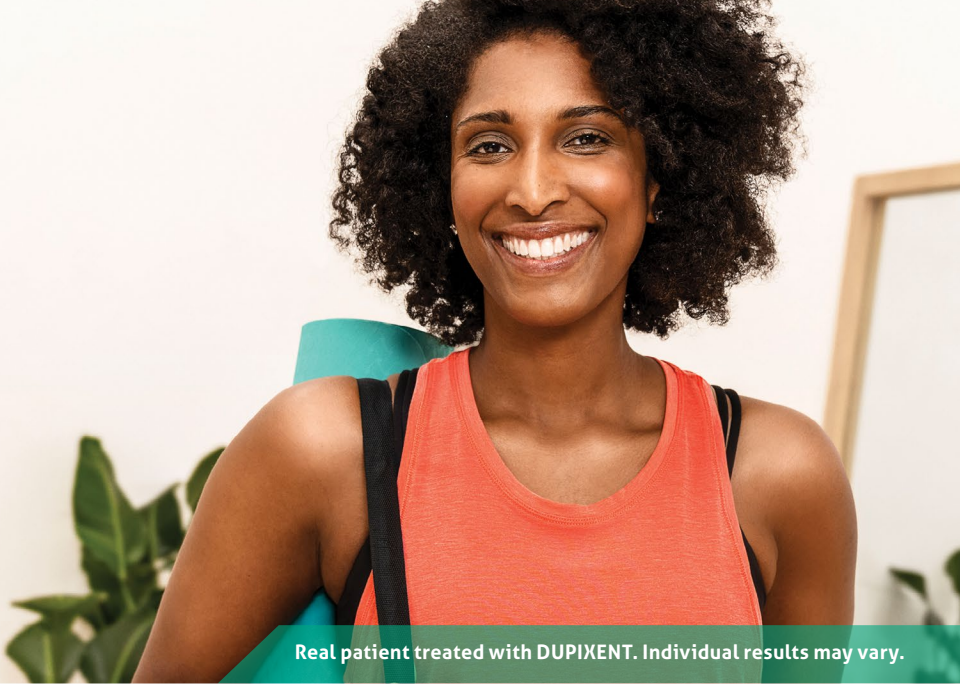
RACHEL, 32

Living with severe atopic dermatitis since infancy
Currently taking DUPIXENT

"I was in bad shape before starting DUPIXENT. Now, I feel like I have control over my disease."

—Rachel



Real patient treated with DUPIXENT. Individual results may vary.

BEFORE DUPIXENT, RACHEL FELT TRAPPED BY HER ENDLESS CYCLE OF FLARES

SIGNS AND SYMPTOMS

- Living with eczema since childhood, but symptoms became worse in her mid-20s
- Experienced regular itching, redness, dry skin, and scaliness
- Symptoms primarily occurred on the elbows, neck, face, feet, and arms
- Her signs and symptoms made social outings awkward and uncomfortable

TREATMENT AND GOALS

- Tried countless over-the-counter medications, topical prescription therapies, and oral steroids, and remained uncontrolled
- Was desperate to find a treatment with lasting relief
- Finding a treatment to reduce the severity of her disease is most important to her

See how DUPIXENT helps Rachel manage her disease

INDICATION

DUPIXENT is indicated for the treatment of patients aged 6 years 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
REVOLUTIONIZING AD

AD, atopic dermatitis.

RAPID ITCH REDUCTION AND SUSTAINED DISEASE CONTROL DEMONSTRATED ACROSS 52 WEEKS[1-3]

51% vs **13%**

DUPIXENT + TCS | PLACEBO + TCS

adult patients who achieved **≥4-point reduction in Peak Pruritus NRS** at Week 52 in Trial 3 (*P*<0.0001; secondary endpoint)

- Rapid itch reduction seen as early as Week 2 in some patients (**≈18%** with DUPIXENT + TCS [n=102] vs **8%** with placebo + TCS [n=299]; *P*=0.0062)[3]

65% vs **22%**

DUPIXENT + TCS | PLACEBO + TCS

adult patients who sustained **≥75% improvement in lesion extent and severity** at Week 52 in Trial 3 (*P*<0.0001; secondary endpoint)

- **39%** of DUPIXENT + TCS patients achieved **clear or almost-clear skin** (IGA 0 or 1) vs **12%** with placebo + TCS at Week 16 in Trial 3 (primary endpoint; *P*<0.0001)[1-3]

DEMONSTRATED SAFETY PROFILE ACROSS 52 WEEKS[2]

Adverse reactions occurring in ≥1% of adult patients through Week 16[2]

Adverse reaction	DUPIXENT 300 mg Q2W monotherapy[a]		DUPIXENT 300 mg Q2W + TCS[b]	
	DUPIXENT[c] (n=529) n (%)	PLACEBO (n=517) n (%)	DUPIXENT + TCS[c] (n=110) n (%)	PLACEBO + TCS (n=315) n (%)
Injection site reaction	51 (10)	28 (5)	11 (10)	18 (6)
Conjunctivitis[d]	51 (10)	12 (2)	10 (9)	15 (5)
Blepharitis	2 (<1)	1 (<1)	5 (5)	2 (1)
Oral herpes	20 (4)	8 (2)	3 (3)	5 (2)
Keratitis[e]	1 (<1)	0	4 (4)	0
Eye pruritus	3 (1)	1 (<1)	2 (2)	2 (1)
Other herpes simplex virus infection[f]	10 (2)	6 (1)	1 (1)	1 (<1)
Dry eye	1 (<1)	0	2 (2)	1 (<1)

[a] Pooled analysis of Trials 1, 2, and 4 (phase 2 dose-ranging study).
[b] Analysis of Trial 3 in which subjects were on background TCS therapy.
[c] DUPIXENT 600 mg at Week 0, followed by 300 mg every 2 weeks.
[d] Conjunctivitis cluster includes conjunctivitis, allergic conjunctivitis, bacterial conjunctivitis, viral conjunctivitis, giant papillary conjunctivitis, eye irritation, and eye inflammation.
[e] Keratitis cluster includes keratitis, ulcerative keratitis, allergic keratitis, atopic keratoconjunctivitis, and ophthalmic herpes simplex.
[f] Other herpes simplex virus infection cluster includes herpes simplex, genital herpes, herpes simplex otitis externa, and herpes virus infection, but excludes eczema herpeticum.

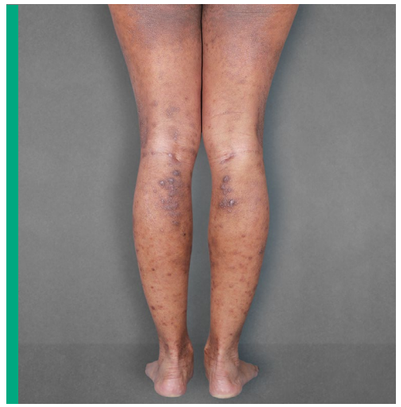
- Not an immunosuppressant or a steroid[2]
- There is no requirement for initial lab testing or ongoing lab monitoring according to the Prescribing Information[2]

VISIBLE RESULTS SEEN IN PATIENTS

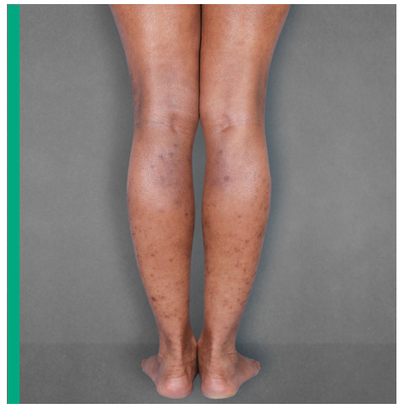
This adult patient was an actual patient treated with DUPIXENT. Not a clinical trial patient. This patient was on concomitant therapies, such as TCS, phototherapy, etc, at their prescribing physician's discretion. Scoring was designated by the treating physician. Because this patient was a real-world patient, other factors may have influenced their treatment results, and individual results may vary.

Adult patient | achieved a 4-point improvement in IGA

BASELINE: IGA 4 (severe)



WEEK 16: IGA 0 (clear)



A clinical responder was defined as a patient achieving IGA 0 or 1 and at least a 2-point improvement from baseline.[2]

When topical Rx therapies are not enough, consider treatment with DUPIXENT. Visit DUPIXENTHCP.COM/ATOPICDERMATITIS to learn more

TRIAL DESIGNS AND RESULTS: A total of 917 adults in Trials 1 and 2 (16 weeks each) and 421 adults in Trial 3 (52 weeks) with moderate-to-severe atopic dermatitis inadequately controlled with topical prescription therapies were randomized to DUPIXENT or placebo. All patients in Trial 3 were treated with concomitant TCS. All patients received 300 mg Q2W after a 600 mg loading dose. Patients had an IGA score ≥3 (overall atopic dermatitis lesion severity scale of 0 to 4), an EASI score ≥16 on a scale of 0 to 72, and BSA involvement of ≥10%. At baseline, 52% had an IGA score of 3 (moderate), 48% had an IGA of 4 (severe), mean EASI score was 33, and weekly averaged Peak Pruritus NRS was 7 on a scale of 0 to 10.[2]

The primary endpoint 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 patients treated with DUPIXENT vs 10% and 9% with placebo in Trials 1 and 2, respectively, *P*<0.001; 39% of patients treated with DUPIXENT + TCS vs 12% with placebo + TCS in Trial 3, *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 patients treated with DUPIXENT vs 15% and 12% with placebo in Trials 1 and 2, respectively, *P*<0.001; 69% of patients treated with DUPIXENT + TCS vs 23% with placebo + TCS in Trial 3, *P*<0.0001) and itch reduction defined by ≥4-point improvement in the Peak Pruritus NRS at Week 16 (41% and 36% of patients treated with DUPIXENT vs 12% and 10% with placebo in Trials 1 and 2, respectively, *P*<0.001; 59% of patients treated with DUPIXENT + TCS vs 20% with placebo + TCS in Trial 3, *P*<0.0001).[1,2,4]

BSA, body surface area; EASI, Eczema Area and Severity Index; IGA, Investigator's Global Assessment; NRS, numerical rating scale; Q2W, once every 2 weeks; TCS, topical corticosteroids.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity: Hypersensitivity reactions, including generalized urticaria, rash, erythema nodosum, anaphylaxis and serum sickness or serum sickness-like reactions, were reported in <1% of subjects who received DUPIXENT in clinical trials. If a clinically significant hypersensitivity reaction occurs, institute appropriate therapy and discontinue DUPIXENT.

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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Conjunctivitis and Keratitis: Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received DUPIXENT. Conjunctivitis was the most frequently reported eye disorder. Most subjects with conjunctivitis or keratitis recovered or were recovering during the treatment period. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

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

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

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.

ADVERSE REACTIONS: The most common adverse reactions (incidence ≥1% at Week 16) in adult patients with atopic dermatitis are injection site reactions, conjunctivitis, blepharitis, oral herpes, keratitis, eye pruritus, other herpes simplex virus infection, and dry eye. The safety profile in children and adolescents 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 in adolescents and children observed through Week 52 was consistent with that seen in adults with atopic dermatitis.

DRUG INTERACTIONS: Avoid use of live vaccines in patients treated with DUPIXENT.

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** 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 click here for full Prescribing Information.

References: 1. 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. **2.** DUPIXENT Prescribing Information. **3.** Data on file, Regeneron Pharmaceuticals, Inc. **4.** 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.

SANOFI GENZYME

REGENERON

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