

**DUPIXENT**<sup>®</sup>  
(dupilumab)

# NOW AVAILABLE

## THE DUPIXENT 300 mg PRE-FILLED PEN

An additional administration option  
for you and your patients aged 12+ years



Visit [DUPIXENTHCP.COM](https://www.dupilumab.com) to learn more  
about the only dual inhibitor of IL-4 and IL-13  
signaling, approved for 3 indications<sup>1</sup>

### INDICATIONS

**Atopic Dermatitis:** 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.

**Asthma:** DUPIXENT is indicated as an add-on maintenance treatment in patients with moderate-to-severe asthma aged 12 years and older with an eosinophilic phenotype or with oral corticosteroid dependent asthma.

**Limitation of Use:** DUPIXENT is not indicated for the relief of acute bronchospasm or status asthmaticus.

**Chronic rhinosinusitis with nasal polyposis (CRSwNP):** DUPIXENT is indicated as an add-on maintenance treatment in adult patients with inadequately controlled CRSwNP.

### 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. Please click [here](#) for full Prescribing Information and [here](#) for Instructions for Use.

## IMPORTANT SAFETY INFORMATION

### 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.

**Conjunctivitis and Keratitis:** Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received DUPIXENT with conjunctivitis being the most frequently reported eye disorder in these patients. Conjunctivitis also occurred more frequently in chronic rhinosinusitis with nasal polyposis subjects who received DUPIXENT. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

**Eosinophilic Conditions:** Patients being treated for asthma may present with serious systemic eosinophilia sometimes presenting with clinical features of eosinophilic pneumonia or vasculitis consistent with eosinophilic granulomatosis with polyangiitis (EGPA), conditions which are often treated with systemic corticosteroid therapy. These events may be associated with the reduction of oral corticosteroid therapy. Physicians should be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients with eosinophilia. Cases of eosinophilic pneumonia were reported in adult patients who participated in the asthma development program and cases of vasculitis consistent with EGPA have been reported with DUPIXENT in adult patients who participated in the asthma development program as well as in adult patients with co-morbid asthma in the CRSwNP development program. A causal association between DUPIXENT and these conditions has not been established.

**Acute Asthma Symptoms or Deteriorating Disease:** Do not use DUPIXENT to treat acute asthma symptoms, acute exacerbations, acute bronchospasm or status asthmaticus. Patients should seek medical advice if their asthma remains uncontrolled or worsens after initiation of DUPIXENT.

**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.

**Patients with Co-Morbid Asthma:** Advise patients with atopic dermatitis or CRSwNP who have co-morbid asthma 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:

- **Atopic dermatitis:** The most common adverse reactions (incidence  $\geq 1\%$  at Week 16) in adult patients 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.
- **Asthma:** The most common adverse reactions (incidence  $\geq 1\%$ ) are injection site reactions, oropharyngeal pain, and eosinophilia.
- **Chronic rhinosinusitis with nasal polyposis:** The most common adverse reactions (incidence  $\geq 1\%$ ) are injection site reactions, eosinophilia, insomnia, toothache, gastritis, arthralgia, and conjunctivitis.

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

### USE IN SPECIFIC POPULATIONS

- **Pregnancy:** There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to DUPIXENT during pregnancy. Healthcare providers and patients may call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/> to enroll in or obtain information about the registry. 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 and [here](#) for Instructions for Use.

Reference: 1. DUPIXENT Prescribing Information.

SANOFI GENZYME 

**DUPIXENT**   
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**REGENERON**