DUPIXENT® (dupilumab) Injection
200mg · 300mg

**The first and only FDA-approved treatment for EoE patients as young as 1 year, weighing ≥15 kg**

# IS SHE A PICKY EATER OR COULD IT BE EoE?

I USUALLY EAT TOO SLOWLY TO FINISH MY LUNCH BECAUSE IT'S HARD TO SWALLOW, BUT I'M FINE.

*Kate*

## WE CAN DO MORE THAN FINE.


Not an actual patient.

### CURRENT CONCERNS

- Reports having to eat very slowly, avoids foods that are difficult to swallow, and is unable to enjoy lunch with her classmates
- Histologic findings reveal 37 EOS/HPF
- Symptoms include food refusal, vomiting, and regurgitation
- Most recent endoscopy showed exudates, edema, and mild furrows

**Common signs and symptoms observed in EoE can affect nutritional intake and weight for age percentile[1]**

## IMPORTANT SAFETY INFORMATION

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

EoE, eosinophilic esophagitis; EOS/HPF, eosinophils per high-power field.

**Please see additional Important Safety Information throughout and accompanying full Prescribing Information here.**

IN PATIENTS 1-11 YEARS

# DUPIXENT DEMONSTRATED HISTOLOGIC REMISSION[2,3]

## HISTOLOGIC REMISSION
(≤6 EOS/HPF peak esophageal intraepithelial EOS count)

**Week 16:**
*EoE KIDS-Part A Primary Endpoint*

**66%** of patients with DUPIXENT (n=32)

VS

**3%** with placebo (n=29)

**Week 52:**
*EoE KIDS-Part B Secondary Endpoint*

**53%** of patients with DUPIXENT (n=32)

VS

**53%** of patients after switching to DUPIXENT (n=15)

## HISTOLOGIC RESPONSE
(<15 EOS/HPF peak esophageal intraepithelial EOS count)

**Week 16:**
*EoE KIDS-Part A Secondary Endpoint*

**81%** of patients with DUPIXENT (n=32)

VS

**3%** with placebo (n=29)

**Week 52:**
*EoE KIDS-Part B Secondary Endpoint*

**78%** of patients with DUPIXENT (n=32)

VS

**67%** of patients after switching to DUPIXENT (n=15)

**Results for histologic remission and histologic response are descriptive in the extended active treatment period at Week 52. Definitive conclusions cannot be made due to limitations associated with extended active treatment design, including lack of comparator arm and decreasing sample size.**

**Please see Study Design on page 8.**

## 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.



IN PATIENTS 1-11 YEARS

# CHANGES IN ENDOSCOPIC FEATURES WERE OBSERVED WITH DUPIXENT[3]

## REDUCTION IN EREFS TOTAL SCORE[a]

**Week 16:**
*EoE KIDS-Part A Secondary Endpoint*

**52%** reduction (-3.6 points) with DUPIXENT (n=30)

VS

**0%** with placebo (n=25)

**Week 52:**
*EoE KIDS-Part B Secondary Endpoint*

**71%** reduction (-4.9 points) with DUPIXENT (n=26)

VS

**45%** reduction (-3.3 points) after switching to DUPIXENT (n=13)

**Thresholds for clinically meaningful changes in EREFS scores have not been established. Results are descriptive in the extended active treatment period at Week 52.**

**Definitive conclusions cannot be made due to limitations associated with extended active treatment design, including lack of comparator arm and decreasing sample size.**

[a] Reductions indicate improvements in score.[3]
EOS, eosinophil; EREFS, endoscopic reference score.

## 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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IN PATIENTS 1-11 YEARS

# DECREASE IN SIGNS AND SYMPTOMS REPORTED BY CAREGIVERS[2,3]

## DECREASE IN THE NUMBER OF DAYS WITH ≥1 SIGN OR SYMPTOM OF EoE VIA PESQ-C[a]

**Week 16:**
*EoE KIDS-Part A Secondary Endpoint*

**0.21** point reduction (~2.9 fewer days of EoE symptoms) with DUPIXENT (n=32)

VS

**0.16** point reduction (~2.2 fewer days of EoE symptoms) with placebo (n=29)

**Week 52:**
*EoE KIDS-Part B Secondary Endpoint*

**0.26** point reduction (~3.6 fewer days of EoE symptoms) with DUPIXENT (n=22)

VS

**0.39** point reduction (~5.5 fewer days of EoE symptoms) after switching to DUPIXENT (n=7)

**Definitive conclusions cannot be made. Numerical improvements were observed at Week 16 and maintained for 52 weeks. Results are descriptive at Week 52 due to limitations associated with extended active treatment design including lack of comparator arm and decreased sample size.**

[a] Baseline number of days with EoE symptoms out of a 14-day period was 6.0 days in the DUPIXENT arm and 6.9 days in the placebo arm.[3]

PESQ-C, Pediatric EoE Signs/Symptoms Questionnaire-Caregiver.

**Please see Study Design on page 8.**

IN PATIENTS 1-11 YEARS

# PESQ-C MEASURES THE PRESENCE OF SIGNS AND SYMPTOMS OF EoE IN CHILDREN[3,4]

## PESQ-C IS A NOVEL QUESTIONNAIRE DESIGNED WITH EXPERT GUIDANCE TO RECOGNIZE 8 DISTINCT SIGNS AND SYMPTOMS OF EoE OVER A 14-DAY PERIOD BY CAREGIVERS:


Stomach pain


Heartburn


Acid reflux


Regurgitation


Vomiting


Difficulty swallowing


Food getting stuck


Food refusal

Caregiver responses reflect what their child has told them, what they have directly observed, and/or what another caregiver has told them. Total score ranges from 0 to 1. For example, if the patient has 7 days of symptoms over the 14-day period, the total score is 0.50 (calculated by 7÷14).

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (cont'd)

**Patients with Co-morbid Asthma:** Advise patients with co-morbid asthma not to adjust or stop their asthma treatments without consultation with their physicians.
**Arthralgia and Psoriatic Arthritis:** 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. Cases of new-onset psoriatic arthritis requiring systemic treatment have been reported with the use of DUPIXENT. Advise patients to report new-onset or worsening joint symptoms. If symptoms persist or worsen, consider rheumatological evaluation and/or discontinuation of DUPIXENT.



## 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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IN PATIENTS 1-11 YEARS

# CHANGES IN BODY WEIGHT FOR AGE PERCENTILE WERE SEEN[3]

## CHANGES IN BODY WEIGHT FOR AGE PERCENTILE[a]

**Week 16:**
*EoE KIDS-Part A Exploratory Endpoint*

**2.2 kg** with DUPIXENT (n=32)

vs

**0.8 kg** with placebo (n=28)

**Week 52:**
*EoE KIDS-Part B Secondary Endpoint*

**6.0 kg** with DUPIXENT (n=30)

vs

**5.3 kg** after switching to DUPIXENT (n=14)

**Results are descriptive. Definitive conclusions cannot be made due to the exploratory nature of the results at Week 16, and lack of comparator arm and decreasing sample size at Week 52.**

[a]Body weight for age percentile, standardized by gender and age, is used to assess a child's weight compared to their peers.

**Please see Study Design on page 8.**

## 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.

**ADVERSE REACTIONS:** The most common adverse reactions (incidence ≥2%) in patients with EoE are injection site reactions, upper respiratory tract infections, arthralgia, and herpes viral infections.



IN PATIENTS 1-11 YEARS

# DUPIXENT HAS A DEMONSTRATED SAFETY PROFILE IN PATIENTS 1-11 YEARS[3]

## ADVERSE EVENTS OCCURRING IN ≥5% OF PATIENTS AGED 1-11 YEARS TREATED WITH DUPIXENT AND GREATER THAN PLACEBO THROUGH 16 WEEKS

| | DUPIXENT (n=32) \| n (%) | Placebo n=29 \| n (%) |
|---|---|---|
| Injection site erythema | 4 (13) | 1 (3) |
| COVID-19[b] | 3 (9) | 0 |
| Viral gastroenteritis | 2 (6) | 1 (3) |
| Diarrhea | 2 (6) | 1 (3) |
| Pyrexia | 2 (6) | 1 (3) |
| Fatigue | 2 (6) | 0 |

[b]All cases were mild or moderate and did not lead to study discontinuation.

**The safety profile of DUPIXENT through Week 16 of the EoE pediatric clinical study was generally similar to the safety profile in adult and adolescent patients 12 years of age and older with EoE. In Part B, a helminth infection was reported in one DUPIXENT-treated subject.[2]**

## IMPORTANT SAFETY INFORMATION

### USE IN SPECIFIC POPULATIONS

- **Pregnancy:** A pregnancy exposure registry monitors pregnancy outcomes in women exposed to DUPIXENT during 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.

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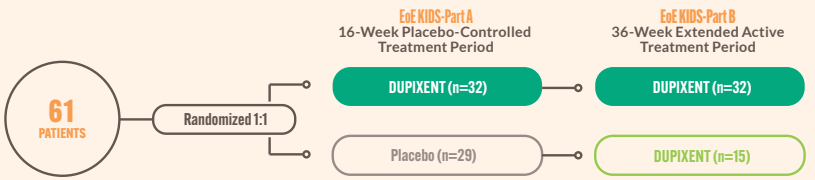
# THE PIVOTAL PEDIATRIC TRIAL ENROLLED CHILDREN AS YOUNG AS 1 YEAR[2,3]

## THE EFFICACY AND SAFETY OF DUPIXENT WERE EVALUATED IN PATIENTS AGED 1-11 YEARS, WEIGHING ≥15 kg IN A MULTIPART PHASE 3 TRIAL FOR UP TO 52 WEEKS[2,3]

PEDIATRIC STUDY DESIGN[a,b]




- **EoE KIDS-Part A:** A 16-week, double-blind, placebo-controlled trial. Subjects were randomized to receive either DUPIXENT or placebo at dosing regimens based on body weight: ≥15 to <30 kg (200 mg Q2W) and ≥30 to <60 kg (300 mg Q2W)[2,3]
- **EoE KIDS-Part B:** A 36-week active treatment extension study, for a total of 52 weeks of treatment in subjects who were treated with DUPIXENT or placebo, completing Part A. Subjects received DUPIXENT at dosing regimens based on body weight: ≥15 to <30 kg (200 mg Q2W), ≥30 to <60 kg (300 mg Q2W), and ≥60 kg (300 mg QW)[2,3]
- All enrolled subjects were required to have uncontrolled EoE (≥15 intraepithelial EOS/HPF despite 8-week course of a high-dose PPI) and a history of EoE signs and symptoms[2,3]

[a] The 300 mg Q2W dosing regimen is lower than the recommended dosage of DUPIXENT in subjects ≥40 kg.[2]

[b] A lower-exposure DUPIXENT arm was studied in Part A (n=26) and Part B (n=36) but is not approved for the treatment of EoE.[3]

PPI, proton pump inhibitor; QW, once weekly; Q2W, once every two weeks.

## IMPORTANT SAFETY INFORMATION

### USE IN SPECIFIC POPULATIONS (cont'd)

- **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.



# DUPIXENT ATTRIBUTES AND CONSIDERATIONS[2]

### NO BOXED WARNING

Please see additional Warnings and Precautions in the Prescribing Information and Important Safety Information throughout.

### NO KNOWN DRUG-TO-DRUG INTERACTIONS

Not metabolized through the liver or excreted through the kidneys.

### DUPIXENT IS NOT AN IMMUNOSUPPRESSANT

### NO REQUIREMENT FOR INITIAL LAB TESTING OR ONGOING LAB MONITORING

according to the Prescribing Information.


Not an actual patient.

## IMPORTANT SAFETY INFORMATION

### SELECT WARNING AND PRECAUTION

**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.

**References: 1.** Bredenoord AJ, Patel K, Schoepfer AM, et al. Disease burden and unmet need in eosinophilic esophagitis. *Am J Gastroenterol.* 2022;117(8):1231-1241. **2.** DUPIXENT Prescribing Information. **3.** Data on file, Regeneron Pharmaceuticals, Inc. **4.** Kamat S, Yaworsky A, Guillemin I, et al. Novel questionnaires for assessing signs and symptoms of eosinophilic esophagitis in children. *J Allergy Clin Immunol Pract.* 2022;10(7):1856-1863.e3. doi:10.1016/j.jaip.2022.02.049 **5.** Dellon ES, Rothenberg ME, Collins MH, et al. Dupilumab in adults and adolescents with eosinophilic esophagitis. *N Engl J Med.* 2022;387(25):2317-2330. **6.** Chehade M, Dellon ES, Spergel JM, et al. Dupilumab for eosinophilic esophagitis in patients 1 to 11 years of age. *N Engl J Med.* 2024;390(24):2239-2251. **7.** Data on file, 2025. IQVIA Sanofi.

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# WE CAN DO MORE THAN FINE.

## LONG-TERM RESULTS IN THREE KEY PILLARS OF EoE MANAGEMENT[2,5,6]:

Histology

Symptoms

Endoscopic features

Demonstrated safety profile in patients as young as 1 year with EoE[2,6]

The most common adverse reactions were injection site reactions.[2,6]

DUPIXENT is not an immunosuppressant[2]

OVER **69,000** EoE patients treated since approval in 2022[7,a]


[a] IQVIA National Source of Business (NSOB) data as of December 2025.[7]

## IMPORTANT SAFETY INFORMATION

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

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