ACCORDING TO REAL-WORLD DATA,

~72% OF ASTHMA PATIENTS ARE STILL UNCONTROLLED ON THEIR CURRENT THERAPY[1a]

[a]According to real-world data from the Severe Asthma Registry of adult patients that remained uncontrolled despite ≥1 controller therapy.[1]

INDICATION: DUPIXENT is indicated as an add-on maintenance treatment of adult and pediatric patients 6 years and older with moderate-to-severe asthma characterized by 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.

HELPFUL QUESTIONS WHEN EVALUATING YOUR PATIENTS' ASTHMA SEVERITY, CONTROL, AND REFERRAL ELIGIBILITY

These questions are not intended to replace the independent judgment of a healthcare practitioner. Decisions about diagnosis, management, and treatment must be left up to the discretion of the healthcare provider.

	YES	NO
In the past 6 months, have you visited an urgent care or emergency department because of your breathing?[2]	☐	☐
In the past 6 months, have you taken oral steroids for your asthma or another condition?[2]	☐	☐
In the past month, have you woken up at night due to your breathing?[2]	☐	☐
What activities did you previously participate in that you have since limited or stopped due to your asthma? Check off this box if your patient is experiencing any activity limitation.[2] GINA guidelines suggest that limiting physical activity may signal uncontrolled asthma.[2]	☐	☐
In the past week, have you used your rescue inhaler more than twice?[2] – Consider follow-up with patient's demonstration of how they use their inhaler(s) GINA guidelines suggest that use of a rescue inhaler more than twice per week may signal uncontrolled asthma.[2]	☐	☐

IF YOUR PATIENTS RESPOND YES TO ANY OF THE ABOVE, IT MAY BE TIME TO CONSIDER REFERRAL TO A SPECIALIST TO BETTER UNDERSTAND THE SOURCE OF THEIR ASTHMA AND DISCUSS TREATMENT OPTIONS

IMPORTANT SAFETY INFORMATION & INDICATION

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

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.

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. Healthcare providers 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 subjects who participated in the asthma development program and cases of vasculitis consistent with EGPA have been reported with DUPIXENT in adult subjects who participated in the asthma development program as well as in adult subjects with co-morbid asthma in the chronic rhinosinusitis with nasal polyposis development program. A causal association between DUPIXENT and these conditions has not been established.

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

DUPIXENT® (dupilumab) Injection
200mg · 300mg

ACCORDING TO THE GINA GUIDELINES,

PATIENTS WITH DIFFICULT-TO-TREAT ASTHMA CAN BE CONSIDERED FOR REFERRAL TO A SPECIALIST OR SEVERE ASTHMA CLINIC AT ANY TIME[2b]

[b]GINA defines difficult-to-treat asthma as asthma that is uncontrolled despite prescribing of medium or high dose ICS-LABA treatment or that requires high dose ICS-LABA treatment to maintain good symptom control and reduce exacerbations. It does not mean a 'difficult patient.'[2]

Talk with your patients about asthma management by a specialist. Severe asthma management by an allergist or pulmonologist may involve:

- Evaluation of OCS use and asthma attack history and reconfirmation of asthma diagnosis
- Assessment of biomarkers of Type 2 inflammation
- Allergy testing
- Pulmonary function tests
- Evaluation of coexisting T2 inflammatory diseases and degree of control
- Considering add-on biologic therapies

DECIDED TO REFER YOUR APPROPRIATE PATIENTS TO AN ASTHMA SPECIALIST? DUPIXENT.COM PROVIDES ADDITIONAL PATIENT RESOURCES AND INFORMATION

IMPORTANT SAFETY INFORMATION, CONTINUED

WARNINGS AND PRECAUTIONS, CONTINUED

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.

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.

Arthralgia: Arthralgia has been reported with 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 the 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. Helminth infections (5 cases of enterobiasis and 1 case of ascariasis) were reported in pediatric patients 6 to 11 years old in the pediatric asthma development program.

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 asthma are injection site reactions, oropharyngeal pain, and eosinophilia.

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 accompanying full Prescribing Information.

GINA, global initiative for asthma; OCS, oral corticosteroids

References: 1. Wang E, Wechsler ME, Tran TN, et al. Characterization of severe asthma worldwide: data from the International Severe Asthma Registry. ***Chest***. 2020;157(4):790-804. **2.** Global Initiative for Asthma (GINA). Global strategy for asthma management and prevention; April 2022.

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