

This is a promotional meeting intended for Healthcare Professionals from Ireland and is organised and funded by Sanofi and Regeneron.



Sanofi Sponsored Symposium

Killashee Hotel, Co. Kildare

Thursday 9th May 2024

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| 6.30pm | Registration & Tea/Coffee |
| 7.15pm | Opening and welcome |
| 7.20pm | Dr Caoimhe M. R. Fahy MB, BCh, BAO, BMed Sci, FRCPI, FRCP, PhD
Consultant Dermatologist,
Bons Secours Hospital, Cork |
| | Sheila Ryan
Registered Advanced Nurse Practitioner Dermatology
University Limerick Hospital Group |
| | 'Achieve Lasting Change: Long-term treatment of moderate-to-severe atopic dermatitis' |
| 8.00pm | Q & A |
| 8.15pm | Close & Fork Supper |

**Prescribing Information: Dupixent (dupilumab) solution for injection in a pre-filled syringe or pen
(Atopic Dermatitis and Prurigo Nodularis)**

Please refer to the Summary of Product Characteristics (SmPC) before prescribing.

Presentations: Dupixent 200 mg solution for injection in a pre-filled syringe or pen, containing 200 mg of dupilumab in 1.14 ml solution (175 mg/ml) or Dupixent 300 mg solution for injection in a pre-filled syringe or pen, containing 300 mg of dupilumab in 2 ml solution (150 mg/ml).

Indications: Dupixent is indicated for the treatment of moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older who are candidates for systemic therapy. Dupixent is indicated for the treatment of severe atopic dermatitis in children 6 months to 11 years old who are candidates for systemic therapy. Dupixent is indicated for the treatment of adults with moderate-to-severe prurigo nodularis (PN) who are candidates for systemic therapy.

Dosage and Administration: Treatment should be initiated by healthcare professionals experienced in the diagnosis and treatment of atopic dermatitis. Dupixent should be administered as subcutaneous (SC) injection, into the thigh or abdomen, except for the 5 cm around the navel. The upper arm can be used if not self-administered. Dupixent can be used with or without topical corticosteroids. Topical calcineurin inhibitors should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas. **Adults (with atopic dermatitis):** the recommended initial dose of Dupixent is 600 mg (two 300 mg injections), followed by 300 mg given every other week (EOW). **Adolescents (12-17 years) with body weight <60 kg:** the recommended initial dose of Dupixent is 400 mg (two 200 mg injections), followed by 200 mg EOW. **Adolescents (12-17 years) with body weight ≥60 kg:** the recommended initial dose of Dupixent is 600 mg (two 300 mg injections) followed by 300 mg EOW. **Children 6 to 11 years of age with body weight 15 kg to <60 kg:** the recommended initial dose of Dupixent is 300 mg (one 300 mg injection) on Day 1, followed by 300 mg on Day 15. Subsequent doses of 300 mg every 4 weeks (Q4W) starting 4 weeks after Day 15 dose. The dose may be increased to 200mg EOW in these patients based on physician's assessment. **Children 6 to 11 years of age with body weight ≥ 60 kg:** the recommended initial dose of Dupixent is 600 mg (two 300 mg injections), followed by 300 mg EOW. **Children 6 months to 5 years of age with body weight of 5 kg to <15 kg:** the recommended initial dose of Dupixent is 200 mg (one 200 mg injection). Followed by subsequent doses 200mg every 4 weeks (Q4W). **Children 6 months to 5 years of age with body weight of 15kg to less than 30kg:** the recommended initial dose of Dupixent is 300mg (one 300 mg injection). Followed by subsequent doses of 300 mg every 4 weeks (Q4W).

Adults (with Prurigo Nodularis): The recommended dose of dupilumab for adult patients is an initial dose of 600 mg (two 300 mg injections), followed by 300 mg given every other week. Dupilumab can be used with or without topical corticosteroids.

Missed dose: If an every other week dose is missed, administer the injection within 7 days from the missed dose and then resume the patient's original schedule. If the missed dose is not administered within 7 days, wait until the next dose on the original schedule. If an every 4 week dose is missed, administer the injection within 7 days from the missed dose and then resume the patient's original schedule. If the missed dose is not administered within 7 days, administer the dose, starting a new schedule based on this date. **No or partial response:** Consideration should be given to discontinuing treatment in patients who have shown no response after 16 weeks of treatment for atopic dermatitis. Some patients with initial partial response may subsequently improve with continued treatment beyond 16 weeks. If Dupixent treatment interruption becomes necessary, patients can still be successfully re-treated. Proper training should be provided to patients and/or caregivers on the preparation and administration of Dupixent prior to use according to the Instructions for Use (IFU) section in the package leaflet. **Special populations:**

Elderly patients (≥65 years): No dose adjustment recommended. **Renal impairment:** No dose adjustment in patients with mild or moderate renal impairment. Very limited data available in patients with severe renal impairment. **Hepatic impairment:** No data available. **Paediatric patients <6 years:** No data available. **Method of administration:** The dupilumab pre-filled pen is not intended for use in children below 12 years of age. For children 6 to 11 years of age with severe atopic dermatitis, the dupilumab pre-filled syringe is the presentation appropriate for administration to this population. Each pre-filled syringe or pre-filled pen is for single use only.

Contraindications: Hypersensitivity to the active substance or to any of the excipients.

Warnings and Precautions: Traceability: In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. **Hypersensitivity:** If a systemic hypersensitivity reaction (immediate or delayed) occurs, administration of Dupixent should be discontinued immediately and

appropriate therapy initiated. Anaphylactic reactions and angioedema have occurred from minutes up to seven days post injection. **Helminth infection:** Patients with known helminth infection were excluded from the clinical trials. Dupixent may influence the immune response against helminth infections by inhibiting IL-4/IL-13 signaling. Patients with pre-existing helminth infections should be treated before initiating Dupixent. If patients become infected while receiving treatment with Dupixent and do not respond to anti-helminth treatment, treatment with Dupixent should be discontinued until infection resolves. Cases of enterobiasis were reported in children 6 to 11 years old who participated in the paediatric asthma development program.

Conjunctivitis and keratitis related events: Conjunctivitis and keratitis related events have been reported with dupilumab, predominantly in atopic dermatitis patients. Some patients reported visual disturbances (e.g. blurred vision) associated with conjunctivitis or keratitis. Patients should be advised to report new onset or worsening eye symptoms to their healthcare provider. Patients treated with Dupixent who develop conjunctivitis that does not resolve following standard treatment or signs and symptoms suggestive of keratitis should undergo ophthalmological examination, as appropriate. **Comorbid asthma:** Patients with comorbid asthma should not adjust or stop their asthma treatments without consultation with their physicians. Patients with comorbid asthma should be monitored carefully following discontinuation of Dupixent.

Vaccinations: Concurrent use of live and live attenuated vaccines with dupilumab should be avoided as clinical safety and efficacy have not been established. It is recommended that patients should be brought up to date with live and live attenuated immunisations in agreement with current immunisation guidelines prior to treatment with dupilumab. Clinical data are not available to support more specific guidance for live or live attenuated vaccines administration in patients treated with dupilumab. Immune responses to Tdap vaccine and meningococcal polysaccharide vaccine were assessed. **Sodium content:** This medicinal product contains less than 1 mmol sodium (23 mg) per 300 mg dose, that is to say essentially "sodium-free". **Interactions:**

Patients receiving Dupixent may receive concurrent inactive or non-live vaccinations. One study evaluating the pharmacokinetic effects of Dupixent on CYP substrates did not indicate clinically relevant effects of Dupixent on CYP1A2, CYP3A, CYP2C19, CYP2D6 or CYP2C9 activity. **Fertility, pregnancy and lactation:** Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. There are limited data from the use of Dupixent in pregnant women. Animal studies do not indicate harmful effects. Dupixent should be used during pregnancy only if the potential benefit justifies the potential risk to the foetus. It is unknown whether Dupixent is excreted in human milk or absorbed systemically after ingestion. A decision must be made whether to discontinue breast-feeding or to discontinue Dupixent therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Adverse effects: Common (≥1/100 to <1/10): Arthralgia[#], conjunctivitis^{*}, conjunctivitis allergic^{*}, eosinophilia, injection site reactions (erythema, oedema, pruritis, pain, swelling, and bruising), oral herpes^{*}. **Uncommon (≥ 1/1,000 to < 1/100):** Angioedema[#], blepharitis[†], dry eye[†], eye pruritis[†], facial rash[#], keratitis^{**}. **Rare (≥ 1/10,000 to < 1/1,000):** Anaphylactic reaction, serum sickness reaction, serum sickness-like reaction, ulcerative keratitis^{**†}. ^{*}Eye disorders and oral herpes occurred predominantly in atopic dermatitis studies.

[†]The frequencies for eye pruritus, blepharitis, and dry eye were common and ulcerative keratitis was uncommon in atopic dermatitis studies. ^{**}From postmarketing reporting. **Serious adverse reactions:** eczema herpeticum, infections and immunogenicity have also been reported. **Adolescents (12-17 years) and children (6-11 years):** The long-term safety profile of Dupixent observed in patients 6-17 years of age was consistent with that seen in adults with atopic dermatitis.

Legal Classification: POM. **List Price: NI:** Pack containing 2 x pre-filled syringes or pens: £1,264.89. **IE:** Price on application. **Marketing Authorisation Holder:** Sanofi Winthrop Industrie, 82 avenue Raspail, 94250 Gentilly, France. **Marketing Authorisation Numbers:** 2 x 200 mg pre-filled syringe: EU/1/17/1229/010; 2 x 300 mg pre-filled syringe: EU/1/17/1229/006. 2 x 200 mg pre-filled pen: EU/1/17/1229/014; 2 x 300 mg pre-filled pen: EU/1/17/1229/018. **Further information is available from: NI:** Medical Information, Sanofi, 410 Thames Valley Park Drive, Reading, Berkshire, RG6 1PT, UK. uk-medicalinformation@sanofi.com. **IE:** Sanofi, 18 Riverwalk, Citywest Business Campus, Dublin 24 or contact Imedinfo@sanofi.com.

SmPC Date: 15 March 2023

Date of preparation: March 2023.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events should also be reported to the Sanofi drug safety department on Tel: 0800 0902 314. Alternatively, send via email to UK-drugsafety@sanofi.com

In Ireland: www.hpra.ie email: medsafety@hpra.ie Adverse events should also be reported to Sanofi Ireland Ltd. Tel: 01 403 5600. Alternatively, send via email to IEPharmacovigilance@sanofi.com