

DUPIXENT[®]
(dupilumab) Injection
200mg · 300mg



YOUR CHILD CAN
DU MORE
WITH LESS **ASTHMA**

APPROVED FOR AGES 6 YEARS AND UP



#1 PRESCRIBED BIOLOGIC FOR ASTHMA¹

INDICATION: DUPIXENT is a prescription medicine used with other asthma medicines for the maintenance treatment of moderate-to-severe eosinophilic or oral steroid dependent asthma in adults and children 6 years of age and older whose asthma is not controlled with their current asthma medicines. DUPIXENT helps prevent severe asthma attacks (exacerbations) and can improve your breathing. DUPIXENT may also help reduce the amount of oral corticosteroids you need while preventing severe asthma attacks and improving your breathing. **DUPIXENT is not used** to relieve sudden breathing problems and will not replace an inhaled rescue medicine. It is not known if DUPIXENT is safe and effective in children with asthma under 6 years of age.

Do not use if you are allergic to dupilumab or to any of the ingredients in DUPIXENT[®].

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



NOT ON DUPIXENT

Patient images are portrayals.

DID YOU KNOW?

DUPIXENT IS **NOT** AN INHALER OR STEROID.

DUPIXENT REQUIRES ONLY **1-2 DOSES A MONTH.***

*Dosing based on weight and age.



IMPORTANT SAFETY INFORMATION (CONT'D): Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you: have a parasitic (helminth) infection; are scheduled to receive any vaccinations. You should not receive a “live vaccine” right before and during treatment with DUPIXENT; are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby. A pregnancy registry for women who take DUPIXENT during pregnancy collects information about the health of you and your baby; are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

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



ON DUPIXENT

ASTHMA PATIENTS 6-11 YEARS ON DUPIXENT[®] (dupilumab) SAW NEARLY **2X** CHANGE IN

BREATHING IMPROVEMENT

AT 2 WEEKS COMPARED TO PLACEBO[†]

[†]In a breathing test, 140 mL with DUPIXENT vs 80 mL with placebo.

WHAT ELSE CAN DUPIXENT DO?



HELP PREVENT ASTHMA ATTACKS



HELP BLOCK A KEY SOURCE OF INFLAMMATION IN THE LUNGS



HELP CHILDREN WITH ASTHMA ACHIEVE BETTER BREATHING THAT LASTS



REDUCE ORAL STEROID USE

SO THEY CAN DO MORE OF WHAT THEY love

DUPIXENT[®]
(dupilumab) Injection
200mg · 300mg



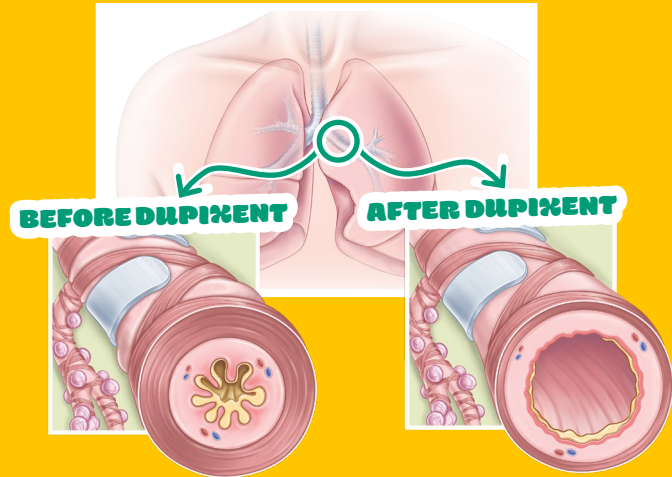
IF YOUR CHILD'S ASTHMA SYMPTOMS KEEP THEM FROM

Just BEING a Kid

UNDERLYING INFLAMMATION COULD BE THE CAUSE

And it can be ongoing even when asthma symptoms aren't present.

HOW DUPIXENT[®] (dupilumab) WORKS IN THE LUNGS



Chronic underlying inflammation may cause airways to shrink, making it harder to breathe.

DUPIXENT helps reduce underlying inflammation.

Illustrative image of DUPIXENT mechanism only and not reflective of treatment effect.

DID YOU KNOW?

DUPIXENT APPROACHES MODERATE-TO-SEVERE ASTHMA DIFFERENTLY.

HELPS BLOCK A KEY SOURCE OF INFLAMMATION IN THE LUNGS.

IMPORTANT SAFETY INFORMATION (CONT'D): Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you are taking oral, topical, or inhaled corticosteroid medicines or use an asthma medicine. **Do not** change or stop your other medicines, including corticosteroid medicine or other asthma medicine, without talking to your healthcare provider. This may cause other symptoms that were controlled by those medicines to come back.

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Zeke, real DUPIXENT
 Asthma patient, age 8

DU MORE YOU



"As his mom, it was so, so scary, watching Zeke go through an asthma attack. Looking back on this time, I really wish I would have taken action sooner, knowing what I know today!"

Ashley, Zeke's mom



SCAN OR [CLICK HERE](#) TO CONNECT WITH REAL CAREGIVERS LIKE YOU

In clinical studies, children taking DUPIXENT saw improvement including:

-  LESS SHORTNESS OF BREATH
-  NOT WAKING AT NIGHT DUE TO ASTHMA
-  LESS WHEEZING
-  INCREASED ABILITY TO DO DAILY ACTIVITIES



IMPORTANT SAFETY INFORMATION (CONT'D): DUPIXENT can cause serious side effects, including: Allergic reactions. DUPIXENT can cause allergic reactions, including skin reactions, that can sometimes be severe. Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following signs or symptoms: breathing problems or wheezing, swelling of the face, lips, mouth, tongue, or throat, fainting, dizziness, feeling lightheaded, fast pulse, fever, hives, skin rash, including rash that looks like a bullseye or painful red or blue bumps under the skin, general ill feeling, itching, swollen lymph nodes, nausea or vomiting, joint pain, or cramps in your stomach area.

Inflammation of your blood vessels. Rarely, this can happen in people with asthma who receive DUPIXENT. This may happen in people who also take a steroid medicine by mouth that is being stopped or the dose is being lowered. Tell your healthcare provider right away if you get: rash, chest pain, worsening shortness of breath, brown or dark colored urine, persistent fever, or a feeling of pins and needles or numbness of your arms or legs.

Please see additional Important Safety Information throughout and accompanying full [Prescribing Information](#) including [Patient Information](#).

The relationship between DUPIXENT and these results was studied but not definitively proven.

The most common side effects in patients with asthma include injection site reactions, high count of a certain white blood cell (eosinophilia), pain in the throat (oropharyngeal pain), and parasitic (helminth) infections.



DOES YOUR CHILD'S ASTHMA NEED another approach?



UPCOMING DOCTOR'S APPOINTMENT?

Fill out the questionnaire on [page 10](#)



USING **THE RULE OF 2** CAN HELP DETERMINE HOW WELL YOUR CHILD'S ASTHMA SYMPTOMS ARE CONTROLLED.

DO THEY...



USE THEIR RESCUE INHALER **2 OR MORE** TIMES A WEEK?

USE ORAL STEROIDS **2 OR MORE** TIMES A YEAR?

HAVE **2 OR MORE** ASTHMA ATTACKS A YEAR?

WAKE UP AT NIGHT **2 OR MORE** TIMES A MONTH?



IMPORTANT SAFETY INFORMATION (CONT'D): DUPIXENT can cause serious side effects, including (cont'd):

Psoriasis. This can happen in people with asthma who receive DUPIXENT. Tell your healthcare provider about any new skin symptoms. Your healthcare provider may send you to a dermatologist for an examination if needed.

Joint aches and pain. Some people who use DUPIXENT have had trouble walking or moving due to their joint symptoms, and in some cases needed to be hospitalized. Tell your healthcare provider about any new or worsening joint symptoms. Your healthcare provider may stop DUPIXENT if you develop joint symptoms.

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



TALK TO THEIR DOCTOR

START WITH THE RULE OF 2 TO DETERMINE YOUR CHILD'S LEVEL OF SYMPTOM CONTROL

Print this sheet and fill it out before your next appointment!

1. Does your child use a rescue inhaler more than 2X during a typical week?

- Yes No

2. Did your child use 2 or more courses of oral steroids in the last year?

- Yes No

3. Did your child have 2 or more asthma attacks in the last year?

- Yes No

4. Has your child woken up more than 2X at night in the past month because of their asthma?

- Yes No



5. How long has your child been experiencing asthma symptoms?

_____ Year(s) _____ Month(s)

6. What treatments have your child been prescribed for asthma?

- Inhalers Nebulizers
 Inhaled steroids Biologics
 None Oral steroids
 Other Inhaled long-acting beta antagonists

7. Has your child been in the emergency room or hospitalized because of asthma in the past year?

- Yes No



8. How often do these symptoms occur?

- | | | | | |
|----------------------------|--------------------------------|---------------------------------|---------------------------------------|-------------------------------------|
| Coughing | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
| Wheezing | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
| Shortness of breath | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
| Rapid breathing | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |
| Chest tightness | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Frequently |

9. How often does your child talk about their asthma?

- Never Rarely Occasionally Frequently

10. Has your child limited or missed an activity?

- Yes No

11. Has your child noticed any of the following asthma triggers?

- | | | | |
|---|--|--|-------------------------------|
| <input type="checkbox"/> Tobacco smoke | <input type="checkbox"/> Dust mites | <input type="checkbox"/> Scented soaps | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Mold | <input type="checkbox"/> Perfumes | <input type="checkbox"/> Pests (mice, etc) | <input type="checkbox"/> None |
| <input type="checkbox"/> Cleaners and disinfectants | <input type="checkbox"/> Physical activities | <input type="checkbox"/> Outdoor air pollution | |

12. What do you want treatment to focus on most?

- Breathing better Preventing severe asthma attacks
 Reducing or completely eliminating oral steroid use

IMPORTANT SAFETY INFORMATION (CONT'D): The most common side effects in patients with asthma include injection site reactions, high count of a certain white blood cell (eosinophilia), pain in the throat (oropharyngeal pain), and parasitic (helminth) infections.

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GETTING DUPIXENT[®] (dupilumab)

DUPIXENT is only available through Specialty Pharmacies, so the process of getting DUPIXENT may be different from what you're used to. *DUPIXENT MyWay*[®] is a patient support program designed to help your child get their medication as quickly as possible.



DID YOU KNOW?

99%

OF COMMERCIALLY INSURED PATIENTS ARE NATIONALLY COVERED FOR DUPIXENT!

STEP 1: PHARMACY IS CONTACTED

Your doctor can send the prescription directly to the preferred Specialty Pharmacy or to *DUPIXENT MyWay*. If prescribing through *DUPIXENT MyWay*, you may be contacted to provide your consent to enroll in the program if you have not provided it already.

SEND TO:

Your Specialty Pharmacy

AND/OR

DUPIXENT MyWay

STEP 2: PRIOR AUTHORIZATION

The insurance process begins!
DUPIXENT is approved right away.

OR

Your insurance needs a little more information.

Your doctor's office may need to provide additional information to your insurance provider before your coverage for DUPIXENT is approved. This process is called prior authorization.

OR

Your insurance denies coverage for DUPIXENT.

DUPIXENT MyWay can work with your doctor's office to provide education or resources on how to appeal this decision. They can also discuss financial assistance options that may be available to you.

STEP 3: DUPIXENT IS SHIPPED

Almost there!

Set up shipment through your approved Specialty Pharmacy. They will contact you to set up delivery to your home. It is important that you take their call or contact them directly to confirm details.

We recommend saving their number, so you don't miss any calls about scheduling future deliveries of your prescription.

ON THE NEXT PAGE

Learn about injection placement and where to access supplemental injection resources and training.

ON PAGE 15

LEARN ABOUT THE *DUPIXENT MyWay* COPAY CARD PROGRAM AND IF YOU ARE ELIGIBLE FOR A COPAY AS LITTLE AS



*Subject to the program maximum per patient per calendar year. Approval is not guaranteed. **THIS IS NOT INSURANCE.** Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs, including any state pharmaceutical assistance programs. This program is not valid where prohibited by law, taxed, or restricted. *DUPIXENT MyWay* reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Any savings provided by the program may vary depending on patients' out-of-pocket costs. The program is intended to help patients afford DUPIXENT. Patients may have insurance plans that attempt to dilute the impact of the assistance available under the program. In those situations, the program may change its terms. Additional terms and conditions apply.



WHERE TO INJECT

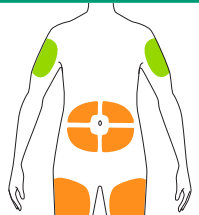
Your child's doctor can show you how to prepare and inject a dose of DUPIXENT and you can refer to *DUPIXENT MyWay*[®] for helpful tips or to request a call with your *DUPIXENT MyWay* Case Manager if you have questions or need assistance. Scan the QR code below!

DUPIXENT should be kept in the fridge but can be removed to administer at room temperature (up to 77 °F/25 °C) and kept out of the fridge for up to 14 days.

WHERE TO ADMINISTER DUPIXENT

Administer the subcutaneous injection into the:

- **Outer upper arms** only if a caregiver is administering injection
- **Abdomen & Thighs** except for the 2 inches around the navel



If you and your doctor decide your child 12+ years can inject themselves after the proper training, they should only inject into their own stomach or thigh, not their arm, under the supervision of an adult.

Remember to always review the full instructions for use before injecting.

Choose a different site each time you inject DUPIXENT.

Do not inject into skin that is tender, damaged, bruised, or scarred.



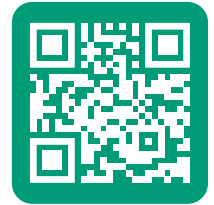
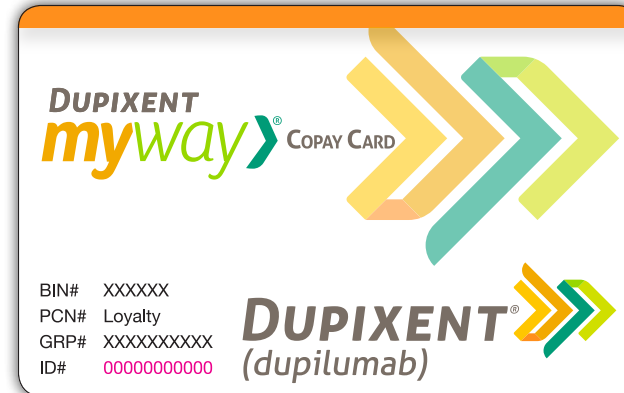
SCAN OR CLICK HERE FOR TIPS AND MORE TRAINING ON HOW TO INJECT

IMPORTANT SAFETY INFORMATION (CONT'D): Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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

YOU COULD PAY AS LITTLE AS \$0* IN COPAY FOR DUPIXENT[®] (dupilumab)

With the *DUPIXENT MyWay*[®] Copay Card Program, eligible patients with commercial health insurance may pay as little as \$0* in copay per fill of DUPIXENT. Terms and conditions apply.



SCAN OR CLICK HERE TO CHECK YOUR ELIGIBILITY FOR COPAY ASSISTANCE

ACTIVATING YOUR COPAY CARD

You can activate your Copay Card in 2 ways:

Call 1-855-726-4702.

Make sure you have the group number and ID number found on the Copay Card.

Visit DUPIXENT.com to activate the card.

Once approved, provide the Copay Card numbers on your card to the Specialty Pharmacy when they call you to set up delivery of DUPIXENT. The pharmacy will apply the card to reduce your out-of-pocket costs and will note the card number in your record for future refills.

*Subject to the program maximum per patient per calendar year. Approval is not guaranteed. **THIS IS NOT INSURANCE.** Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs, including any state pharmaceutical assistance programs. This program is not valid where prohibited by law, taxed, or restricted. *DUPIXENT MyWay* reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Any savings provided by the program may vary depending on patients' out-of-pocket costs. The program is intended to help patients afford DUPIXENT. Patients may have insurance plans that attempt to dilute the impact of the assistance available under the program. In those situations, the program may change its terms. Additional terms and conditions apply.

ACTIVITY TIME!

WHAT MIGHT YOU DO MORE OF WITH LESS ASTHMA?




ACROSS

1. What you shoot a basketball into, thing
4. Where you play at school, place
6. A game you play with your feet, sport
7. What people are doing at a pool, action word

DOWN

1. What you put a baseball glove on, body part
2. Where you can find a slide, place
3. Things you can kick or throw, toy
5. A seat that moves on a playground, thing

WORD SEARCH!



G	N	K	B	F	R	I	E	N	D
A	L	G	N	S	P	P	D	Z	D
M	Q	Q	D	U	Q	S	S	B	E
E	T	S	W	I	M	M	I	N	G
S	B	P	T	V	C	D	L	R	B
Z	Z	L	Q	D	E	Z	L	K	H
Y	Q	A	Y	G	W	M	Y	F	V
H	C	Y	E	C	K	L	W	L	I
D	Q	Y	J	U	Y	H	H	I	A
V	U	A	S	P	O	R	T	S	S

FIND THESE WORDS!

- | | |
|----------|--------|
| SWIMMING | PLAY |
| GAMES | SILLY |
| SPORTS | FRIEND |





IMAGINE MORE!

IF I WAS A _____, I WOULD _____ IN

NOUN

VERB

PLACE

IF I LIVED ON THE MOON, I WOULD EAT _____ WITH

FOOD

PERSON OR ANIMAL

IF I WERE IN A BAND, I WOULD PLAY _____

INSTRUMENT

IF I WERE A PROFESSIONAL ATHLETE, I WOULD BE A

KIND OF SPORT PLAYER

IF I DIDN'T WORRY ABOUT ASTHMA AS MUCH,

I WOULD _____ WITH MY FRIEND _____!

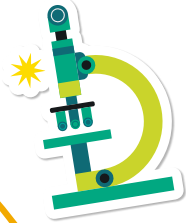
VERB

NAME



SOLVE THE MAZE!

START HERE



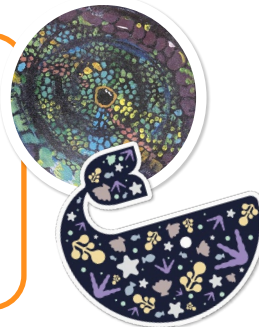
END HERE!



WORD SEARCH
G N K B F R E N D
A L G N S P P D D
M O D U S S B E
E T S W I M M I N G
S B P T V C D L K B
Z L Q D E Z L K H
Y O A Y G W M Y F V
H C E K L M L I
D O Y J U Y H H I A
V U A S P O R T S S

ANSWER KEY

- CROSSWORD**
- Across: 1. Hoop
 - 2. Playground
 - 3. Balls
 - 4. Gym
 - 5. Swing
 - 6. Soccer
 - 7. Swimming
 - Down: 1. Hand



IMPORTANT SAFETY INFORMATION (CONT'D): Use DUXIPENT exactly as prescribed by your healthcare provider. It's an injection given under the skin (subcutaneous injection). Your healthcare provider will decide if you or your caregiver can inject DUXIPENT. **Do not** try to prepare and inject DUXIPENT until you or your caregiver have been trained by your healthcare provider. In children 12 years of age and older, it's recommended DUXIPENT be administered by or under supervision of an adult. In children 6 to less than 12 years of age, DUXIPENT should be given by a caregiver.

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

DID YOU KNOW?

DUPIXENT is also FDA-approved in 8 other conditions:

DUPIXENT[®]
(dupilumab) Injection
200mg · 300mg



ATOPIC DERMATITIS

Uncontrolled moderate-to-severe eczema
For ages 6+ months



CHRONIC RHINOSINUSITIS WITH NASAL POLYPS

Uncontrolled
For ages 12+ years



EOSINOPHILIC ESOPHAGITIS

For ages 1+ years, who weigh at least 33 lb (15 kg)



CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Inadequately controlled with high blood eosinophils
For ages 18+ years



PRURIGO NODULARIS

For ages 18+ years



ALLERGIC FUNGAL RHINOSINUSITIS

For ages 6+ years who have had surgery on their nose or sinuses in the past.



CHRONIC SPONTANEOUS URTICARIA (CSU)

with hives not controlled by H1 antihistamines
For ages 2+ years

DUPIXENT is not used to treat any other forms of hives (urticaria).



BULLOUS PEMPHIGOID (BP)

For ages 18+ years

IMPORTANT SAFETY INFORMATION (CONT'D): Do not use if you are allergic to dupilumab or to any of the ingredients in DUPIXENT[®].

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Reference:

1. IQVIA NBRx data through March 2026.

sanofi | REGENERON[®]

Health information contained herein is provided for general educational purposes only. Your doctor is the single best source of information regarding your health. Please consult your doctor if you have any questions about your health or treatment.

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SCAN OR CLICK HERE TO LEARN MORE AT DUPIXENT.COM

