

In the treatment of upper limb spasticity  
and lower limb spasticity in adults

## DYSrupt Your Patients' Spasticity Symptoms

In clinical trials with Dysport,  
retreatment was between  
12 to 16 weeks or longer



Not actual patients

### INDICATIONS

Dysport® (abobotulinumtoxinA) for injection is indicated for the treatment of:

- Adults with cervical dystonia
- Spasticity in adult patients

### IMPORTANT SAFETY INFORMATION

#### Warning: Distant Spread of Toxin Effect

Postmarketing reports indicate that the effects of Dysport and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity, but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including upper limb spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to or lower than the maximum recommended total dose.

Please see accompanying Full Prescribing Information including **Boxed Warning** and Important Safety Information on pages 6 and 7 of this brochure.

 **Dysport®**  
(abobotulinumtoxinA)

*It's Time*



## UPPER LIMB SPASTICITY

### RALPH, retired

### Spastic left hemiparesis

Hypothetical patient case

**Ralph is a 59-year-old, left-handed man** who experienced a right cerebral hemorrhage about 2 years ago. He was diagnosed with spastic left hemiparesis about 1.5 years ago, which limits the extension of his elbow and also resulted in a clenched fist. Ralph is retired and lives at home with his wife, who has been the primary caregiver throughout his rehabilitation. He depends on her for driving and help with some daily tasks.

#### SPASTICITY TREATMENT HISTORY



- At diagnosis of his upper limb spasticity, Ralph received outpatient PT/OT, which improved his symptoms slightly
- He also tried tizanidine, but experienced dizziness and drowsiness during the day and discontinued the treatment
- No prior BoNT injections

#### PATIENT CHIEF COMPLAINTS



- Restricted elbow extension
- Cannot wash hands, drive, or hold objects with his dominant hand
- Needs help placing his fisted hand through a sleeve

#### PATIENT ASSESSMENT AND GOALS



- A complete evaluation and reassessment of target muscles was completed to facilitate transition to a BoNT type A, with the intended goals of:
  - Helping improve patient's overall treatment response
  - Reducing hypertonicity of affected elbow and finger flexors

## PROVEN EFFICACY IN ADULT UPPER LIMB SPASTICITY<sup>1</sup>

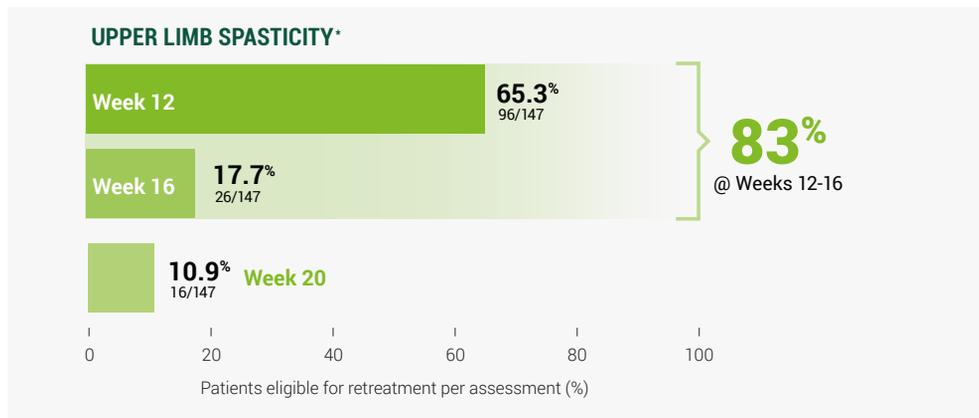
- At Week 4, adults receiving Dysport 500 Units or 1,000 Units had significant response to treatment (1.4, 1.8, respectively) vs placebo (0.7), as assessed by the Physician's Global Assessment (PGA)
- At Week 4, adults receiving Dysport 500 Units or 1,000 Units had significant response to treatment (1.2, 1.4, respectively) vs placebo (0.3), as assessed by the Modified Ashworth Scale (MAS)
- In adults with upper limb spasticity, the most frequently reported adverse reactions ( $\geq 2\%$ ) are urinary tract infection, nasopharyngitis, muscular weakness, musculoskeletal pain, dizziness, fall, and depression

## RALPH'S TREATMENT WITH DYSPORT

- Ralph started Dysport with 200–400 Units for the brachialis and biceps brachii muscles associated with flexed elbow. He received Dysport 100–200 Units for the flexor digitorum profundus and superficialis muscles
- Ralph was treated with the maximum of Dysport 1,000 Units
- Response to retreatment with Dysport was assessed at 12 weeks and, based on his response, he was scheduled for retreatment with Dysport at 16 weeks

Please see accompanying Full Prescribing Information including **Boxed Warning**.

# In clinical trials, retreatment was between 12-16 weeks for the majority of patients; however, some patients had a longer duration of response<sup>1,2</sup>



\*Patients who remained in the study after Week 12 were permitted additional discretionary follow-up visits at Week 16, Week 20, and Week 24 to assess eligibility for retreatment.

- Time to retreatment was not the primary endpoint
- In the pivotal trials for adult spasticity, need for retreatment was determined by investigator discretion based on efficacy and safety criteria, including:
  - No longer demonstrating a decrease from baseline of  $\geq 1$  grade in Modified Ashworth Scale (MAS) score in the primary target muscle group (PTMG)
  - and
  - No improvement in PGA (score  $\leq 0$ )
  - and
  - No signs of unacceptable safety risk for next treatment cycle
- Some patients in clinical studies of spasticity had a longer duration of response, i.e., 20 weeks
- Repeat Dysport treatment should be administered no sooner than 12 weeks after the previous injection

**Study design:** Randomized, multicenter, double-blind, placebo-controlled study in 238 adults with upper limb spasticity. The co-primary efficacy endpoints were mean change in MAS score in the PTMG (elbow, wrist, and finger flexors) and PGA of response to treatment between baseline and Week 4. Follow-up assessments occurred at Weeks 1, 4, and 12; visits were also permitted at Weeks 16, 20, and 24 as needed for retreatment. After 3 months of on-study treatment, patients were given the opportunity to continue open-label treatment with Dysport for up to 5 additional treatment cycles.

~45% of all patients were naive<sup>†</sup> to botulinum toxin<sup>2</sup>

~55% had prior botulinum toxin experience<sup>2</sup>

<sup>†</sup>Defined as a subject who had never received any botulinum toxin in the affected upper limb.

## IMPORTANT SAFETY INFORMATION (continued)

### Contraindications

Dysport is contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components; or in the presence of infection at the proposed injection site(s); or in patients known to be allergic to cow's milk protein. Hypersensitivity reactions including anaphylaxis have been reported.

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(abobotulinumtoxinA)

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## LOWER LIMB SPASTICITY

**PATRICIA**, educator and mother of two

Lower limb spasticity due to multiple sclerosis

Hypothetical patient case

**Patricia is a 45-year-old woman** who suffers from multiple sclerosis. Patricia's spasticity can come and go, and her symptoms range from tightness and stiffness in her muscles to painful spasms. Patricia's spasticity more commonly affects her lower extremities. Her condition impedes her driving, so she is reliant on her family to help get her to appointments. At times, she may need to delay or reschedule treatment based on her family's availability.

### SPASTICITY TREATMENT HISTORY



- Patricia receives outpatient PT/OT
- Muscle relaxer (baclofen)
- For the past year, she has received botulinum toxin (BoNT) type A injections every 12 weeks

### PATIENT CHIEF COMPLAINTS



- Painful spasms impede mobility and other physical functions
- Difficulty with overall balance and coordination
- Extra effort needed to move around when muscles are spastic; contributes significantly to fatigue
- Usually calls her clinician before 12 weeks, complaining of muscle stiffness
- Patricia's husband is very involved and somewhat frustrated with the frequency of injections

### PATIENT ASSESSMENT AND GOALS



- A complete evaluation and assessment of target muscles
- Discussion around initiating BoNT type A treatment, with the intended goals of:
  - Helping reduce symptoms associated with focal spasticity
  - Reducing hypertonicity of affected ankle and toe flexors

## PROVEN EFFICACY IN ADULT LOWER LIMB SPASTICITY<sup>1</sup>

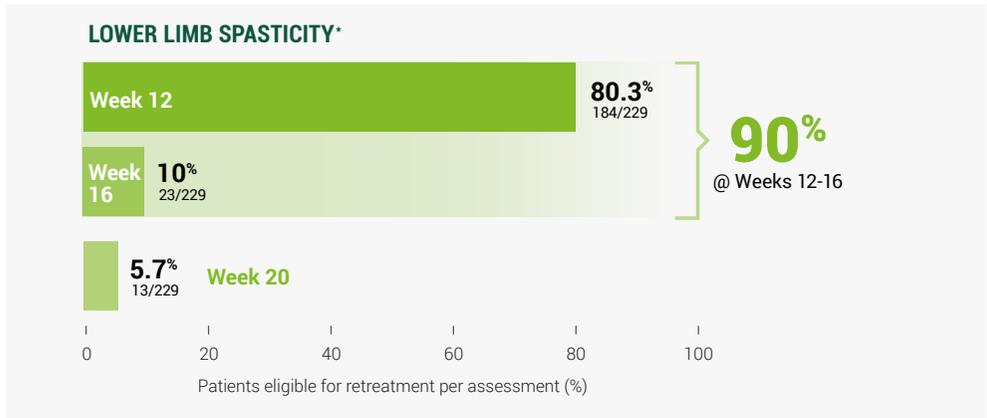
- At Week 4, adults receiving Dysport 1,500 Units had significant response to treatment (0.8) vs placebo (0.5), as assessed by MAS
- In adults with lower limb spasticity, the most frequently reported adverse reactions ( $\geq 5\%$ ) are falls, muscular weakness, and pain in extremity

## PATRICIA'S TREATMENT WITH DYSPORT

- Patricia received treatment with Dysport in each of the 5 affected muscles for a total dose between 1,000–1,500 Units

Please see accompanying Full Prescribing Information including **Boxed Warning**.

# In clinical trials, retreatment was between 12-16 weeks for the majority of patients; however, some patients had a longer duration of response<sup>1,2</sup>



\*Patients who remained in the study after Week 12 were permitted additional discretionary follow-up visits at Week 16, Week 20, and Week 24 to assess eligibility for retreatment.

- Time to retreatment was not the primary endpoint
- In the pivotal trials for adult spasticity, need for retreatment was determined by investigator discretion based on efficacy and safety criteria, including:
  - No longer demonstrating a decrease from baseline of  $\geq 1$  grade in MAS score in the PTMG *and*
  - No improvement in PGA (score  $\leq 0$ ) *and*
  - No signs of unacceptable safety risk for next treatment cycle
- Some patients in clinical studies of spasticity had a longer duration of response, i.e., 20 weeks
- Repeat Dysport treatment should be administered no sooner than 12 weeks after the previous

**Study design:** Randomized, multicenter, double-blind, placebo-controlled study in 381 adults with lower limb spasticity. The primary efficacy endpoint was muscle tone assessed by least squares mean change from baseline in MAS score at the affected ankle joint at Week 4. Follow-up assessments occurred at Weeks 1, 4, and 12; visits were also permitted at Weeks 16, 20, and 24 as needed for retreatment. After 3 months of on-study treatment, patients were given the opportunity to continue open-label treatment with Dysport.

~64% of all patients were naive<sup>†</sup> to botulinum toxin<sup>2</sup>

~36% had prior botulinum toxin experience<sup>2</sup>

<sup>†</sup>Defined as a subject who had never received any botulinum toxin in the affected lower limb.

## IMPORTANT SAFETY INFORMATION (continued)

### Warnings and Precautions

#### Lack of Interchangeability Between Botulinum Toxin Products

The potency Units of Dysport are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products, and, therefore, units of biological activity of Dysport cannot be compared to or converted into units of any other botulinum toxin products assessed with any other specific assay method.

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# IMPORTANT SAFETY INFORMATION

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## **Contraindications**

Dysport is contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components; or in the presence of infection at the proposed injection site(s); or in patients known to be allergic to cow's milk protein. Hypersensitivity reactions including anaphylaxis have been reported.

## **Warnings and Precautions**

### **Lack of Interchangeability Between Botulinum Toxin Products**

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### **Dysphagia and Breathing Difficulties**

Treatment with Dysport and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. When distant side effects occur, additional respiratory muscles may be involved. Deaths as a complication of severe dysphagia have been reported after treatment with botulinum toxin. Dysphagia may persist for several weeks, and require use of a feeding tube to maintain adequate nutrition and hydration. Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised. Patients treated with botulinum toxin may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. These reactions can occur within hours to weeks after injection with botulinum toxin.

### **Pre-existing Neuromuscular Disorders**

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of Dysport.

## Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases and variant Creutzfeldt-Jakob disease (vCJD). There is a theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD), but if that risk actually exists, the risk of transmission would also be considered extremely remote. No cases of transmission of viral diseases, CJD, or vCJD have ever been identified for licensed albumin or albumin contained in other licensed products.

## Intradermal Immune Reaction

The possibility of an immune reaction when injected intradermally is unknown. The safety of Dysport for the treatment of hyperhidrosis has not been established. Dysport is approved only for intramuscular injection.

## Most Common Adverse Reactions

**Adults with upper limb spasticity** ( $\geq 2\%$  and greater than placebo): nasopharyngitis, urinary tract infection, muscular weakness, musculoskeletal pain, dizziness, fall, and depression.

**Adults with lower limb spasticity** ( $\geq 5\%$  and greater than placebo): falls, muscular weakness, and pain in extremity.

**Adults with cervical dystonia** ( $\geq 5\%$  and greater than placebo): muscular weakness, dysphagia, dry mouth, injection site discomfort, fatigue, headache, musculoskeletal pain, dysphonia, injection site pain, and eye disorders.

## Drug Interactions

Co-administration of Dysport and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents), or muscle relaxants, should be observed closely because the effect of botulinum toxin may be potentiated. Use of anticholinergic drugs after administration of Dysport may potentiate systemic anticholinergic effects, such as blurred vision. The effect of administering different botulinum neurotoxins at the same time or within several months of each other is unknown. Excessive weakness may be exacerbated by another administration of botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin. Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of Dysport.

## Use in Pregnancy

Based on animal data, Dysport may cause fetal harm. There are no adequate and well-controlled studies in pregnant women. Dysport should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

## Pediatric Use

Based on animal data Dysport may cause atrophy of injected and adjacent muscles; decreased bone growth, length, and mineral content; delayed sexual maturation; and decreased fertility.

## Geriatric Use

In general, elderly patients should be observed to evaluate their tolerability of Dysport, due to the greater frequency of concomitant disease and other drug therapy. Subjects aged 65 years and over who were treated with Dysport for lower limb spasticity reported a greater percentage of fall and asthenia as compared to those younger (10% vs. 6% and 4% vs. 2%, respectively).

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact Ipsen at 1-855-463-5127. You may also report SUSPECTED ADVERSE REACTIONS to the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Please see accompanying Full Prescribing Information including **Boxed Warning**.



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# Consider Dysport®— because a long duration of response should matter<sup>1</sup>

- In clinical trials, Dysport significantly reduced muscle tone in adults with upper and/or lower limb spasticity
- In clinical trials, retreatment was between 12 and 16 weeks or longer in the majority of patients
- In adults with upper limb spasticity, the most frequently reported adverse reactions ( $\geq 2\%$ ) are urinary tract infection, nasopharyngitis, muscular weakness, musculoskeletal pain, dizziness, fall, and depression
- In adults with lower limb spasticity, the most frequently reported adverse reactions ( $\geq 5\%$ ) are falls, muscular weakness, and pain in extremity
- Repeat Dysport treatment should be administered when the effect of a previous injection has diminished, but no sooner than 12 weeks after the previous injection
- The degree and pattern of muscle spasticity at the time of reinjection may necessitate alterations in the dose of Dysport and muscles to be injected



**Do you or your patients observe diminishing effects of a BoNT injection before the next scheduled treatment or before 12 weeks?**



**Does your patients' symptom relief last between injections?**

Please see accompanying Full Prescribing Information including **Boxed Warning** regarding the distant spread of toxin effect and Important Safety Information on pages 6 and 7 of this brochure.

**Dysport is a proven first-line treatment option  
for adult spasticity in patients like Ralph and Patricia**

**References:** 1. Dysport® (abobotulinumtoxinA) [Prescribing Information]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc; Fort Worth, TX: Galderma Laboratories, L.P.; September 2017.  
2. Data on file. Ipsen Biopharmaceuticals, Inc. Basking Ridge, NJ.



Dysport (abobotulinumtoxinA) for injection, for intramuscular use 300- and 500-Unit vials.  
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