INDICATIONS
Dysport® (abobotulinumtoxinA) for injection is indicated for the treatment of:
• Spasticity in patients 2 years of age and older
• Cervical dystonia in adults

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 and in approved indications, cases of spread of effect have been reported at doses comparable to or lower than the maximum recommended total dose.
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

**PROVEN EFFICACY IN ADULT UPPER LIMB SPASTICITY**

- 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 (≥4%) was muscular weakness.

**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, his treatment was continued to Week 20.

**Study design:** The efficacy and safety of Dysport were evaluated in a randomized, multicenter, double-blind, placebo-controlled study of ≥238 adults with ULS. The co-primary efficacy endpoints were mean change in MAS score in the primary target muscle group (PTMG) (elbow, wrist, and finger flexors) and Physician’s Global Assessment (PGA) of response to treatment between baseline and Week 4. The secondary endpoint was the effect of Dysport on passive function as measured by Disability Assessment Scale (DAS). The tertiary endpoints include upper limb passive and active function, active range of motion against the PTMG, and quality of life. MAS score at baseline (mean [SD]): placebo, 3.9 (0.4); Dysport 500 Units, 3.9 (0.3); Dysport 1,000 Units, 3.9 (0.4). Follow-up assessments occurred at Weeks 1, 4, and 12; visits were also permitted at Weeks 16, 20, and 24, as needed for retreatment.

**Results:**

- 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 ≥1 grade in Modified Ashworth Scale (MAS) score in the primary target muscle group (PTMG)
  - No improvement in PGA (score ≥0)
  - No signs of unacceptable safety risk for next treatment cycle
- Some patients in clinical studies of spasticity had a longer duration of response, ie, 20 weeks.
- Repeat Dysport treatment should be administered no sooner than 12 weeks after the previous injection.

**IMPORTANT SAFETY INFORMATION (continued)**

**Contraindications**

Dysport is contraindicated in patients with known hypersensitivity to any botulinum toxin products, cow's milk protein, components in the formulation or injection at the injection site(s). Serious hypersensitivity reactions including anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea have been reported. If such a reaction occurs, discontinue Dysport and institute appropriate medical therapy immediately.
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
- 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 (≥5%) were 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
- Response to treatment with Dysport was assessed at 12 weeks and, based on her response, Patricia was able to have injection appointments 3 or 4 months apart

Please see Important Safety Information throughout this brochure, and accompanying full Prescribing Information including Boxed Warning and Medication Guide.

In clinical trials, retreatment was between 12-16 weeks for the majority of patients; however, some patients had a longer duration of response.

**IMPORTANT SAFETY INFORMATION (continued)**

Warnings and Precautions
Lack of Interchangeability Between Botulinum Toxin Products
The potency Units of Dysport cannot be compared to or converted into units of any other 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.

Lack of Interchangeability Between Botulinum Toxin Products

*Defined as a subject who had never received any botulinum toxin in the affected lower limb.
IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

**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 neuopathic 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 disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of Dysport.

**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 lower limb spasticity** (≥5%): falls, muscular weakness, and pain in extremity and with upper limb spasticity (≥4%): muscular weakness.

**Pediatric patients with lower limb spasticity** (≥10%): nasopharyngitis, cough and pyrexia and with upper limb spasticity (≥10%): upper respiratory tract infection and pharyngitis.

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

**Warnings and Precautions (continued)**

**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.

**Special Populations**

**Use in Pregnancy**

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. Based on animal data, Dysport may cause fetal harm.

**Pediatric Use**

The safety and effectiveness of Dysport injected into proximal muscles of the lower limb for the treatment of spasticity in pediatric patients has not been established. 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.

Please see Important Safety Information throughout this brochure, and accompanying full Prescribing Information, including Boxed Warning and Medication Guide.
In Adult Upper Limb Spasticity

- Significantly reduced muscle tone vs placebo at Week 4 when given the 1,500 Unit dose (P≤ 0.05)
- A duration of response that lasts through to the next injection: 12 to 16 weeks for a majority of patients
- The most common adverse reaction (≥4%) was muscular weakness

In Adult Lower Limb Spasticity

- Significantly reduced muscle tone vs placebo at Week 4 when dosed at 500 Units and 1,000 Units (P≤ 0.05)
- A duration of response that lasts through to the next injection: 12 to 16 weeks for a majority of patients
- The most common adverse reaction (≥5%) were falls, muscular weakness, and pain in extremity

In clinical trials, retreatment was between 12 and 16 weeks or longer

To calculate the FDA-approved dose range for your patient, download the Dysport Dosing Guide from the Apple App store or the Google Play store.

IPSEN CARES® is a program that offers support to your patients, including services such as benefits verification in as little as 1 business day. IPSEN CARES also provides copay assistance to eligible patients, up to a maximum annual benefit of $5,000, and for as little as $0 per prescription. Visit www.ipsencares.com for more information.

*Visit www.ipsencares.com for eligibility terms and conditions and additional copay information.

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