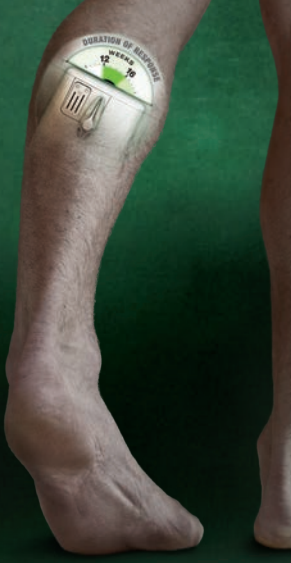
Dysport® Dosing and Dilution Guide

for adults with spasticity or cervical dystonia

Visit **Dysport.com** for more information



INDICATIONS

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

- Adults with cervical dystonia
- Spasticity in adult patients
- Lower limb spasticity in pediatric patients 2 years of age and older

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 in the pocket, including **Boxed Warning** and Medication Guide.

Dysport® (abobotulinumtoxinA)

It's Time

FDA-approved dosing and administration

Approved for use in 8 different muscles in adult ULS[1]

Dysport is not interchangeable with other botulinum toxins, and the potency units are not the same[1]

- Units of biological activity of Dysport (abobotulinumtoxinA) cannot be compared to or converted into units of any other botulinum toxin products

UPPER LIMB SPASTICITY

- Dosing for upper limb spasticity (ULS) between **Dysport 500 Units** and **Dysport 1,000 Units** was divided among selected muscles at a given treatment session[1]
- The maximum recommended total dose (upper and lower limb combined) of Dysport for the treatment of spasticity in adults is **Dysport 1,500 Units**[1]
- Select dose based on muscles affected, severity of muscle spasticity, prior response, and adverse reaction history following treatment with Dysport[1]
- No more than 1 mL should generally be administered at any single injection site[1]

In ULS—Common postures and muscles typically affected include[1,2]*:

	Recommended Dose Range in Dysport Units		Recommended # of Injection Sites per Muscle
Flexed elbow			
Brachialis	200	400	1-2
Brachioradialis	100	200	1-2
Biceps brachii	200	400	1-2
Pronator teres	100	200	1

Clenched fist			
Flexor digitorum profundus	100	200	1-2
Flexor digitorum superficialis	100	200	1-2

Flexed wrist			
Flexor carpi radialis	100	200	1-2
Flexor carpi ulnaris	100	200	1-2

*Not actual patients.

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 infection 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.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

Dysport® (abobotulinumtoxinA) *It's Time*

FDA-approved dosing and administration

Approved for use in 5 different muscles in adult LLS[1]

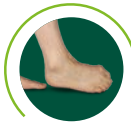
Dysport is not interchangeable with other botulinum toxins, and the potency units are not the same[1]

- Units of biological activity of Dysport (abobotulinumtoxinA) cannot be compared to or converted into units of any other botulinum toxin products

LOWER LIMB SPASTICITY

- Dosing for lower limb spasticity (LLS) between **Dysport 1,000 Units** and **Dysport 1,500 Units** was divided among selected muscles at a given treatment session[1]
- The maximum recommended total dose (upper and lower limb combined) of Dysport for the treatment of spasticity in adults is **Dysport 1,500 Units**[1]
- Select dose based on muscles affected, severity of muscle spasticity, prior response, and adverse reaction history following treatment with Dysport[1]
- No more than 1 mL should generally be administered at any single injection site[1]

In LLS—Common postures and muscles typically affected include[1,3]*:



	Recommended Dose Range in Dysport Units		Recommended # of Injection Sites per Muscle
Equinovarus foot			
Gastrocnemius:			
Medial head	100	150	1
Lateral head	100	150	1
Soleus	330	500	3
Tibialis posterior	200	300	2
Flexor digitorum longus	130	200	1-2
Flexor hallucis longus	70	200	1

Plantar flexed foot/ ankle			
Gastrocnemius:			
Medial head	100	150	1
Lateral head	100	150	1
Soleus	330	500	3
Tibialis posterior	200	300	2
Flexor digitorum longus	130	200	1-2
Flexor hallucis longus	70	200	1

Flexed toes			
Flexor digitorum longus	130	200	1-2
Flexor hallucis longus	70	200	1

*Not actual patients.

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.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

Dysport® (abobotulinumtoxinA) *It's Time*

FDA-approved dosing and administration

Dysport—the flexibility to retreat patients every 12 to 16 weeks or longer[1]

Dysport is not interchangeable with other botulinum toxins, and the potency units are not the same[1]

- Units of biological activity of Dysport (abobotulinumtoxinA) cannot be compared to or converted into units of any other botulinum toxin products

CERVICAL DYSTONIA

- In adult cervical dystonia (CD), doses up to **Dysport 1,000 Units** (divided among affected muscles), injected intramuscularly, were systematically evaluated[1]
  - The recommended initial dose is **Dysport 500 Units** given intramuscularly as a divided dose among affected muscles
  - Titrate in 250-Unit steps according to patient's response
- Select dose based on muscles affected, severity of muscle spasticity, prior response, and adverse reaction history following treatment with Dysport[1]
- No more than 1 mL should generally be administered at any single injection site[1]

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.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

In CD—Common postures and muscles typically affected include[1,4]*:

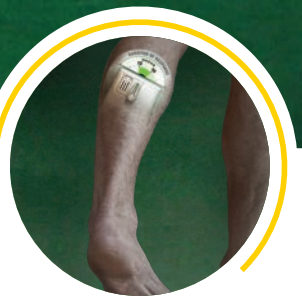
	Dose Range in Dysport Units	
Anterocollis		
Sternocleidomastoid†	50	350
Scalenus (medius/anterior)	50	300
Retrocollis		
Levator scapulae	50	200
Trapezius	50	300
Longissimus	100	200
Splenius capitis	75	450
Semispinalis capitis	50	250
Torticollis		
Sternocleidomastoid†	50	350
Trapezius	50	300
Scalenus (anterior)	50	300
Laterocollis		
Levator scapulae	50	200
Trapezius	50	300
Scalenus (medius/anterior)	50	300

*Not actual patients.

†Median dose: Dysport 125 Units. Dosing considerations for the sternocleidomastoid (SCM): Limiting the dose injected unilaterally into the SCM to Dysport 150 Units or less may reduce the occurrence of dysphagia.

Dysport® (abobotulinumtoxinA) It's Time

Dysport: A simplified approach to dilution and reconstitution



Recommended dilution options[1]

Diluent per Dysport 500-Unit Vial	Resulting Dysport Units per 0.1 mL
1.0 mL	Dysport 50 Units
2.0 mL	Dysport 25 Units
2.5 mL	Dysport 20 Units

- Using an appropriately sized sterile syringe, needle, and aseptic technique, draw up an appropriate amount of sterile, Preservative-free 0.9% Sodium Chloride Injection USP for the 500-Unit vial. See table above[1]
- For other dilution options, refer to Table 1: Dilution Instructions for Dysport (abobotulinumtoxinA) Vials (500 Units and 300 Units) in package insert Section 2.1: Instructions for Safe Use[1]

Dysport is given by intramuscular injection.

3 points to keep in mind with Dysport[1]

1 Vacuum.
When reconstituting Dysport, insert the needle into the vial and allow the diluent to be pulled into the vial by **partial vacuum**. Do not use the vial if no vacuum is observed.

2 Swirl.
Swirl Dysport gently in the vial to dissolve, rather than shaking or rolling.

3 Vent.
When using more than 2 mL of diluent, **vent the vial** to release the pressure if entering the vial again to withdraw the diluted Dysport.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

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.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

Dysport® (abobotulinumtoxinA) *It's Time*

C.L.I.M.B.® training—
Build your expertise with Dysport

C.L.I.M.B.®

Continuum of **L**earning to **I**mprove **M**anagement with **B**otulinum Toxin

The **C.L.I.M.B.®** Training Program includes faculty-led Dysport dosing, dilution, and injection training—so you can

- **See one live:** Watch alongside expert injectors during a one-on-one session
- **Do one live:** Get hands-on experience with faculty-supervised "in-practice" session at your office or clinic
- **Attend a group training workshop** near you or at an event

To learn more, visit **Dysport.com**

Consider Dysport for your appropriate adult patients with spasticity or cervical dystonia[1,5]

- Naive to botulinum toxin
- With prior botulinum toxin experience

Use Dysport in the appropriate recommended dose[1]

- In adult upper limb spasticity, **Dysport 500 Units–Dysport 1,000 Units***
- In adult lower limb spasticity, **Dysport 1,000 Units–Dysport 1,500 Units***
- In adult cervical dystonia, **Dysport 500 Units–Dysport 1,000 Units**

In clinical trials, retreatment with Dysport (abobotulinumtoxinA) was between 12-16 weeks or longer[1]

*The maximum recommended total dose per treatment session (upper and lower limb combined) in adults is 1,500 Units.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

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.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

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.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

Dysport® (abobotulinumtoxinA) *It's Time*

IMPORTANT SAFETY INFORMATION (continued)

Most Common Adverse Reactions

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

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

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

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

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

Dysport—the flexibility to retreat patients every 12 to 16 weeks or longer[1]

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

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

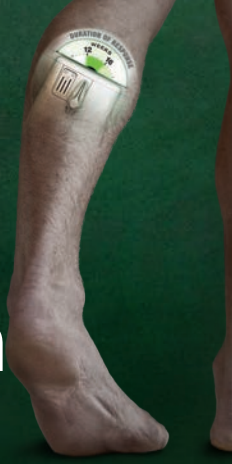
In general, elderly patients should be observed to evaluate their tolerability of Dysport, due to the greater frequency of concomitant disease and other drug therapy. Subjects aged 65 years and over who were treated with Dysport for lower limb spasticity reported a greater percentage of fall and asthenia 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.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

References: 1. Dysport (abobotulinumtoxinA) [Prescribing Information]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc; January 2019. **2.** NeuroRehabResource.org Web site. http://www.neurorehabresource.org/Files/NRR_Differential_Diagnosis.pdf. Accessed March 20, 2019. **3.** Esquenazi A, Alfaro A, Ayyoub Z, et al. *PM R*. 2017;9(10):960-968. **4.** Blitzer E, Benson BE, Guss J. *Botulinum Neurotoxin for Head and Neck Disorders*. New York, NY. Thieme Medical Publishers, Inc. 2012. **5.** Data on file. Ipsen Biopharmaceuticals, Inc. Basking Ridge, NJ.

Dysport® (abobotulinumtoxinA) *It's Time*



Dysport®
(abobotulinumtoxinA): Recommended Dosing and Dilution

Approved in adults with spasticity and CD, including 8 muscles for ULS, 5 muscles for LLS, and 7 muscles for CD[1]

Diluent* per Dysport 500-Unit Vial	Resulting Dysport Units per 0.1 mL
1.0 mL	Dysport 50 Units
2.0 mL	Dysport 25 Units
2.5 mL	Dysport 20 Units

*Diluent is sterile, Preservative-free 0.9% Sodium Chloride Injection USP. Dysport is given by intramuscular injection.

- For other dilution options, refer to Table 1: Dilution Instructions for Dysport Vials (500 Units and 300 Units) in package insert Section 2.1: Instructions for Safe Use[1]

Dysport offers the flexibility to retreat patients every 12 to 16 weeks or longer, as necessary, based on the return of clinical symptoms.[1]

Dysport and all botulinum toxin products have a **Boxed Warning** which states that the effects of the botulinum toxin may spread from the area of injection to other areas of the body, causing symptoms similar to those of botulism. Those symptoms include swallowing and breathing difficulties that can be life-threatening.

Please see accompanying full Prescribing Information in the pocket, including **Boxed Warning** and Medication Guide.

Dysport® (abobotulinumtoxinA) | *It's Time*

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