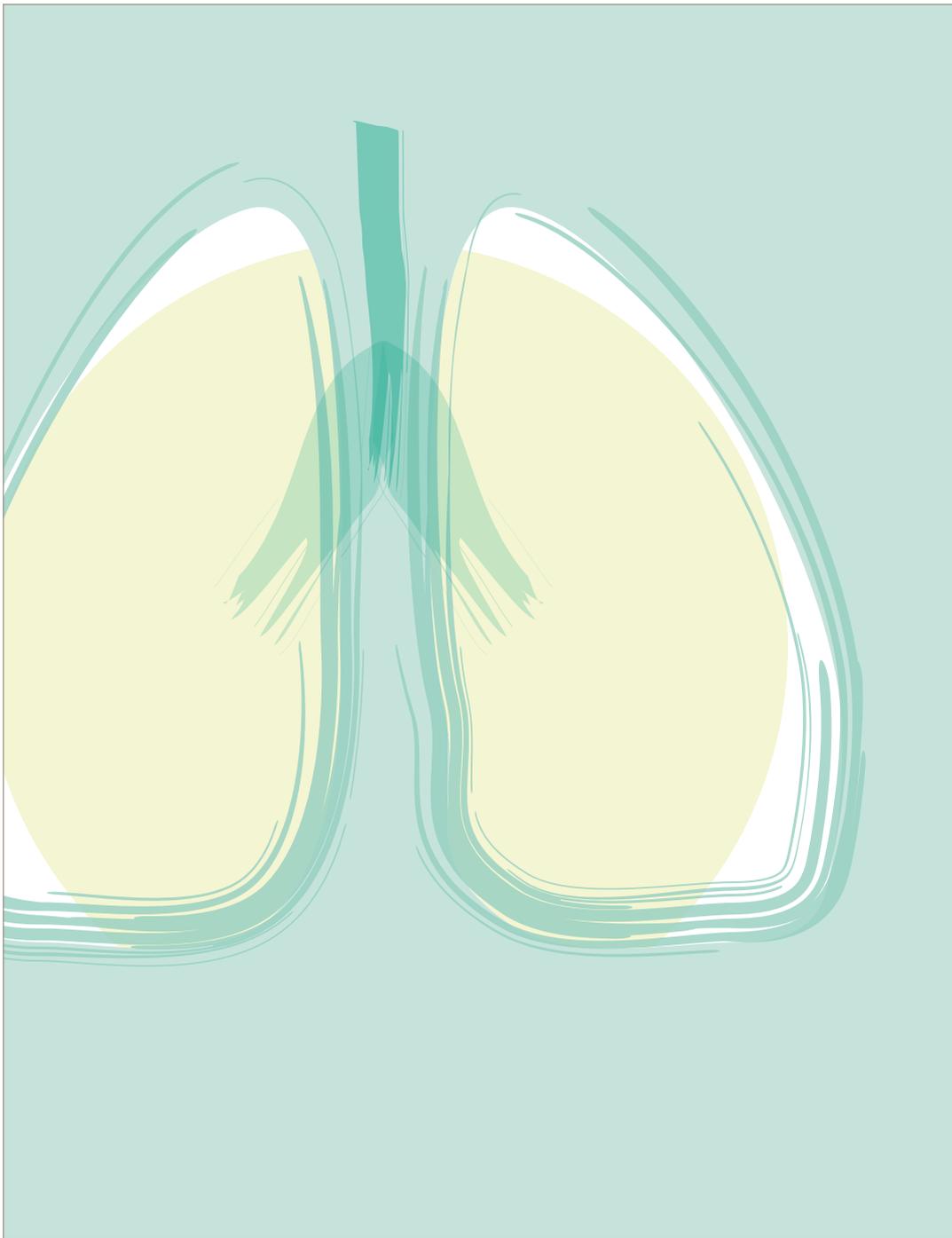


My therapy with **DUPIXENT[®]**

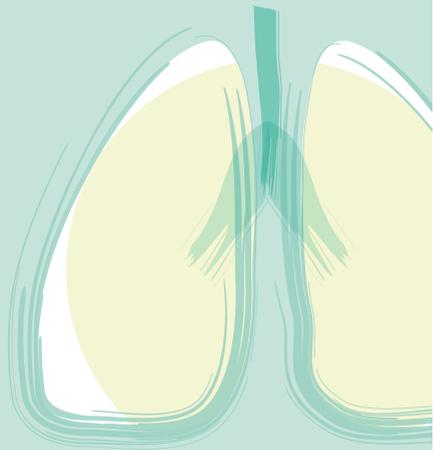
A brochure for patients with severe asthma



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Note: This brochure is intended to supplement the package insert, not replace it. Make sure you read the package insert in its entirety before starting the therapy. There is a package insert included in every pack of DUPIXENT®. You can also find it online at: www.mein.sanofi.de/produkte/DUPIXENT.



Dear Patient,

Your doctor has prescribed you DUPIXENT® (dupilumab) in order to treat your severe asthma.

DUPIXENT® may be used in conjunction with other asthma medicines as a maintenance therapy in adults and young people aged over 12 with severe asthma if the disease cannot be sufficiently controlled with the use of other asthma medicines. DUPIXENT® is injected under the skin every two weeks – this kind of injection is called a subcutaneous injection. DUPIXENT® is designed to target the cause of asthma: the inflammation of the airways.

This brochure provides answers to your questions about the treatment with DUPIXENT®. It is intended as a reference guide to help you feel more confident in the use of DUPIXENT®.

Of course, this brochure cannot replace a consultation with your doctor. If you have specific questions about your treatment, please contact your treatment team.

01 SEVERE ASTHMA: AN OVERVIEW

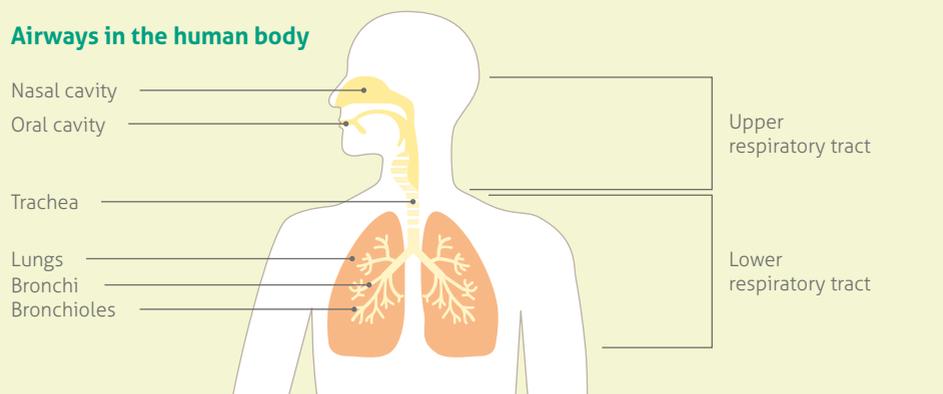
Asthma – the key facts

Asthma is one of the most common diseases in Germany. One in 20 adults and one in ten children are affected.

The disease's symptoms vary widely in their nature and severity and may affect individuals very differently. What they all have in common is the chronic, i.e. permanent, inflammation of the airways. As a result, the airways are often highly sensitive to what are actually harmless stimuli, such

as pollen or the cold, and constrict in a spasmodic way. The inflammation leads to the swelling of the mucosa throughout the respiratory system, leading to the formation of viscous phlegm. The result is that breathing out is more difficult and this leads to the typical symptoms of asthma, including a wheezing sound when breathing out, shortness of breath and breathlessness, a feeling of tightness in the chest, and coughing.

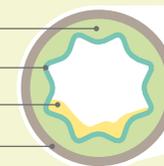
Airways in the human body



Cross sections of normal and asthmatic airways

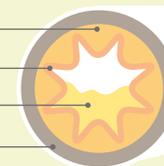
Normal airways

- Bronchial tissue
- Mucosa
- Mucus
- Muscle layer



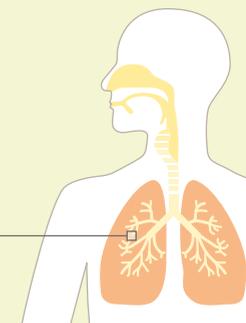
Airways of an asthmatic

- Inflamed bronchial tissue
- Swollen mucosa
- Increased mucus
- Thicker muscle layer

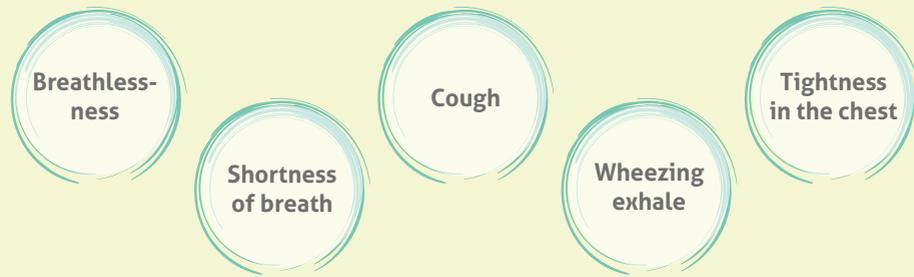


Airways during an asthma attack

- Further constriction of the airways due to spasms in the muscle layer



Typical symptoms



Potential triggers

Non-allergic triggers:

e.g. smoking, infections, exhaust fumes, cold air

Allergic triggers (allergens):

e.g. pollen, animal hair, foodstuffs, dust mites

Drug-based treatment

In general, there are two main types of medicines used to treat asthma:

Long-term medicines (controllers) are used regularly and over a long period of time. They remain effective over a long period and, over time, develop a preventive effect.

Quick-relief medicines (relievers) are used to treat acute symptoms, such as breathlessness or an asthma attack. They are used to dilate the airways quickly, although this effect does not last for a long time.

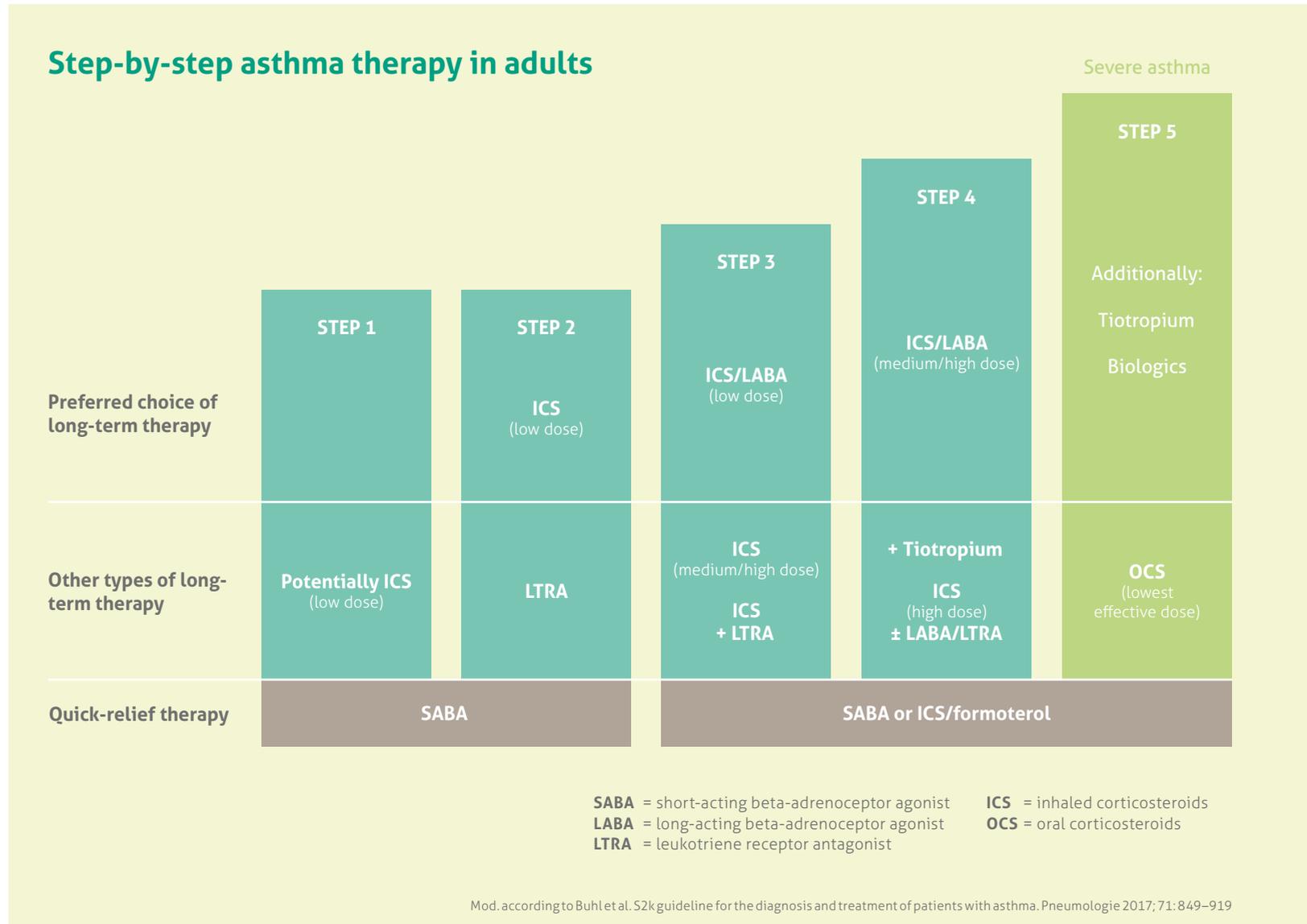
Medicine/ substance class	Type of medicine*	Means of application	Effect
ICS (inhaled corticosteroids)	Long-term medicine		Inhibit the inflammation of the bronchi
SABA (short-acting beta-adrenoceptor agonist)	Quick-relief medicine		Relax/dilate the bronchial muscles and thus the airways, short duration of action
LABA (long-acting beta-adrenoceptor agonist)	Long-term medicine		Relax/dilate the bronchial muscles and thus the airways, long duration of action
LTRA (leukotriene receptor antagonist) Montelukast	Long-term medicine		Inhibits the inflammation of the bronchi and relaxes/dilates the bronchial muscles
OCS (oral corticosteroids)	Fast relief for sudden worsening in symptoms or, if necessary, long-term treatment		Suppress inflammation throughout the body
LAMA (long-acting muscarinic receptor antagonist/anticholinergic) Tiotropium	Long-term medicine		Relaxes/dilates the bronchial muscles and thus the airways
Monoclonal antibodies (biologics)	Long-term medicine	 or 	Takes direct action on the inflammation processes that occur with certain forms of asthma

*According to asthma step-by-step therapy in adults by Buhl et al. S2k guideline for the diagnosis and treatment of patients with asthma. Pneumologie 2017; 71: 849–919

What makes asthma 'severe'?

The aim of any asthma therapy is to keep the asthma under control. In order to achieve the best possible asthma control, your doctor will generally work using a five-step treatment regimen.

You may well remember that when you were first diagnosed, you probably received just one asthma inhaler. If your asthma was not sufficiently controlled by the prescribed drug, i.e. you continued to experience symptoms, your treatment would have been moved up to the next step – either with additional medicines and/or a higher dose. Despite the use of several high-dose medications, it was not possible to get your asthma under control. This form of asthma is described as severe and uncontrolled.



What makes asthma 'uncontrolled'?

Generally speaking, asthma is easy to treat. This means that most people with asthma will be able to control their disease with the drugs in therapy steps 1 to 4. Ideally, the patient will experience no, or only few, symptoms during the day and night. Physical activity can be carried out as normal. Emergency medicines are rarely needed. Well-controlled asthma should always be the therapy goal.

Uncontrolled, or insufficiently controlled, asthma is when symptoms still occur despite the correct and regular application of the prescribed medicines.

Your treatment team, or you yourself, will be able to determine whether your asthma is controlled or not by using a test. The degree of control over the asthma decides whether your therapy needs to be adjusted or not. This may mean that you are prescribed other medicines or that they may need to be taken more frequently or in higher doses.

Answering four questions about your symptoms in the past four weeks helps to gauge the degree of control over the asthma. Keeping an asthma diary may help you to answer these questions.

Helpful questions in order to gauge how well your asthma is controlled

In the past four weeks, have you:

	No	Yes
Experienced asthma symptoms during the day more than twice in a week?	<input type="checkbox"/>	<input type="checkbox"/>
Woken up in the night due to asthma symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Used quick-relief medicines* more than twice in a week?	<input type="checkbox"/>	<input type="checkbox"/>
Experienced limitations to your daily activities due to asthma?	<input type="checkbox"/>	<input type="checkbox"/>

*Excluding quick-relief medicines to be used before sports.

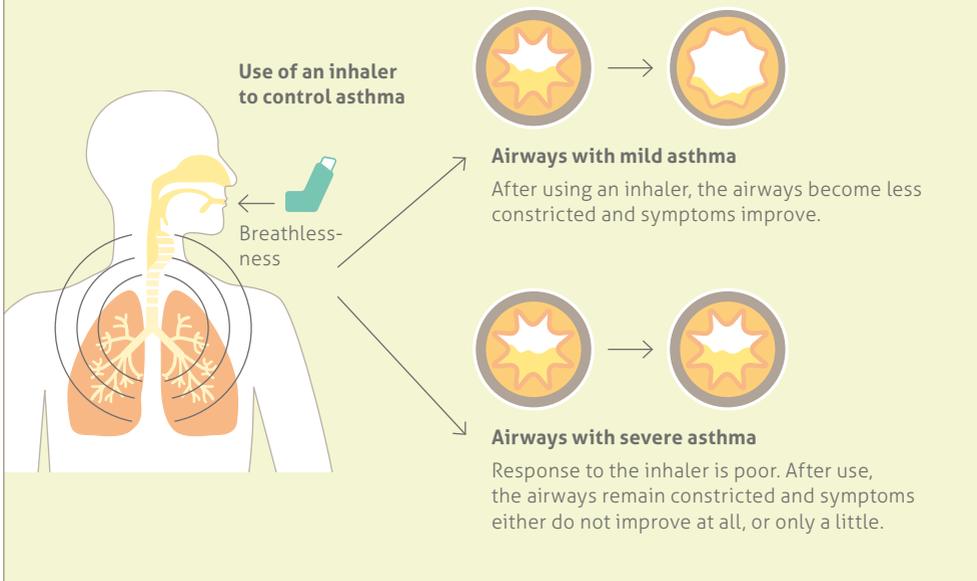
Severe asthma – what happens in the lungs?

Whether you have mild or severe asthma, the cause is always the chronic (ongoing) inflammation of the airways.

The inflammation caused by chronic severe asthma may lead to permanent changes the structure of the lungs, just as scars form when a wound does not heal properly.

This process is known as airway remodelling. It results in the formation of more connective tissues, the proliferation of muscle cells and an increase in the number of mucilaginous cells. The airways become narrower and this effect cannot be countered by the use of an inhaler. The asthma symptoms persist.

Use of an inhaler: Differences between mild and severe asthma



Cause of asthma – a permanent inflammation of the airways

Normally, an inflammation is a natural and helpful response of the immune system in order to identify foreign bacteria, for example, and render them harmless. With asthma, however, the immune system is overactive and reacts to what are actually harmless triggers with intense inflammation reactions in the airways.

An inflammation is a complex process that involves lots of cells in the immune system and other cells in the body. So that the different cells are able to do their jobs, they need to work in close partnership with one another.

This communication occurs with the aid of various messenger substances. They are produced and released by immune cells in order to coordinate the inflammation process and regulate the activity of the cells involved.

Due to the overactive immune system associated with asthma, there is an excess of pro-inflammatory messenger substances. This means that the inflammation in the airways cannot heal but is triggered and re-inflamed over and over again.

02 ASTHMA WITH TYPE 2 INFLAMMATION

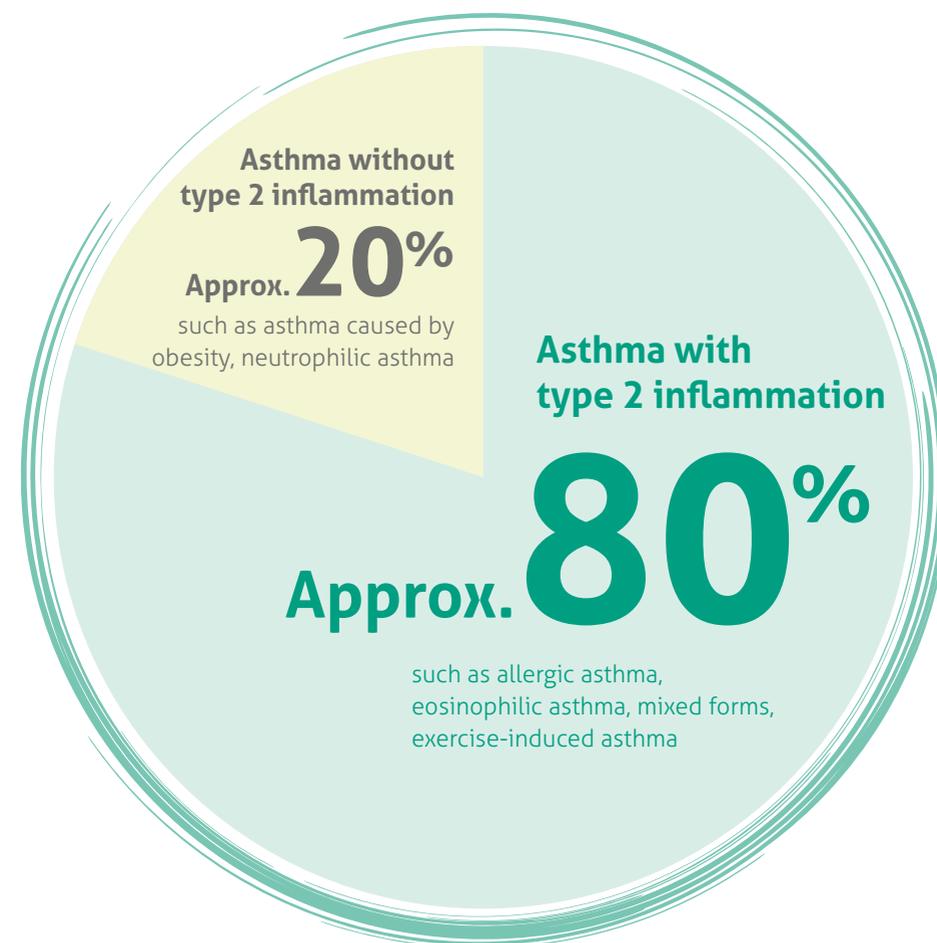
Asthma with type 2 inflammation

Not all types of asthma are the same. In fact, there are various types. In the past, we used to distinguish between allergic and non-allergic asthma, depending on the triggers.

Today, we know that up to eight in ten patients with asthma have a particular form of inflammation reaction known as a type 2 inflammation. As a result, we now distinguish between asthma either with or without a type 2 inflammation. Type 2 inflammation reactions are observed both with allergic and non-allergic asthma, as

well as in mixed types. One of the types of non-allergic asthma is eosinophilic asthma. Eosinophilic granulocytes (or eosinophils for short) are immune system cells that are much more prevalent in the lungs and blood with this type of asthma.

Types of asthma that do not involve a type 2 inflammation are much rarer. Such forms may include asthma caused by obesity, or neutrophilic asthma, which is a form of asthma where certain cells known as neutrophilic granulocytes are present in higher numbers.



Type 2 messenger substances – triggering the type 2 inflammation

Type 2 messenger substances interleukin-4 (IL-4), interleukin-13 (IL-13) and interleukin-5 (IL-5) play a particular role in asthma with type 2 inflammation.

The type 2 messenger substances trigger their effect via specific attachment sites on cells known as receptors. Receptors for IL-4, IL-13 and IL-5 can be found on many cells that are involved in inflammation processes and that are present in various types of asthma. If the interleukin attaches

to the relevant receptor, an inflammation reaction is triggered. These may cause damage to the lung tissue, change to the lung structure and increase mucus production. The result is constricted and highly sensitive airways.

The overactive immune system resulting in excess interleukins causes the ongoing and recurrent, i.e. chronic, inflammation of the airways.

Interleukins (IL)

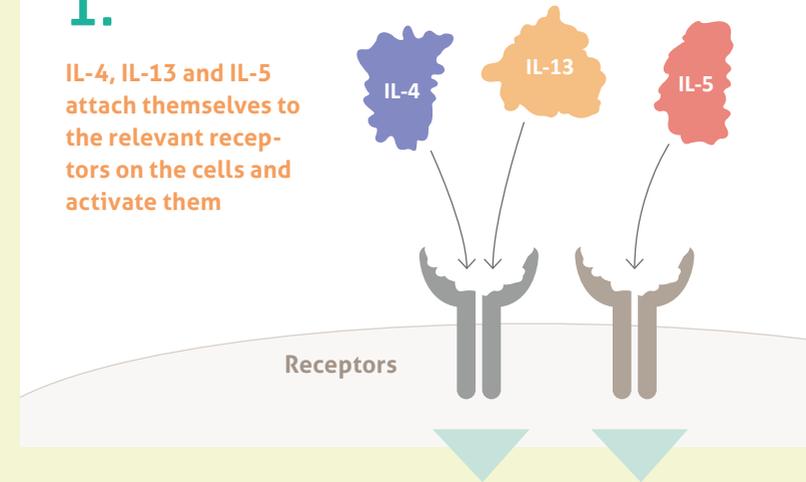
Interleukins are messenger substances that regulate immune system processes by conveying messages between cells. They are divided into several groups, which are numbered in the order in which they were discovered. Depending on the type of interleukin and the target

cell, they fulfil a wide range of functions: In this way, interleukins may promote inflammation but also inhibit it. In asthma with type 2 inflammation, IL-4, IL-13 and IL-5 are in the 'pro-inflammation' category and play a major role in the permanent inflammation of the airways.

How type 2 messenger substances trigger an inflammation reaction

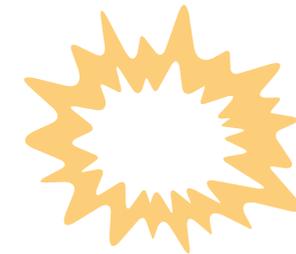
1.

IL-4, IL-13 and IL-5 attach themselves to the relevant receptors on the cells and activate them

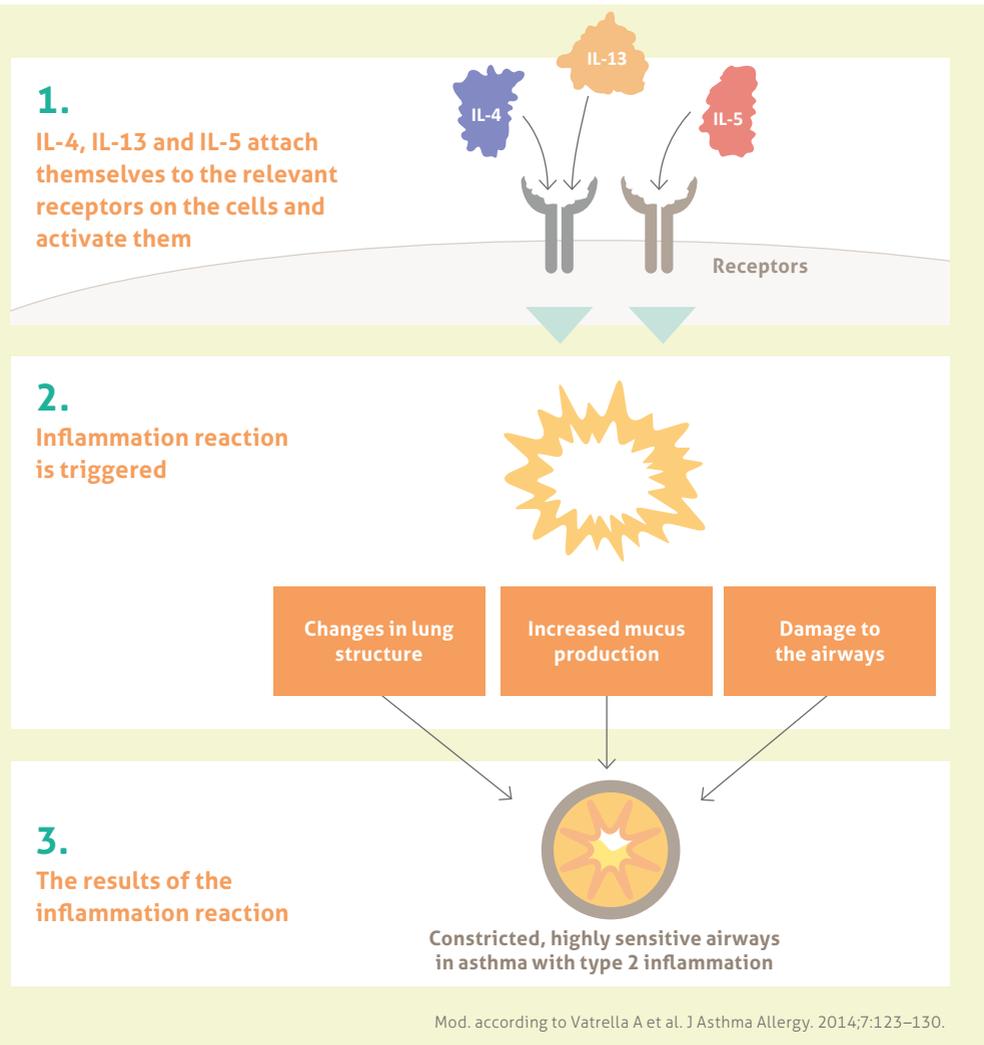


2.

Inflammation reaction is triggered



The effects of type 2 messenger substances on the airways



Biomarkers – what are they?

In order to be able to distinguish between the different types of asthma, we analyse different disease characteristics in the blood, sputum and breath. These characteristics are called biomarkers and they provide information about the type of

asthma. The better we can understand the individual 'asthma fingerprint', the easier it is to optimise the therapy because not all forms of asthma respond to all drugs in the same way.

The following biomarkers may be elevated with asthma:



Eosinophilic granulocytes are cells in the body's immune system and are found in the blood. With eosinophilic asthma, caused by a type 2 inflammation, they are responsible for the inflammation of the airways. Because they enter the airways via the bloodstream, they are not only present in excess amounts in the sputum but also in the blood with eosinophilic asthma.



IgE antibodies (immunoglobulin E antibodies) play a central role in allergic asthma, which is also caused by a type 2 inflammation. In this form of asthma, substances that are actually harmless, such as pollen and dust, trigger an allergic reaction and thus also the asthma. IgE antibodies are therefore present in high numbers in the blood of patients with allergic asthma.



FeNO describes the amount of exhaled nitric oxide (NO). When the airways are inflamed, more nitric oxide than normal is released by the cells in the respiratory tract mucosa. FeNO can therefore serve as a marker for the degree of inflammation in the airways.

WHAT IS DUPIXENT® AND HOW DOES IT WORK?

What is DUPIXENT®?

Your doctor has prescribed you DUPIXENT® in order to treat your severe asthma.

The active substance in DUPIXENT® is called dupilumab. Dupilumab is what is known as a monoclonal antibody. It specifically targets the most common cause of severe asthma, the type 2 inflammation, by blocking the effect of the pro-inflammation type 2 messenger substances interleukin-4 and interleukin-13.

What are monoclonal antibodies?

Monoclonal antibodies are complex substances that have been successfully used for several years now to treat lots of different types of disease (such as asthma and eczema, but also autoimmune diseases such as multiple sclerosis and rheumatism and even cancer). As a result of their highly specific effect, they have revolutionised medicine. Monoclonal antibodies are classed as biologics. Biologics are drugs that are manufactured using biotechnology.

Monoclonal antibodies are effective because of their precision: they can identify a specific molecule in the body – such as a particular receptor for a pro-inflammatory messenger substance. The monoclonal antibody binds to the receptor and thus prevents the messenger substance from binding to it. The molecule 'bound' or 'blocked' by the antibody can therefore no longer fulfil its original function, such as to trigger an inflammation reaction.

How does DUPIXENT® work?

As described in Chapter 02 (page 16), the most common cause of asthma is the type 2 inflammation of the airways. There are two type 2 messenger substances involved with the inflammation reactions: interleukins 4 and 13.

DUPIXENT® blocks the effect of IL-4 and IL-13 by binding with their receptors. This means that these interleukins can no longer attach to their receptors and trigger the pro-inflammation reaction. DUPIXENT® therefore contains the inflammation reactions triggered by IL-4 and IL-13.

In other words: DUPIXENT® acts like a doorman at the attachment sites for IL-4 and IL-13. This means that the damaging messenger substances can no longer cause the negative inflammation reactions.

This can reduce the incidence of asthma attacks, improve breathing and reduce the need to take cortisone tablets (oral corticosteroids).

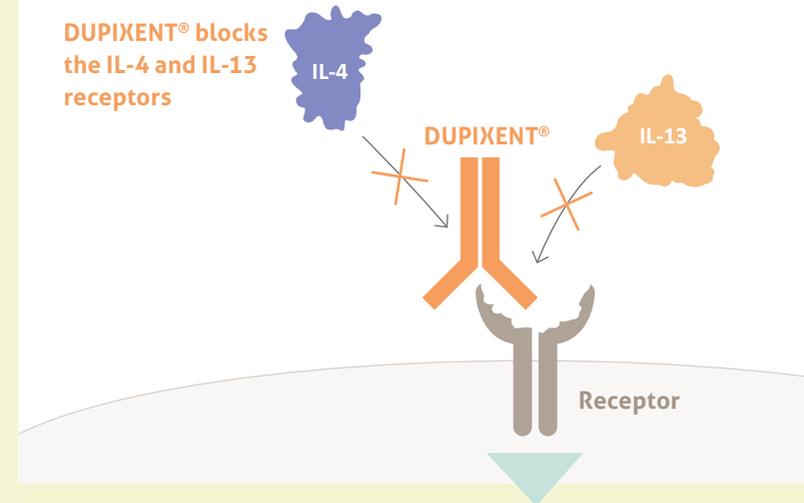
Concomitant diseases: common with severe asthma

It is quite common for patients with severe asthma to suffer from other diseases also caused by a type 2 inflammation.

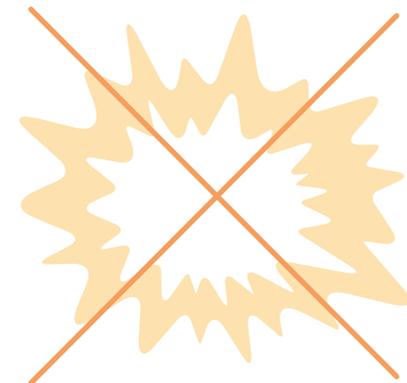
Common concomitant diseases include:

- Hayfever
- Eczema
- Nasal polyps

DUPIXENT® blocks the IL-4 and IL-13 receptors



Inflammation reactions are contained



04 HOW SAFE IS DUPIXENT®?

Clinical trials have proven both the efficacy and the safety of DUPIXENT®. Having said this, DUPIXENT® – just like any medicine – may still cause side effects that not everyone will experience.

The most commonly reported side effects are reactions at the injection site, such as redness, swelling and itching.

The use of DUPIXENT® may cause serious side effects, including (very rarely) allergic reactions (hypersensitivity) and anaphylaxis (very serious allergic reaction).

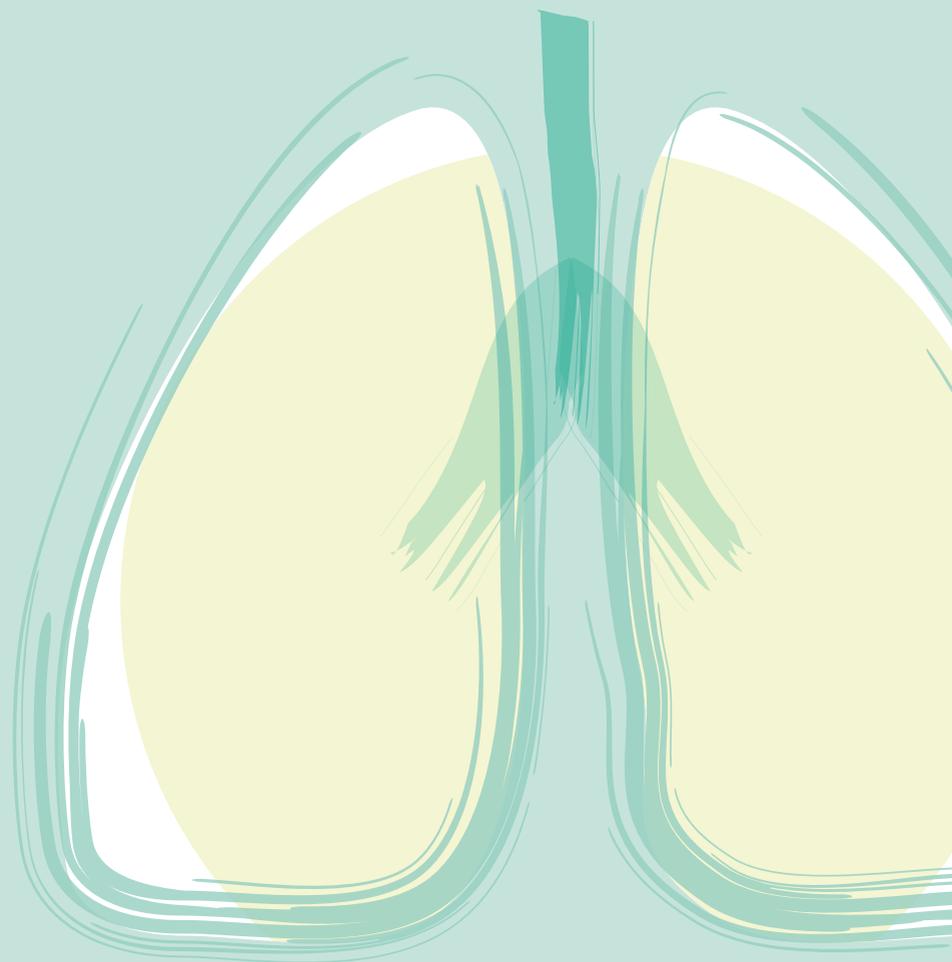
Signs of an allergic or anaphylactic reaction include:

- Breathing problems
- Swelling of the face, mouth and tongue
- Fainting, dizziness, light-headedness (low blood pressure)
- Fever
- General feeling of being unwell
- Swollen lymph nodes
- Welts
- Itching
- Joint pain
- Skin rash

If you experience an allergic reaction, stop using DUPIXENT® and contact your doctor immediately.

Please read the package insert for a complete list of side effects.

If you notice any side effects, contact your doctor, pharmacist or another medical professional. This also applies to side effects not listed in the package insert.



05 HOW CAN THE THERAPY WITH DUPIXENT® BE DESCRIBED?

DUPIXENT® is used in conjunction with other asthma medicines as a maintenance therapy in adults and young people aged over 12 with severe asthma if the disease cannot be sufficiently controlled with the use of other asthma medicines alone.

DUPIXENT® is available in two different strengths – 200 mg and 300 mg – as an injectable solution in a ready-to-use syringe with automatic safety system or as an autoinjector pen. Your doctor will decide how much DUPIXENT® you need and whether you will be prescribed a ready-to-use syringe or autoinjector pen.

How to administer DUPIXENT®

DUPIXENT® is injected under the skin every two weeks. You will receive two injections of DUPIXENT® on the first day of your treatment. This is your starting dose. Once you have started the treatment, you will just need one dose of DUPIXENT® every two weeks.

Ready-to-use syringe



or

autoinjector pen



Starting dose

2x

injections

Every 2 weeks

1x

injection

Why is it important that DUPIXENT® is injected every two weeks?

Several clinical trials have investigated the dose and dose frequency of DUPIXENT® in order to achieve the best effect. The best effect on lung function and the best reduction in asthma attack frequency was achieved when DUPIXENT® was administered in two-week intervals at a dose of 200 or 300 mg, depending on the patient population.

So that you can keep an overview of your DUPIXENT® therapy, you can note down the date of your injection in your asthma diary every two weeks. It is also useful for you and your doctor to be able to track the progression of your disease and to monitor the success of the treatment. Take your asthma diary with you to every check-up with your pulmonologist.

How is DUPIXENT® administered?

DUPIXENT® is injected under the skin every two weeks – this kind of injection is called a subcutaneous injection. Your doctor will decide with you whether you should inject DUPIXENT® yourself and when you should do it.

Only inject DUPIXENT® yourself if you have been instructed to do so beforehand by your treatment team. For young people aged 12 and over, we recommend that DUPIXENT® is injected by an adult or under the supervision of an adult.

You can find an in-depth, step-by-step guide to how to use DUPIXENT® in the accompanying instructions for use. This shows you in simple steps how to use the ready-to-use syringe or autoinjector pen at home.

FREQUENTLY ASKED QUESTIONS

I'm allergic to DUPIXENT® or one of the components in the medical product. What should I bear in mind?

If you are allergic to DUPIXENT® or to another component in the medical product, you must not use DUPIXENT®. If you think you may be allergic, or are unsure, please contact your doctor, pharmacist or another medical professional before using DUPIXENT®.

Can DUPIXENT® cause allergic reactions?

The use of DUPIXENT® may, very rarely, cause serious side effects such as allergic reactions (hypersensitivity) including anaphylaxis (very serious allergic reaction). When using DUPIXENT®, make sure you pay attention to such reactions (including breathing problems, swelling of the face, mouth and tongue, fainting, dizziness, light-headedness [low blood pressure], fever, a general feeling of being unwell, swollen lymph nodes, welts, itching, joint pain, skin rash).

If you notice any symptoms of an allergic reaction, stop using DUPIXENT®, inform your doctor immediately and seek medical attention without delay.

I am suffering from a parasitic infection (e.g. worms) or want to travel to a country where such infections are common. What should I bear in mind?

DUPIXENT® may weaken your resistance to infections caused by parasites (such as worms). If you are suffering from a parasitic infection (intestinal parasites), this should be treated before you start your therapy with DUPIXENT®. Ask your doctor if you are suffering from diarrhoea, flatulence, an upset stomach, steatorrhoea and dehydration. These may be symptoms of a parasitic infection.

You should also speak to your doctor if you live in a region where these infections are common, or if you are travelling to such a region.

Can I take DUPIXENT® in conjunction with other medicines?

If you are taking other medicines, have recently taken other medicines or intend to take other medicines, or if you have been recently vaccinated or are about to be vaccinated, you should always inform your doctor or pharmacist.

DUPIXENT® is an additional treatment. You should always continue to take all other medicines as discussed with your doctor.

Do not stop taking asthma medications or reduce your dose without being instructed to do so by your doctor. Doses of these medicines (particularly corticosteroids) must be reduced gradually, under the supervision of your doctor and depending on your response to DUPIXENT®.

What needs to be borne in mind with DUPIXENT® and vaccines?

There are a few important points that need to be observed with regard to

vaccines. Inform your doctor if you have recently been vaccinated, or if you are due a vaccination.

How quickly does DUPIXENT® take effect?

The speed at which DUPIXENT® takes effect may vary widely from patient to patient. Please ask your doctor whether they have experience in the manifestation of the effect of DUPIXENT® from other patients.

What should I do if I am pregnant, or planning to become pregnant?

If you are pregnant, think you might be pregnant or are planning a pregnancy, please ask your doctor for advice before using this medicine. We do not know how DUPIXENT® may affect pregnant women. For this reason, DUPIXENT® should preferably be avoided during pregnancy, unless your doctor has specifically recommended its use.

I am currently breastfeeding. Is there anything I need to bear in mind?

If you are breastfeeding or planning to breastfeed, please speak to your doctor before using DUPIXENT®. You can discuss with them whether it is best to breast-feed or use DUPIXENT®. DUPIXENT® should not be used if you are breastfeeding.

Can DUPIXENT® affect my ability to drive?

The use of DUPIXENT® is not likely to affect your ability to drive or operate machinery.

Does DUPIXENT® contain sodium?

DUPIXENT® contains less than 1 mmol sodium (23 mg) per 300 mg or 200 mg dose, i.e. it is practically sodium-free.

What should I do if I have administered more DUPIXENT® than prescribed?

If you have administered more DUPIXENT® than prescribed, or if you have administered the dose too early,

please speak to your doctor, pharmacist or another medical professional.

What should I do if I have missed an injection?

If you have forgotten a dose of DUPIXENT®, please speak to your doctor, pharmacist or another medical professional.

When should I stop taking DUPIXENT®?

Do not stop taking any medicine unless instructed to do so. Do not stop taking DUPIXENT® without having first discussed it with your doctor. DUPIXENT® is intended for the long-term treatment of severe asthma. Your doctor will check regularly whether you should continue to take DUPIXENT®.

How should DUPIXENT® be stored?

Make sure this medicine is stored out of the reach of children.

Store DUPIXENT® in the fridge (2°C–8°C). If necessary, DUPIXENT® may be stored at room temperature of up to 25°C for

a maximum of 14 days. Do not store DUPIXENT® in temperatures of over 25°C. If you need to remove the packaging from the fridge, note the date that you remove it on the specially intended area on the packaging and use the DUPIXENT® within 14 days of this date. Store the medicine in its original packaging in order to protect the contents from light.

When should I no longer use DUPIXENT®?

Do not use this medicine after the expiry date listed on the label and packaging under 'Verw. bis' or 'Verwendbar bis'. The expiry date refers to the last day of the month given. You should also not use this medicine if you notice that the solution is cloudy or discoloured, or if it contains dust or particles. If the medicine has been frozen, it should no longer be used. Please dispose of this medicine in line with local regulations. Ask your doctor, pharmacist or another medical professional about how to dispose of this medicine if you do not need it. This will help to protect the environment.

07 GLOSSARY

Additional treatment – An additional treatment, or add-on maintenance therapy, is the additional administration of a medicine alongside an existing medication.

Airway remodelling – Airway remodelling is a process describing changes to the lung structure that, with asthma, is caused by chronic inflammation. It leads to the increased growth of the muscle layer in the bronchi, which constricts the airways.

Allergens – Allergens are substances that are actually harmless (such as pollen or animal hair) but which may trigger allergic reactions.

Biologics – Biologics are pharmaceutical substances that are made using biotechnology (e.g. monoclonal antibodies) and that are intended to target specific inflammatory messenger substances, for example.

Biomarkers – Biomarkers are verifiable characteristics that may indicate a specific

disease or provide information about the progression of a disease. With asthma, the number of eosinophilic granulocytes, concentration of IgE antibodies or the amount of exhaled nitric oxide (FeNO) may act as biomarkers.

Bronchi – The bronchi are part of the respiratory system and branch out from the trachea to supply the entire lung.

Bronchioles – The bronchioles are the finest branches of the respiratory system. They end in tiny air sacs (alveoli), which is where the gaseous exchange of oxygen and carbon dioxide takes place.

Chronic – A chronic disease means that the disease occurs over a long period of time, or is a life-long illness.

Eczema – Eczema, or atopic eczema, is a chronic inflammatory skin condition that is characterised by a highly itchy rash.

Eosinophilic granulocytes – Eosinophilic granulocytes are cells in the body's

immune system and are found in the blood. In eosinophilic asthma, they are responsible for damaging the airways. Because they enter the airways via the bloodstream, they are not only present in excess amounts in the sputum as biomarkers in the affected patient, but also in the blood.

Exacerbation – Exacerbation means the acute worsening of a disease. For asthma, this includes an asthma attack.

Fractional exhaled nitric oxide (FeNO) – FeNO describes the amount of nitric oxide exhaled. When the airways are inflamed, more nitric oxide than normal is released by the cells in the lungs. FeNO is therefore a biomarker for the degree of inflammation in the airways.

IgE antibodies – IgE antibodies are proteins in the body's immune system and play a major role in allergic asthma, which makes them a biomarker present in elevated concentrations in the blood of affected individuals.

Interleukin – Interleukins are messenger substances that regulate immune system processes by conveying messages between cells.

Maintenance therapy – A maintenance therapy, or long-term therapy, is the administration of a medicine for several years or for a lifetime.

Nasal polyps – Nasal polyps are build-ups of tissue in the nasal mucosa that occur in the sinuses and migrate from there into the nasal cavity.

Neutrophilic granulocytes – Neutrophilic granulocytes are cells in the body's immune system. With neutrophilic asthma, they are present in elevated amounts in the sputum or blood.

Receptor – Receptors are found on the surface of cells, for example. They are attachment sites for specific messenger substances and transmit information from the cell's exterior to the interior, for example.

Sputum – Sputum is the mucilaginous secretion coughed up from the bronchi. It is also known as phlegm.

Type 2 inflammation – Type 2 inflammations are the most common cause of asthma. They are the result of an overactive immune system that reacts to what are actually harmless triggers with extreme inflammation reactions in the airways. Types of asthma that are caused by a type 2 inflammation include eosinophilic asthma and allergic asthma.

Type 2 messenger substances/interleukins – Type 2 messenger substances are substances that play a major role in type 2 inflammations. Some of these type 2 messenger substances include interleukin-4, interleukin-13 and interleukin-5,

for example. They are produced and released by specific cells in the immune system. These messenger substances may cause damage to the lung tissue, change the lung structure and increase mucus production.

Further information:

Reading this information brochure is no substitute for reading the package insert. The DUPIXENT® package insert contains more in-depth information about the therapy with DUPIXENT®.

The package insert is included with your medicine. You can also find it at www.mein.sanofi.de/produkte/DUPIXENT.

If you have any more questions about the use of DUPIXENT®, please consult your doctor, pharmacist or another medical professional.

Sanofi Genzyme and Regeneron have committed themselves to promoting the research of new medicines for patients with serious respiratory disorders.