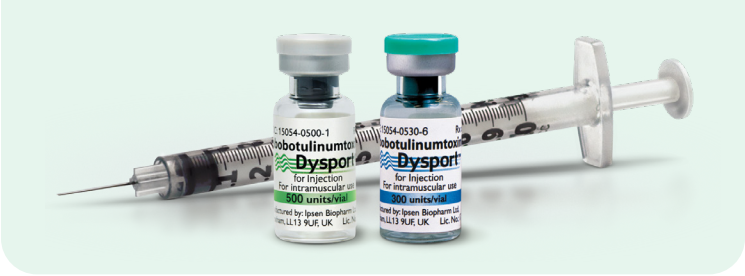
Dysport®
(abobotulinumtoxinA)

Dosing and Dilution Guide for Dysport®

for adults with spasticity or cervical dystonia



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.

Please see additional Important Safety Information inside and full Prescribing Information, including BOXED WARNING.

IPSEN

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

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

UPPER LIMB SPASTICITY

- For ULS, doses of **500 Units** and **1000 Units** were divided among selected muscles at a given treatment session[1]
- For adult spasticity, the maximum recommended total dose (upper and lower limb combined) is **1500 Units**[1]
- Select dose based on muscles affected, severity of muscle spasticity, prior response, and adverse reaction history following treatment with Dysport[1]
- Although actual location of the injection sites can be determined by palpation, the use of injection guiding technique (eg, electromyography, electrical stimulation, or ultrasound) is recommended to target the injection sites[1]
- 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[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]*:

	Recommended Dose Range in Dysport Units		Recommended Number 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

Contraindications

DYSPORT is contraindicated in patients with known hypersensitivity to any botulinum toxin products, cow's milk protein, or to any of the components in the formulation, or infection at the proposed injection site(s). Serious hypersensitivity reactions including anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea have been reported. If such a serious reaction occurs, discontinue DYSPORT and institute appropriate medical therapy immediately.

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

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

LOWER LIMB SPASTICITY

- For LLS, doses of **1000 Units** and **1500 Units** were divided among selected muscles at a given treatment session[1]
- For adult spasticity, the maximum recommended total dose (upper and lower limb combined) is **1500 Units**[1]
- Select dose based on muscles affected, severity of muscle spasticity, prior response, and adverse reaction history following treatment with Dysport[1]
- Although actual location of the injection sites can be determined by palpation, the use of injection guiding technique (eg, electromyography, electrical stimulation, or ultrasound) is recommended to target the injection sites[1]
- 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[1]
- No more than 1 mL should generally be administered at any single injection site[1]

IMPORTANT SAFETY INFORMATION

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.

In ULS, common postures and muscles typically affected include[1]*:

	Recommended Dose Range in Dysport Units		Recommended Number 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.

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

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

CERVICAL DYSTONIA

- In adult CD, doses up to **1000 Units** (divided among affected muscles), injected intramuscularly, were systematically evaluated[1]
  - The recommended initial dose is **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]
- Simultaneous guided injection of Dysport with electromyography and/or ultrasound may be helpful in locating active muscles[1]
- Retreatment, if needed, should not occur in intervals of less than 12 weeks[1]

IMPORTANT SAFETY INFORMATION

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 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. Treatment of cervical dystonia with botulinum toxins may weaken accessory muscles of ventilation, which may result in a critical loss of breathing capacity in patients with respiratory disorders who may have become dependent upon these muscles. 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.

In CD, common postures and muscles typically affected include[1]*:

	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.

Please see additional Important Safety Information inside and full Prescribing Information, including BOXED WARNING.

Dysport dilution

Dysport 300-Unit Vial: Recommended dilution options[1]

Diluent per Dysport 300-Unit Vial	Resulting Dysport Units per 0.1 mL	Resulting Dysport Units per 1.0 mL
0.6 mL	50 Units	500 Units
1.5 mL	20 Units	200 Units
2.5 mL	12 Units	120 Units
3.0 mL*	10 Units	100 Units

Dysport 500-Unit Vial: Recommended dilution options[1]

Diluent per Dysport 500-Unit Vial	Resulting Dysport Units per 0.1 mL	Resulting Dysport Units per 1.0 mL
1.0 mL	50 Units	500 Units
2.0 mL	25 Units	250 Units
2.5 mL	20 Units	200 Units
5.0 mL*	10 Units	100 Units

- Dysport potency units are not interchangeable with other preparations of botulinum toxin products[1]
- No more than 1 mL should generally be administered at any single injection site when treating adults with spasticity. When treating pediatric patients, no more than 0.5 mL should generally be administered at any single injection site[1]

*These volumes yield concentrations specific for the use of each indication. For other dilution options, and complete dosing information for each indication, please see full Prescribing Information.[1]

Dilution flexibility giving you the control you need when administering Dysport

IMPORTANT SAFETY INFORMATION

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 additional Important Safety Information inside and full Prescribing Information, including BOXED WARNING.

3 points to keep in mind[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 partial vacuum is observed.

2

SWIRL

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

3

VENT

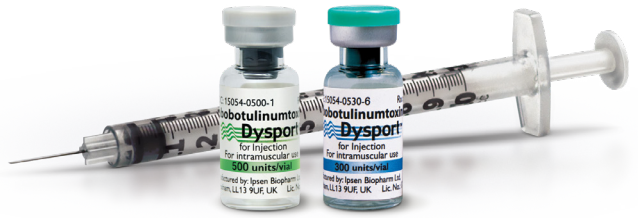
When using more than 2 mL of diluent, vent the vial to release the pressure if entering the vial again to withdraw the diluted Dysport.

IMPORTANT SAFETY INFORMATION

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, vCJD, or CJD have ever been identified for licensed albumin or albumin contained in other licensed products.



Preparing Dysport for administration

- When reconstituting, do not invert the Dysport vial. Reconstituted Dysport should be a clear, colorless solution, free of particulate matter, otherwise it should not be injected[1]
- 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[1]
- To inject, remove the needle used to reconstitute Dysport and attach an appropriately sized new sterile needle to administer the injection. Consider using a needle that is long enough to reach the bottom of the Dysport vial when drawing up the reconstituted toxin. Inject into target muscle(s) within 24 hours of reconstitution. Dysport should be used for only one injection session and for only one patient after reconstitution[1]

Storage after reconstitution

- Once reconstituted, Dysport may be stored in the original container, in a refrigerator at 2°C to 8°C (36°F to 46°F), protected from light for up to 24 hours. It must be discarded if not used within 24 hours[1]
- Do not freeze reconstituted Dysport. Discard the vial and needle in accordance with local regulations[1]

Dilution flexibility giving you the control you need when administering Dysport

Please see additional Important Safety Information inside and full Prescribing Information, including BOXED WARNING.

The **Dysport Resource Catalogue** offers a wide range of programs, tools, and materials for you and your patients with spasticity or cervical dystonia.

SCAN HERE to get the Dysport Resource Catalogue.

Additionally, Ipsen provides a variety of educational resources, including:

- In-person, virtual, and on-demand programs to address specific question about Dysport
- Hands-on experiences including anatomy, injection, and ultrasound
- Comprehensive information on Dysport access, including acquisition, coding, billing, and reimbursement

For more information, contact your local representative or visit www.DysportHCP.com

IPSEN CARES®
Coverage, Access, Reimbursement & Education Support

Helping patients get access to their prescribed medications with the information & support they need

IPSEN CARES®

Provides copay assistance to eligible patients and helps them navigate the insurance coverage process.

IMPORTANT SAFETY INFORMATION

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.

Pre-existing Conditions at the Injection Site

Caution should be exercised when DYSPORT is used where the targeted muscle shows excessive weakness or atrophy.

Adverse Reactions

- The most common adverse reactions (≥4%) in adults with upper limb spasticity include muscular weakness; in adults with lower limb spasticity (≥5%) include falls, muscular weakness, and pain in extremity
- The most common adverse reactions (≥10%) in pediatric patients with upper limb spasticity include upper respiratory tract infection and pharyngitis; in pediatric patients with lower limb spasticity include nasopharyngitis, cough, and pyrexia
- The most common adverse reactions (≥5%) in adults with cervical dystonia include muscular weakness, dysphagia, dry mouth, injection site discomfort, fatigue, headache, musculoskeletal pain, dysphonia, injection site pain, and eye disorders

Please see additional Important Safety Information inside and full Prescribing Information, including BOXED WARNING.

Drug Interactions

Co-administration of DYSPORT and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents) should only be performed with caution because the effect of the 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 and after administration of DYSPORT.

Reference: 1. Dysport® (abobotulinumtoxinA) [prescribing information]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc; September 2023.

Recommended Dosing and Dilution

Diluent per Dysport 300-Unit Vial	Resulting Dysport Units per 0.1 mL	Resulting Dysport Units per 1.0 mL
0.6 mL	50 Units	500 Units
1.5 mL	20 Units	200 Units
2.5 mL	12 Units	120 Units
3.0 mL*	10 Units	100 Units

Diluent per Dysport 500-Unit Vial	Resulting Dysport Units per 0.1 mL	Resulting Dysport Units per 1.0 mL
1.0 mL	50 Units	500 Units
2.0 mL	25 Units	250 Units
2.5 mL	20 Units	200 Units
5.0 mL*	10 Units	100 Units

*These volumes yield concentrations specific for the use of each indication. For other dilution options, and complete dosing information for each indication, please see full Prescribing Information.[1]

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IPSEN

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