Help your patients experience lasting relief between injections*

Dysport®
(abobotulinumtoxinA)

For adult patients with upper limb and lower limb spasticity

***In clinical trials, the majority of adults with spasticity did not need retreatment until Weeks 12-16; however, some patients had a longer duration of response.[1]**

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

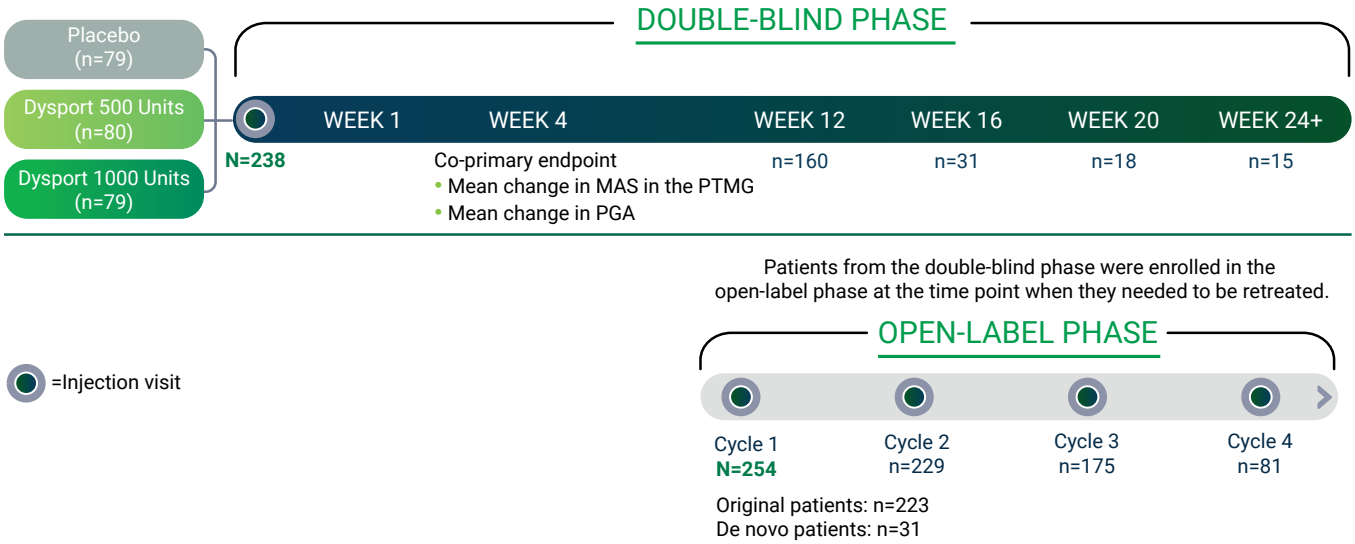
Postmarketing reports indicate that the effects of DYSPORT and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, 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.

Robust study designs support efficacy data

Dysport® (abobotulinumtoxinA)

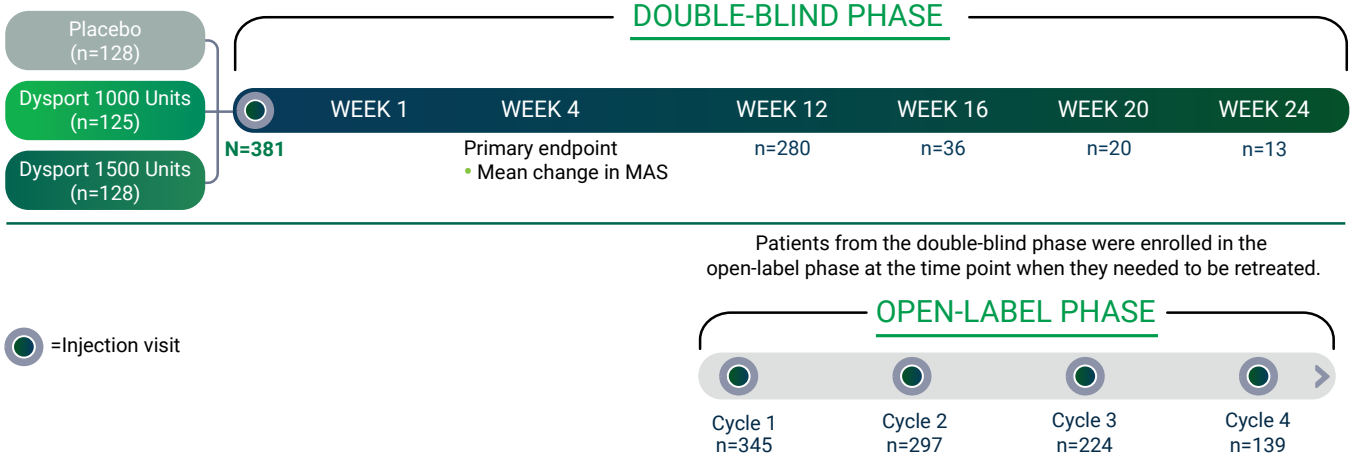
AULS

- Randomized, multicenter, double-blind, placebo-controlled study of 238 adult patients with ULS, where the co-primary efficacy endpoints were mean change in muscle tone assessed by MAS in the PTMG and PGA at Week 4[2]
- Study was designed with discretionary visits for retreatment at Weeks 12, 16, 20, and 24. Patients from the double-blind phase were enrolled in a multiple-cycle extension open-label study at the time point when they needed retreatment[2]



ALLS

- Randomized, multicenter, double-blind, placebo-controlled study of 381 adult patients with LLS, where the primary efficacy endpoint was mean change in muscle tone assessed by MAS at the ankle joint at Week 4[1]
- Study was designed with discretionary visits for retreatment at Weeks 12, 16, 20, and 24. Patients from the double-blind phase were enrolled in a multiple-cycle extension open-label study at the time point when they needed retreatment[2]



AULS=adult upper limb spasticity; ALLS=adult lower limb spasticity; LLS=lower limb spasticity; MAS=Modified Ashworth Scale; PGA=Physician Global Assessment; PTMG=primary targeted muscle group; ULS=upper limb spasticity.

IMPORTANT SAFETY INFORMATION (continued)

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.

AULS

Demographics and baseline characteristics

Adult Upper Limb Spasticity[2]	Placebo (n=79)	Dysport 500 Units (n=80)	Dysport 1000 Units (n=79)
Age, years, mean (SD)	52.7 (13.9)	52.8 (12.9)	52.8 (13.7)
Sex, %			
Male	62	65	65.8
Female	38	35	34.2
BoNT status: naïve/non-naïve, %	46.8/53.2	43.8/56.3	45.6/54.4
Stroke/TBI, %	88.6/11.4	90/10	92.4/7.6
Time since event, mean (SD), years – stroke	4.9 (4.7)	5.4 (4.1)	5.0 (4.4)
Time since event, mean (SD), years – TBI	8.4 (8.2)	12.1 (6.2)	10.8 (11.5)
Concomitant physiotherapy: yes/no, %	44.3/55.7	47.5/52.5	48.1/51.9
Primary targeted muscle group, %			
Extrinsic finger flexors	51.9	55	60.8
Elbow flexors	29.1	31.3	24.1
Wrist flexors	19	13.8	15.2

ALLS

Demographics and baseline characteristics

Adult Lower Limb Spasticity[2]	Placebo (n=128)	Dysport 1000 Units (n=125)	Dysport 1500 Units (n=128)
Age, years, mean (SD)	51.4 (12.9)	53.2 (13.2)	53.3 (12.0)
Sex, %			
Male	70.3	69.6	61.7
Female	29.7	30.4	38.3
BoNT status: naïve/non-naïve, %	63.3/36.7	65.6/34.4	62.5/37.5
Stroke/TBI, %	82.8/17.2	87.2/12.8	90.6/9.4
Time since event, mean (SD), years – stroke	4.2 (3.7)	5.0 (5.5)	4.7 (5.3)
Time since event, mean (SD), years – TBI	10.6 (13.1)	6.7 (7.4)	8.5 (5.3)
Concomitant physiotherapy: yes/no, %	60.9/39.1	62.4/37.6	54.7/45.3
Use of walking aid or orthoses, %	73.4	71.2	64.8
Comfortable barefoot walking speed, %			
<0.4 m/s	40.6	52.8	38.3
≥0.4 m/s	58.6	47.2	60.9

ITT population (adult patients).

BoNT=botulinum neurotoxin; ITT=intent-to-treat; m/s=meters per second; SD=standard deviation; TBI=traumatic brain injury.

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.

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.

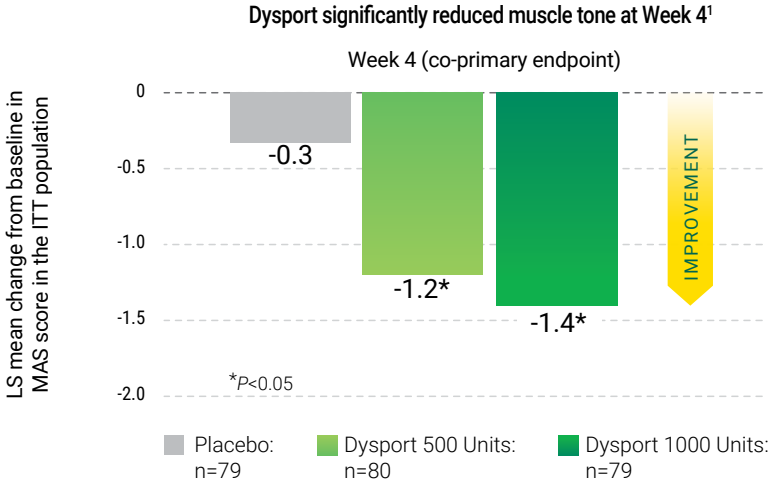
Muscle stiffness was assessed in Dysport clinical trials

Dysport® (abobotulinumtoxinA)

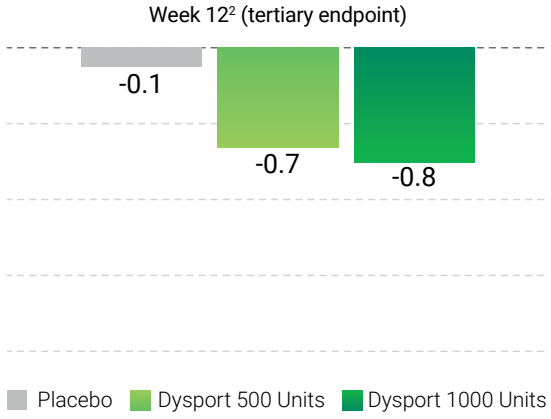
AULS

MAS in the PTMG

Dysport significantly reduced muscle tone at Week 4[1]



- Patients received Dysport 500 Units, Dysport 1000 Units, or placebo; co-primary efficacy variable was muscle tone assessed by the MAS in the PTMG at Week 4[1]
- MAS score at baseline (mean [SD]): placebo, 3.9 (0.4); Dysport 500 Units, 3.9 (0.5); Dysport 1000 Units, 3.9 (0.4)[2]



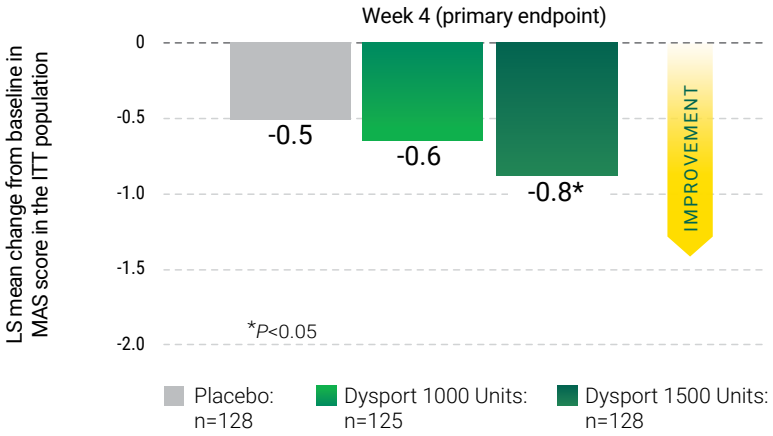
Study Limitations: Week 12 results may represent chance findings, as multiplicity adjustments were not applied; therefore, the results should be interpreted cautiously.

- Change in MAS in the PTMG through the minimum retreatment time of 12 weeks[2]

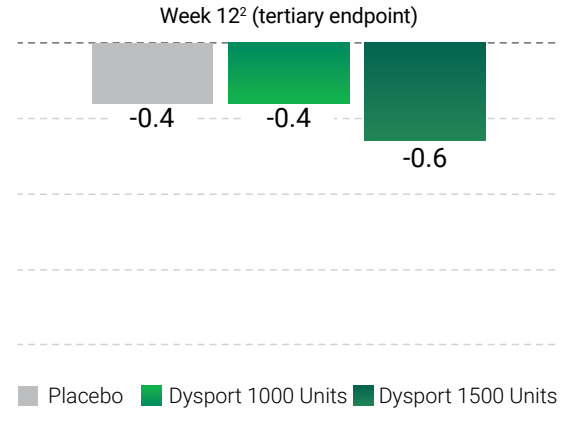
ALLS

MAS at the affected ankle joint

Patients achieved significant reduction in muscle tone at Week 4[1]



- Patients received Dysport 1000 Units, Dysport 1500 Units, or placebo. Primary efficacy variable was muscle tone assessed by the MAS at the affected ankle joint at Week 4
- MAS score at baseline (mean [SD]): placebo, 3.9 (0.5); Dysport 1000 Units, 3.8 (0.5); Dysport 1500 Units, 3.7 (0.5)[2]
- The first secondary endpoint was the PGA at Week 4. LS mean change[1]:
  - Dysport 1000 Units (n=125): 0.9
  - Dysport 1500 Units (n=128): 0.9
  - Placebo (n=128): 0.7



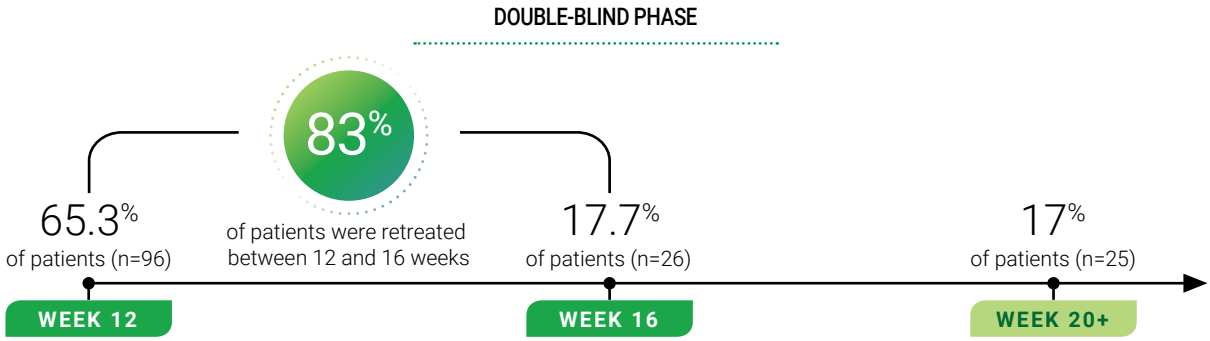
Study Limitations: Week 12 results may represent chance findings, as multiplicity adjustments were not applied; therefore, the results should be interpreted cautiously.

- Change in MAS at the affected ankle joint through the minimum retreatment time of 12 weeks[2]

AULS=adult upper limb spasticity; ALLS=adult lower limb spasticity; ITT=intention-to-treat; LS=least squares; MAS=Modified Ashworth Scale; PGA=Physician Global Assessment; PTMG=primary targeted muscle group; SD=standard deviation.

AULS

Retreatment was between 12 and 16 weeks for 83% of patients (Dysport 500 Units, Dysport 1000 Units; n=147); however, some patients had a longer duration of response (20 weeks)[1,2]



Retreatment criteria

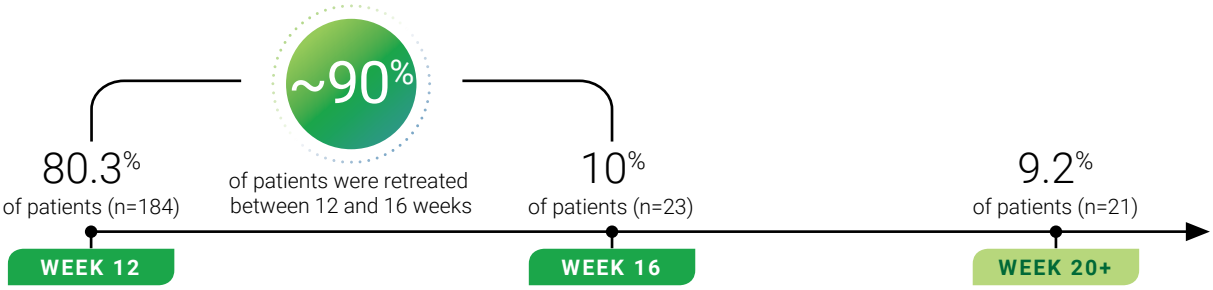
In the pivotal trials for adult spasticity, need for retreatment was determined by[1,2]:

- No longer demonstrating a decrease from baseline of ≥1 grade in MAS score in the PTMG
- No improvement in PGA (ie, a score ≤0)
- No signs of unacceptable safety risk for next treatment cycle

Investigator discretion (based on efficacy and safety criteria) determined the need for retreatment in patients demonstrating a decrease from baseline of ≥1 grade in MAS score and/or improvement in PGA (ie, a score ≥1).[2]

ALLS

Retreatment was between 12 and 16 weeks for 90.4% of patients (Dysport 1000 Units, Dysport 1500 Units; n=229); however, some patients had a longer duration of response (20 weeks)[1,2]



Retreatment criteria

In the pivotal trials for adult spasticity, need for retreatment was determined by[1,2]:

- No longer demonstrating a decrease from baseline of ≥1 grade in MAS score in the GSC (knee extended)
- No improvement in PGA (ie, a score ≤0)
- No signs of unacceptable safety risk for next treatment cycle

Investigator discretion (based on efficacy and safety criteria) determined the need for retreatment in patients demonstrating a decrease from baseline of ≥1 grade in MAS score and/or improvement in PGA (ie, a score ≥1).[2]

ALLS=adult lower limb spasticity; AULS=adult upper limb spasticity; GSC=gastrocnemius-soleus complex; MAS=Modified Ashworth Scale; PGA=Physician Global Assessment; PTMG=primary targeted muscle group.

AULS

Most common adverse reactions observed in ≥2% of adults with ULS who received Dysport (up to 1000 Units) and reported more frequently than with placebo[1]*

Adverse Reactions	Dysport 500 Units (n=197), %	Dysport 1000 Units (n=194), %	Placebo (n=279), %
Infections and infestations			
Influenza	1	2	1
Infection	1	2	1
Musculoskeletal and connective tissue disorders			
Muscular weakness	2	4	1
Pain in extremity	0	2	1
Back pain	1	2	1
Nervous system disorders			
Headache	1	2	1
Convulsion	2	2	1
Syncope	1	2	0
Hypesthesia	0	2	<1
Partial seizures	0	2	0
General disorders and administration site conditions			
Fatigue	2	2	0
Asthenia	2	1	<1
Injury, poisoning, and procedural complications			
Fall	2	3	2
Injury	2	2	1
Contusion	1	2	<1
Gastrointestinal disorders			
Diarrhea	1	2	<1
Constipation	0	2	1
Investigation			
Blood triglycerides increased	2	1	0
Respiratory, thoracic, and mediastinal disorders			
Cough	1	2	1
Vascular disorders			
Hypertension	1	2	<1
Psychiatric disorders			
Depression	2	3	1

*Data from pooled, double-blind trials of adults with ULS.

In the open-label phase of the study, the most commonly observed system organ classes (SOCs) during Cycle 1 were musculoskeletal and connective tissue disorders followed by infections and infestations; general disorders and administration site conditions; and injury, poisoning, and procedural complications. The nature of the most common SOCs and preferred terms (regardless of causality) was similar across all treatment cycles, but the frequency decreased with repeated doses of Dysport. The overall incidence of treatment-emergent adverse events decreased across cycles and was lower in Cycle 2 (27.1%) than in Cycle 1 (40.2%). The corresponding incidence was 26.9% during Cycle 3 and 13.6% during Cycle 4.[2]

AULS=adult upper limb spasticity; ULS=upper limb spasticity.

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.

ALLS

Adverse reactions observed in ≥2% of adults with LLS who received Dysport (up to 1500 Units) and reported more frequently than with placebo[1]*

Adverse Reactions	Dysport 1000 Units (n=127), %	Dysport 1500 Units (n=128), %	Placebo (n=130), %
Musculoskeletal and connective tissue disorders			
Muscular weakness	2	7	3
Pain in extremity	6	6	2
Arthralgia	4	2	1
Injury, poisoning, and procedural complications			
Fall	9	6	3
Nervous system disorders			
Headache	0	3	1
General disorders and administration site conditions			
Fatigue	1	4	0
Influenza-like illness	2	0	0
Edema peripheral	2	0	0
Investigations			
Alanine aminotransferase increased	2	0	1
Gastrointestinal disorders			
Constipation	0	2	1
Psychiatric disorders			
Depression	2	3	0
Insomnia	0	2	0

*Data from a double-blind trial of adults with LLS.

In the open-label phase of the study, in subjects only treated in the lower limb with Dysport, fall and muscular weakness were the most commonly reported treatment-emergent adverse events (TEAEs). In subjects treated in the lower limb only, fall was reported in 4.9% of subjects during Cycle 1, 5.7% during Cycle 2, 1.6% during Cycle 3, and 5.6% during Cycle 4. In subjects treated in the lower limb only, muscular weakness was reported in 6.4% of subjects during Cycle 1, 4.0% during Cycle 2, 2.4% during Cycle 3, and 1.4% during Cycle 4. Similarly, the most frequently reported TEAEs in subjects who received Dysport 500 Units in the upper limb alongside 1000 Units in the lower limb were fall (7.7% [8/104] of subjects) and muscular weakness (4.8% [5/104]).[2]

In the efficacy and safety studies of Dysport for the treatment of LLS in adults, muscular weakness was reported more frequently in women (10%) treated with Dysport 1500 Units than in men (5%). Falls were reported more frequently in patients 65 years of age and over.[1]

ALLS=adult lower limb spasticity; LLS=lower limb spasticity.

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, vCJD, or CJD 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.

Pre-existing Conditions at the Injection Site

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

INDICATIONS

DYSPORT (abobotulinumtoxinA) for injection is indicated for the treatment of:

- spasticity in patients 2 years of age and older
- cervical dystonia in adults

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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.

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Pre-existing Conditions at the Injection Site

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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

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.

Please see full Prescribing Information, including BOXED WARNING.

References:

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

IPSEN

Dysport® (abobotulinumtoxinA)