

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about dupilumab. It explains how it works, why you have been chosen for treatment and possible sideeffects. It gives answers to some frequently asked questions and tells you where you can find more information.

WHAT IS DUPILUMAB AND HOW DOES IT WORK?

Dupilumab is a biologic medicine that has been designed to treat an inflammatory disease called **atopic eczema**. There are numerous messenger proteins in the body called cytokines which affect inflammation. Dupilumab blocks two of these cytokines called 'interleukin-4' (IL-4) and 'interleukin-13' (IL-13). By doing this, dupilumab controls the inflammation in the body and eases the symptoms of atopic eczema.

WHY HAVE I BEEN SELECTED FOR TREATMENT WITH DUPILUMAB?

National guidelines recommend dupilumab for the treatment of moderate to severe **atopic eczema** in adults and children 6 years and over who have not improved with at least one tablet medication (for example, **ciclosporin**, **methotrexate**, **azathioprine** or **mycophenolate**), or when these cannot be used.

ARE THERE ANY ALTERNATIVES TO DUPILUMAB?

Most patients will have tried at least one of the tablet medications listed above before being offered dupilumab. For adult patients there are other treatment options such as tralokinumab, **baricitinib**, abrocitinib and upadacitinib. For children 12 years and over abrocitinib and upadacitinib may be suitable alternatives.

HOW DO I TAKE DUPILUMAB?

Dupilumab is given as an injection under your skin (subcutaneously), using either a pre-filled syringe or pen device. A healthcare professional will teach you how to use the pen to inject yourself, and details are also given in the package insert.

Injections are given under the skin of the stomach or thighs using the pen or syringe device. If somebody else is giving you the injection, then it can be given in the upper outer arms. You will be provided with a special bin to dispose of your injections safely.

HOW OFTEN SHOULD I TAKE DUPILUMAB?

In adults and young people 12 years and over, dupilumab should be injected every 2 weeks. For dupilumab dosing information in children aged 6 to 11 years, please ask your dermatologist. Dupilumab can be used as a long-term treatment.

WHAT SHOULD I DO IF I MISS A DOSE?

If a dose is missed, the missed dose should be given as soon as possible, and you should contact your dermatology team about what to do next.

HOW DO I STORE DUPILUMAB?

Dupilumab must be stored in a refrigerator (between 2 to 8°C). It is recommended that the prefilled syringes or pen devices are kept in their original carton to protect them from light. The expiry date of each



prefilled syringe or pen device should be checked prior to use.

Once dupilumab has been removed from the refrigerator, it should not be put back in the fridge. It must either be used within 14 days or disposed of in the yellow bin provided. Any medication that has been warmed above 25°C should not be used.

CAN I TRAVEL ABROAD WHILE TAKING DUPILUMAB?

Please discuss with your dermatologist if you are planning to travel abroad. It is important to keep the dupilumab at the correct temperature.

Depending on where you are travelling, you may also need to take precautions against infections with parasitic worms, as dupilumab might affect your body's immune response to this kind of infection.

CAN I STILL USE TOPICAL STEROIDS?

Yes, whilst taking dupilumab, topical steroid creams and ointments can still be used. Some people will also still require tablet medications as well to maintain control of the atopic eczema.

WHAT ARE THE SIDE EFFECTS OF DUPILUMAB?

Studies have shown that dupilumab is a well-tolerated treatment. In a 4-year study of the long-term safety of dupilumab, fewer than 1 in 20 patients stopped taking the medication due to side effects.

Patients taking dupilumab can commonly develop eye-related side effects. These are usually mild and treated without needing to stop dupilumab, but you may be referred to an ophthalmologist (eye specialist). Do not attempt to self-manage new or worsening eye problems, seek medical help. Talk to your doctor or another healthcare professional promptly if you have any new or worsening eye problems, such as watering, itching, redness, swelling, eye dryness, a feeling of gritty eyes, or a sensation of a foreign body in the eye. if you experience significant eye pain that does not settle, or changes in your vision, it is important to speak to your doctor without delay.

Other common side-effects (may affect up to 1 in 10 people) are cold sores (herpes simplex) on the skin usually around the mouth, pain/swelling of the joints, and a mild reaction around the injection area (redness, swelling, itching and pain).

Severe allergic reactions are very rare. If you develop a swollen face/tongue, difficulty breathing, feeling lightheaded, itching all over, widespread rash, fever, and joint pain, you should dial 999 or immediately go to a hospital Accident & Emergency department. Afterwards, you should make sure that your dermatologist and GP have been informed of the reaction and you should stop using dupilumab.

WHAT HAPPENS BEFORE STARTING TREATMENT?

Before you start taking dupilumab, you will have a consultation with your dermatologist/dermatology team including a clinical examination. You will be asked about any current or past parasitic worm infections. It is important to tell your dermatologist if you are pregnant or plan to become pregnant, are breastfeeding or plan to breastfeed, you have had previous eye problems such as eye infections, or you have asthma or chronic nasal sinus inflammation. Your dermatologist will discuss your individual situation with you and explain more about how these factors may affect your treatment.

CAN I HAVE VACCINES WHILST TAKING DUPILUMAB?

Patients using dupilumab should not be given any live vaccines, such as those for chickenpox/shingles, rubella (German measles), yellow fever, and some polio vaccines. 'Inactivated' or 'non-live' vaccinations can be used. You should always make sure healthcare professionals are aware that you are taking dupilumab when receiving a vaccination. Further advice is available on the BAD website with a patient information leaflet on immunisation.

I HAVE AN ALLERGY. CAN I TAKE DUPILUMAB?

People with allergies should discuss the topic with their dermatologist or pharmacist before using dupilumab.

DOES DUPILUMAB AFFECT PREGNANCY AND BREASTFEEDING?

The effects of dupilumab in pregnant women are not known. It is also not known whether dupilumab passes into breast milk. As dupilumab remains in the body after a dose is given, it is important to have a discussion with your doctor about using dupilumab if you are considering pregnancy and/or breastfeeding.

WHAT WILL HAPPEN IF I NEED AN OPERATION OR DENTAL SURGERY?

There is no evidence from the clinical trials that dupilumab increases the risk of severe infection. There is no data to suggest that dupilumab should be stopped before surgical procedures. Stopping dupilumab increases the risk of skin flare-ups. Please discuss this with your doctor or dentist.

CAN I DRINK ALCOHOL WHILE TAKING DUPILUMAB?

There is no known interaction between alcohol and dupilumab. UK guidelines recommend no more than 14 units of alcohol per week for both men and women.

CAN I TAKE OTHER MEDICINES AT THE SAME TIME AS DUPILUMAB?

Most medicines are safe to take with dupilumab. However, it is important that your GP and other healthcare professionals involved in your care are aware that you are taking it.

WHERE CAN I GET MORE INFORMATION ABOUT DUPILUMAB?

This information sheet does not list all the side effects of dupilumab. If you wish to find out more about dupilumab, please speak to your doctor, specialist nurse or pharmacist. For further details, look at the drug information sheet which comes as an insert with your dupilumab.

Detailed patient information leaflets: https://www.medicines.org.uk/emc/prod uct/8553/pil/

National Eczema Society: https://eczema.org/information-andadvice/treatments-foreczema/dupilumab/

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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