

HELPING JOSHUA TO PARTICIPATE SOCIALLY¹

How can XEOMIN[®] (botulinum toxin type A) help address saliva control in children and adolescents?

For the symptomatic treatment in children and adolescents aged 2 to 17 years and weighing ≥ 12 kg of chronic sialorrhea due to neurological/neurodevelopmental disorders.²



THERAPEUTICS

M-XEO-UKI-1140 Date of preparation: February 2022
Prescribing information can be found on the last page

XEOMIN[®]
Botulinum neurotoxin type A

Helping patients achieve their goals

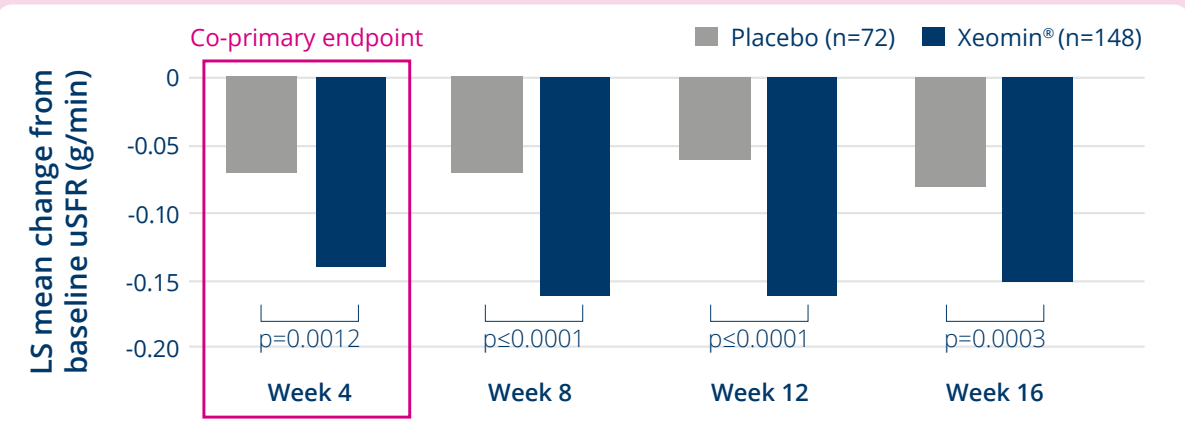
XEOMIN® The first and only botulinum neurotoxin approved for the treatment of paediatric chronic sialorrhea

- is indicated for the treatment of chronic sialorrhea due to neurological disorders and/or intellectual disability in children aged 2 to 17 years and weighing $\geq 12 \text{ kg}^2$
- is injected directly into the salivary glands* providing **targeted treatment for paediatric chronic sialorrhea**²
- has an **individualised** body weight-adapted **dosing scheme**²
- has a **treatment effect of up to 16 weeks**. Patients may receive **up to 3 injections a year**^{2,3}

* Submandibular and parotid gland

Significant reduction in unstimulated salivary flow rate from baseline vs. placebo for 16 weeks³

Mean changes in uSFR from baseline to study visit (main period, age 6-17 yrs)*

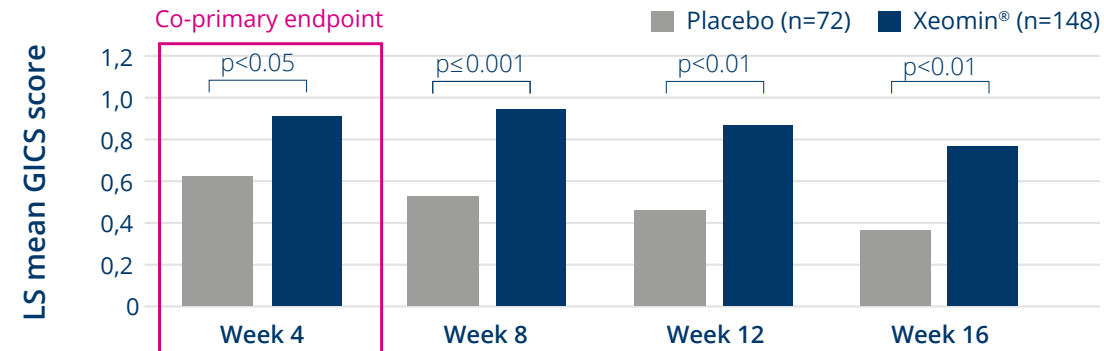


LS=least squares, uSFR=unstimulated salivary flow rate.

* Cohort of 2-5-year-olds not shown as they have received active treatment only.

Carers reported a significant improvement in their children's sialorrhea 4 weeks after injection³

Mean carers GICS score (main period, age 6-17 yrs)*



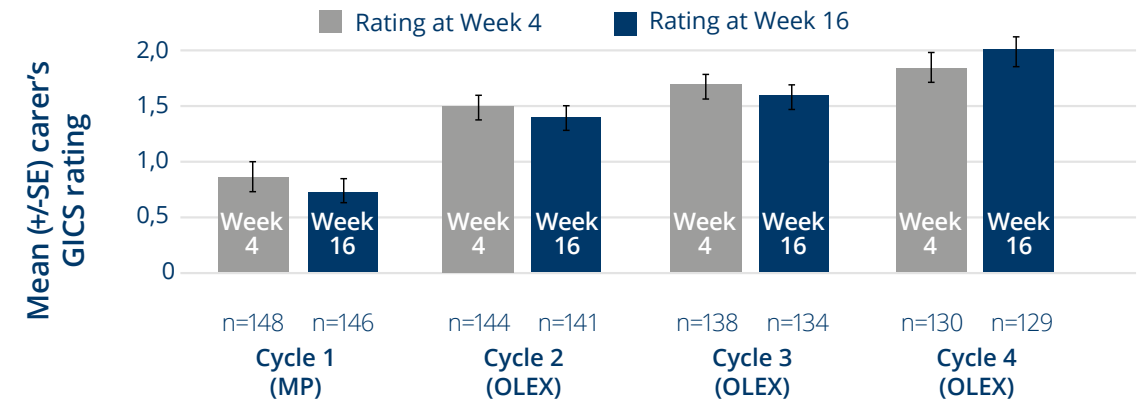
GICS score: -3, very much worse; -2, much worse; -1, minimally worse; 0, no change; +1, minimally improved; +2, much improved; +3, very much improved. GICS=Global Impression of Change Scale, LS=least squares.

*As assessed by caregivers on the Global Impression of Change Scale.

- Patients aged 2-5 years showed similar improvement in GICS scores³

Increasing improvement with repeated injections³

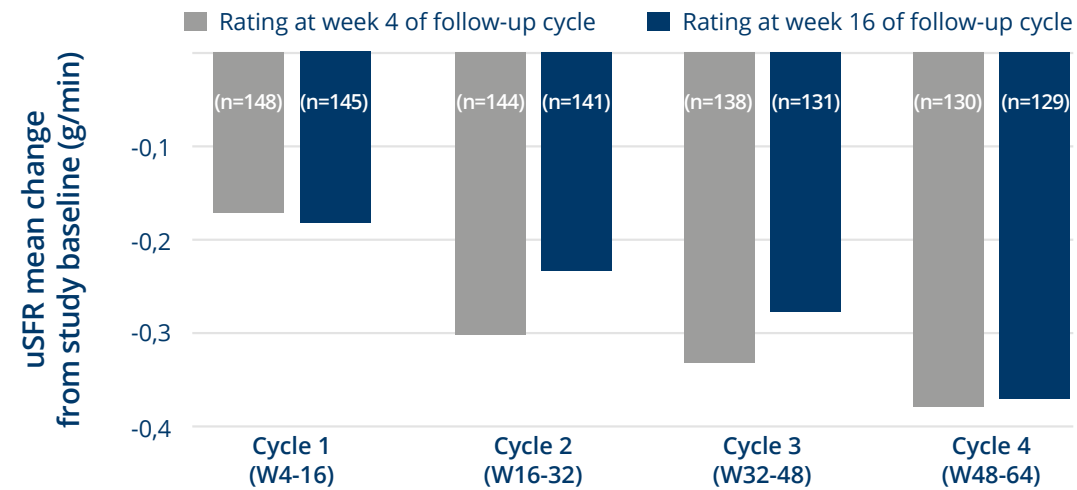
Carer's GICS ratings at week 4 vs. week 16 of cycles 1 to 4, respectively



Data shown for subjects who received IncobotulinumtoxinA throughout the study (no placebo) (subjects aged 6-17 years). GICS, Global Impression of Change Scale; MP, main period; OLEX, open-label extension; SE, standard error.

Cumulative improvement of sialorrhea with repeated injections up to 64 weeks³

Mean change from baseline in uSFR following repeated administrations



Data shown for patients age 6-17 years in the XEOMIN® treatment group. uSFR=unstimulated salivary flow rate. W=week

- The outcomes for 2-5 year olds in the OLEX phase also showed a sustained effect over time³

XEOMIN® is well tolerated in children and adolescents aged 2-17 years for the treatment of chronic sialorrhea²

Treatment-emergent adverse events (main study phase)^{4,5}

Type of adverse event	Age 2-5 years	Age 6-17 years	
	XEOMIN® (n=35)	XEOMIN® (n=148)	Placebo (n=72)
Any adverse event [n,(%)]	5 (14.3)	27 (18.2)	11 (15.3)
Any treatment-related adverse event [n,(%)]*	1 (2.9)	2 (1.4)	0
Any serious adverse event [n,(%)]	1 (2.9)	0	1 (1.4)
Any treatment-related serious adverse event [n,(%)]	0	0	0

*As assessed by clinical investigator.

- XEOMIN® was well tolerated during continued treatment for up to **64 weeks**²
- No serious adverse events related to treatment in all age groups over **64 weeks**³
- No secondary non-response due to neutralising antibodies in this study³

UK Prescribing Information

Xeomin® (Clostridium Botulinum neurotoxin type A (150 kD), free from complexing proteins) 50/100/200 unit vials. Prescribing Information: M-XEO-UK-0246. Please refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** 50/100/200 units (U) of Clostridium Botulinum Neurotoxin type A as a powder for solution for injection. **Indications:** Treatment of blepharospasm and hemifacial spasm, cervical dystonia of a predominantly rotational form (spasmodic torticollis), spasticity of the upper limb, and chronic sialorrhea due to neurological disorders in adults. Symptomatic treatment in children and adolescents aged 2 to 17 years and weighing ≥ 12 kg of chronic sialorrhea due to neurological / neurodevelopmental disorders. **Dosage and Administration:** For intramuscular and intraglandular injection. Due to unit differences in the potency assay, unit doses for Xeomin are not interchangeable with those for other preparations of Botulinum toxin type A. Reconstitute with 0.9% sodium chloride. Xeomin may only be administered by appropriately qualified healthcare practitioners with expertise in the treatment of the relevant indication and the use of the required equipment, in accordance with national guidelines. **Blepharospasm and hemifacial spasm:** The initial recommended dose is 1.25-2.5 U per injection site, injected into the medial and lateral orbicularis oculi of the upper lid and the lateral orbicularis oculi of the lower lid. The initial dose should not exceed 25 U per eye but this can be subsequently increased. The total dose should not exceed 100 U every 12 weeks. Treatment intervals should be determined based on the actual clinical need of the individual patient. Additional sites in the brow area, the lateral orbicularis oculi muscle and in the upper facial area may also be injected if spasms here interfere with vision. Patients with hemifacial spasm should be treated as for unilateral blepharospasm. **Spasmodic torticollis:** Xeomin is usually injected into the sternocleidomastoid, levator scapulae, scalenus, splenius capitis and/or the trapezius muscle(s) or any of the muscles responsible for controlling head position that may be involved. No more than 200 U should be injected for the first course of therapy. Adjustments can be made in subsequent courses depending on the response, but not exceeding a total dose of 300 U at any one treatment session. No more than 50 U should be administered at any one injection site. Treatment intervals of less than 10 weeks are not recommended. Treatment intervals should be determined based on the actual clinical need of the individual patient. **Spasticity of the upper limb:** The dose and number of injection sites should be tailored to the individual patient based on the size, number and location of muscles involved, the severity of spasticity, and the presence of local muscle weakness. The maximum total dose for the treatment of upper limb spasticity should not exceed 500 U per treatment session, and no more than 250 U should be administered to the shoulder muscles. Repeated treatment should generally be no more frequent than every 12 weeks. Treatment intervals should be determined based on the actual clinical need of the individual patient. **Chronic sialorrhea (adults):** A reconstituted solution at a concentration of 5 units/0.1 ml should be used. Inject into the parotid and submandibular glands on both sides (per treatment four injections in total). The dose is divided with a ratio of 3:2 between the parotid and submandibular glands as follows: Parotid glands 30 U per side, Submandibular glands 20 U per side. Inject close to the centre of the gland. The recommended dose per treatment session is 100 U. Do not exceed this maximum dose. Treatment intervals should be determined based on the actual clinical need of the individual patient. Repeat treatment more frequent than every 16 weeks is not recommended. **Chronic sialorrhea (children/adolescents):** A reconstituted solution at a concentration of 2.5 units/0.1 ml should be used. Inject into the parotid and submandibular glands on both sides (per treatment four injections in total). The body-weight dose is divided with a ratio of 3:2 between the parotid and submandibular glands. No recommendations can be made for children weighing less than 12 kg. The injection site should be close to the centre of the gland. Treatment intervals should be determined based on the actual clinical need of the individual patient. Repeat treatment should be no more frequent than every 16 weeks. Please see the SmPC for full prescribing recommendation. **Contraindications:** Known hypersensitivity to Botulinum neurotoxin type A or to any of the excipients, generalised disorders of muscle activity (e.g. myasthenia gravis, Lambert-Eaton syndrome) and presence of infection or inflammation at the proposed injection site. **Special warnings and precautions:** Care should be taken not to inject into blood vessels. Use with caution in patients with any bleeding disorder or receiving anticoagulant therapy or other substances that could have an anticoagulant effect. Caution in patients with pre-existing neuromuscular disorders such as patients suffering from amyotrophic lateral sclerosis, other diseases which result in peripheral neuromuscular dysfunction or where the targeted muscles display pronounced weakness or atrophy. Generally, patients with a history of aspiration or dysphagia should be treated with caution. Extreme caution should be exercised when treating these patients for cervical dystonia. Spread of Botulinum toxin type A to sites distant from the injection site has been reported. Some of these can be life threatening and there have been reports of death, some associated with dysphagia, pneumonia and/or significant debility. Patients or caregivers should be advised to seek immediate medical care if swallowing, speech or respiratory disorders arise. If serious (e.g. anaphylactic reactions) and/or immediate hypersensitivity reactions occur, appropriate medical therapy should be instituted. Too frequent doses may increase the risk of antibody formation, and possible treatment failure. Should not be used during pregnancy unless clearly necessary and the potential benefit justifies the risk. Should not be used during breast-feeding. **Blepharospasm and hemifacial spasm:** Injections near the levator palpebrae superioris should be avoided to reduce the occurrence of ptosis. In order to prevent ectropion, injections into the lower lid area should be avoided, and vigorous treatment of any epithelial defect is necessary. Careful testing of corneal sensation should be performed in patients with previous eye operations. Due to its anticholinergic effects, it should be used with caution in patients at risk of developing narrow angle glaucoma. **Spasmodic torticollis:** Xeomin should be injected carefully when injecting at sites close to sensitive structures such as the carotid artery lung

apices and oesophagus. Patients should be informed that injections of Xeomin for the management of spasmodic torticollis may cause mild to severe dysphagia with the risk of aspiration and dyspnoea. Limiting the dose injected into the sternocleidomastoid muscle to less than 100 U may decrease the occurrence of dysphagia. Patients with smaller neck muscle mass, or patients who require bilateral injections into the sternocleidomastoid muscles are at greater risk. **Spasticity of the upper limb:** Xeomin should be injected carefully when injecting at sites close to sensitive structures such as the carotid artery, lung apices and oesophagus. Xeomin is not likely to be effective in improving range of motion at a joint affected by a fixed contracture. New onset or recurrent seizures have been reported, typically in patients who are predisposed to experiencing these events. **Chronic sialorrhea (adults/children/adolescents):** In cases of medication-induced sialorrhea, the possibility of replacement, reduction, or even termination of the inducing medication should be considered before using Xeomin. Efficacy and safety of Xeomin in patients with medication-induced sialorrhea were not investigated. If "dry mouth" develops in association with the administration of Xeomin consider reducing the dose. A dental visit at the beginning of treatment is recommended. The dentist should be informed about sialorrhea treatment with Xeomin to be able to decide about appropriate measures for caries prophylaxis. **Interactions:** No interaction studies have been performed. Concomitant use with aminoglycosides or spectinomycin requires special care. Peripheral muscle relaxants should be used with caution. 4-Aminoquinolines may reduce the effect. When used for the treatment of chronic sialorrhea, irradiation to the head and neck including salivary glands and/or co-administration of anticholinergics may increase the effect of the toxin. The treatment of sialorrhea with Xeomin during radiotherapy is not recommended. **Undesirable effects:** Usually, undesirable effects are observed within the first week after treatment and are temporary in nature. Undesirable effects independent of indication include; application related undesirable effects (localised pain, inflammation, paraesthesia, hypoaesthesia, tenderness, swelling, oedema, erythema, itching, localised infection, haematoma, bleeding and/or bruising associated with injection), class related undesirable effects (localised muscle weakness), toxin spread (very rare - excessive muscle weakness, dysphagia and aspiration pneumonia with a fatal outcome in some cases), and hypersensitivity reactions (serious and/or immediate hypersensitivity reactions including anaphylaxis, serum sickness, urticaria, soft tissue oedema and dyspnoea have rarely been reported). Needle related pain and/or anxiety may result in vasovagal responses. Management of spasmodic torticollis may cause dysphagia with varying degrees of severity. **Blepharospasm and hemifacial spasm:** *Very Common:* Eyelid Ptosis. *Common:* Dry eyes, blurred vision, visual impairment, dry mouth, injection site pain. *Uncommon:* Headache, facial paresis, diplopia, increased lacrimation, dysphagia, rash, fatigue, muscular weakness. **Spasmodic torticollis:** *Very common:* Dysphagia. *Common:* Headache, presyncope, dizziness, dry mouth, nausea, hyperhidrosis, neck pain, muscular weakness, myalgia, muscle spasms, musculoskeletal stiffness, injection site pain, asthenia, upper respiratory tract infection. *Uncommon:* Speech disorder, dysphonia, dyspnoea, rash. **Spasticity of the upper limb:** *Common:* Dry mouth. *Uncommon:* Headache, hypoaesthesia, dysphagia, nausea, muscular weakness, pain in extremity, myalgia, asthenia. *Unknown:* injection site pain. **Chronic sialorrhea (adults):** *Common:* Paraesthesia, dry mouth, dysphagia. *Uncommon:* Speech disorder, altered (thickened) saliva, dysgeusia. Cases of persistent dry mouth (> 110 days) of severe intensity have been reported, which could cause further complications as gingivitis, dysphagia and caries. **Chronic sialorrhea (children/adolescents):** *Uncommon:* Dysphagia. Not known: Altered (thickened) saliva, dry mouth, oral pain, dental caries **Post Marketing Experience:** Flu-like symptoms, hypersensitivity reactions and muscle atrophy have also been reported with unknown frequency. **Overdose:** May result in pronounced neuromuscular paralysis distant from the injection site. **Legal Category:** POM. **List Price:** 50U/vial £72.00, 100U/vial £129.90, 200U/Vial £259.80. **Product Licence Number:** PL 29978/0003, PL 29978/0001, PL 29978/0004. **Marketing Authorisation Holder** Merz Pharmaceuticals GmbH, Eckenheimer Landstraße 100, 60318 Frankfurt/Main, Germany. **Date of Preparation: September 2021. Additional Information Available in the SmPC or on request from:** Merz Pharma UK Ltd., Ground Floor Suite B Breakspear Park, Breakspear Way, Hemel Hempstead, Hertfordshire, England, HP2 4TZ.

Adverse events should be reported. Reporting forms and information for Great Britain & Northern Ireland can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Merz Pharma UK Ltd by email to UKdrugssafety@merz.com or on +44 (0) 333 200 4143.

ROI Prescribing Information

XEOMIN® (Clostridium Botulinum neurotoxin type A (150 kD), free from complexing proteins) 50/100/200 unit vials. Prescribing Information: M-XEO-IE-0028. Please refer to the Summary of Product Characteristics (SmPC) before prescribing. **Presentation:** 50/100/200 units (U) of Clostridium Botulinum Neurotoxin type A as a powder for solution for injection. **Indications:** Treatment of blepharospasm and hemifacial spasm, cervical dystonia of a predominantly rotational form (spasmodic torticollis), spasticity of the upper limb, and chronic sialorrhea due to neurological disorders in adults. Symptomatic treatment in children and adolescents aged 2 to 17 years and weighing ≥ 12 kg of chronic sialorrhea due to neurological / neurodevelopmental disorders. **Dosage and Administration:** For intramuscular and intraglandular injection. Due to unit differences in the potency assay, unit doses for Xeomin are not interchangeable with those for other preparations of Botulinum toxin type A. 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Drooling can negatively affect quality of life for children with cerebral palsy and lead to social isolation^{1,6}

FIRST AND ONLY:

XEOMIN[®] is the first and only BoNT approved for the treatment of paediatric chronic sialorrhea.²

WELL TOLERATED:

No treatment-related serious events were reported.³

EFFECTIVE: XEOMIN[®] showed significant reduction in unstimulated salivary flow rate with continuous improvement over repeated injections. Carers reported significant improvement in symptoms.³



References: 1. Van der Burg J et al. Eur J Pediatr 2006;165: 37-4. 2. XEOMIN[®] Summary of Product Characteristics. <https://www.medicines.org.uk/emc/product/6202> (last accessed Feb 2022) 3. Berweck S, et al. Neurology.2021;97(14):e1425-e1436. 4. Data on file, REF-1380. Merz Pharmaceuticals. October 2021. 5. Data on file, REF-1383. Merz Pharmaceuticals. October 2021. 6. Daniel SJ. Multidisciplinary management of sialorrhea in children. Laryngoscope 2012;122 Suppl 4:S67-68.

Merz Therapeutics is a business of Merz Pharmaceuticals GmbH

 **XEOMIN[®]**
Botulinum neurotoxin type A

Helping patients achieve their goals