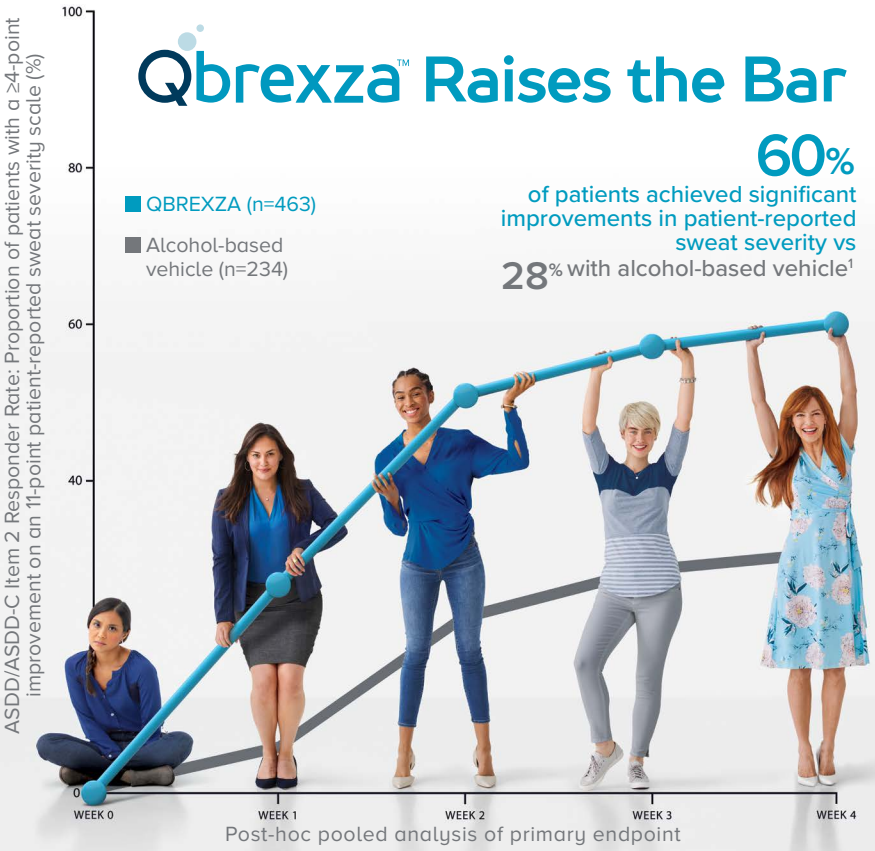
For your patients with primary axillary hyperhidrosis...

Qbrexza™ Raises the Bar

60%
of patients achieved significant improvements in patient-reported sweat severity vs
28% with alcohol-based vehicle[1]



Post-hoc pooled analysis of primary endpoint

Models are representative of responders measured by patient-reported sweat severity. Individual results may vary.

Choose to start with once-daily QBREXZA, the first and only FDA-approved, topical anticholinergic cloth towelette[2]

INDICATION

QBREXZA is an anticholinergic indicated for topical treatment of primary axillary hyperhidrosis in adult and pediatric patients 9 years of age and older.

IMPORTANT SAFETY INFORMATION

Contraindications: QBREXZA is contraindicated in patients with medical conditions that can be exacerbated by the anticholinergic effect of QBREXZA (e.g., glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, myasthenia gravis, Sjogren's syndrome).

WARNINGS AND PRECAUTIONS

Worsening of Urinary Retention: QBREXZA should be used with caution in patients with a history or presence of documented urinary retention. Prescribers and patients should be alert for signs and symptoms of urinary retention (e.g., difficulty passing urine, distended bladder), especially in patients with prostatic hypertrophy or bladder-neck obstruction. Instruct patients to discontinue use immediately and consult a physician should any of these signs or symptoms develop. Patients with a history of urinary retention were not included in the clinical studies.

Please click here for Full Prescribing Information and visit qbrexza.com/hcp for more information.

Qbrexza™
(glycopyrronium) cloth

In patients 9 years and older

QBREXZA DEMONSTRATED SWEAT REDUCTION ACROSS TWO PHASE 3 MULTICENTER TRIALS[1,2]

PRIMARY ENDPOINTS

60% of patients using QBREXZA (n=463) reported a ≥4-point **reduction in sweat severity** score on an 11-point scale at Week 4 vs **28%** with alcohol-based vehicle (n=234)[1*]

- A ≥4-point improvement in ASDD Item 2 corresponds to at least "moderately better" patient-reported improvement in sweating[1]

Pooled analysis.

During the past 24 hours, how would you rate your underarm sweating at its worst?
Worst possible sweating (10) to no sweating at all (0).

ASDD=Axillary Sweating Daily Diary.
*Mean ASDD Item 2 score was 7.3 for the QBREXZA group and 7.2 for the alcohol-based vehicle group at baseline.[1]

74% median **reduction in sweat production** from baseline to Week 4 with QBREXZA (n=463) vs **54%** with alcohol-based vehicle (n=234)[3†]

Pooled analysis.

	ATMOS-1[1,2]		ATMOS-2[1,2]	
	QBREXZA (n=229)	Alcohol-based Vehicle (n=115)	QBREXZA (n=234)	Alcohol-based Vehicle (n=119)
Sweat production: median change from baseline to Week 4 (mg/5 min)†	-81	-66	-79	-58
ASDD Item 2 responder rate at Week 4: patients with ≥4-point improvement from baseline (%)	53%	28%	66%	27%
P value	*P*<0.001		*P*<0.001	

†The median sweat production at baseline was 122 mg/5 mins in the QBREXZA arm and 113 mg/5 mins in the alcohol-based vehicle arm in ATMOS-1, and 127 mg/5 mins in the QBREXZA arm and 117 mg/5 mins in the vehicle arm in ATMOS-2.[2] Quartile values range at Week 4: QBREXZA = 15.30 to 75.02; alcohol-based vehicle = 33.84 to 105.92.[2,3]

Study design: Two randomized, vehicle-controlled, multicenter trials, ATMOS-1 and ATMOS-2, enrolled a total of 697 patients 9 years of age or older with primary axillary hyperhidrosis. Inclusion criteria: gravimetrically measured sweat production 50 mg/5 min in each axilla and ASDD Item 2 sweat severity score ≥4 points. Patients were randomized to receive either QBREXZA or alcohol-based vehicle applied once daily to each axilla. The co-primary endpoints were the proportion of patients having at least a 4-point improvement from baseline in the weekly mean ASDD Item 2 score at Week 4 and the absolute change from baseline in gravimetrically measured sweat production at Week 4.[2]

Please click here for Full Prescribing Information and visit qbrexza.com/hcp for more information.

In patients 16 years and older

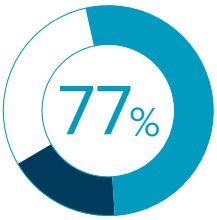
MOST PATIENTS (77%) REPORTED DAILY TREATMENT WITH QBREXZA IMPROVED THEIR SWEATING[4]

EXPLORATORY ENDPOINT

ATMOS-1 and ATMOS-2 pooled Patient Global Impression of Change (PGIC)

QBREXZA (n=463)

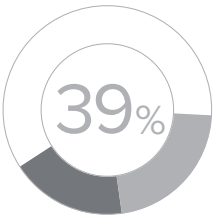
- **58.1% Much better**
- **19.0% Moderately better**



Post-hoc analysis of exploratory endpoint

Alcohol-based Vehicle (n=234)

- **21.7% Much better**
- **17.7% Moderately better**



Overall, how would you rate your underarm sweating now as compared to before starting the study treatment?
1 (much better), 2 (moderately better), 3 (a little better), 4 (no difference), 5 (a little worse), 6 (moderately worse), 7 (much worse).

PGIC results: The PGIC is a patient-reported outcome that assesses the overall impact of treatment on sweating at Week 4 compared to before starting the study. PGIC was not assessed in patients <16 years.[4]

DEMONSTRATED CONSISTENT AND SUSTAINED EFFICACY FOR UP TO 48 WEEKS OF TREATMENT[3,5]

71% median reduction in sweat production in the ARIDO trial

- ARIDO was a 44-week, open-label extension of ATMOS-1 and ATMOS-2 involving (n=430) patients 9 years and older
- 87% of patients who completed ATMOS-1 and ATMOS-2 opted into ARIDO at Week 4

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Control of Body Temperature: In the presence of high ambient temperature, heat illness (hyperpyrexia and heat stroke due to decreased sweating) can occur with the use of anticholinergic drugs such as QBREXZA. Advise patients using QBREXZA to watch for generalized lack of sweating when in hot or very warm environmental temperatures and to avoid use if not sweating under these conditions.

Operating Machinery or an Automobile: Transient blurred vision may occur with use of QBREXZA. If blurred vision occurs, the patient should discontinue use until symptoms resolve. Patients should be warned not to engage in activities that require clear vision such as operating a motor vehicle or other machinery, or performing hazardous work until the symptoms have resolved.

ADVERSE REACTIONS

The most common adverse reactions seen in ≥2% of subjects treated with QBREXZA were dry mouth (24.2%), mydriasis (6.8%), oropharyngeal pain (5.7%), headache (5.0%), urinary hesitation (3.5%), vision blurred (3.5%), nasal dryness (2.6%), dry throat (2.6%), dry eye (2.4%), dry skin (2.2%) and constipation (2.0%). Local skin reactions, including erythema (17.0%), burning/stinging (14.1%) and pruritus (8.1%) were also common.

Qbrexza™
(glycopyrronium) cloth

QBREXZA HAS A PROVEN SAFETY AND TOLERABILITY PROFILE WITH ONCE-DAILY USE[1,2]

Adverse Reactions Occurring in ≥2% of Subjects

ADVERSE REACTIONS	QBREXZA (n=459) % (n)	Alcohol-based Vehicle (n=232) % (n)
Dry mouth	24.2% (111)	5.6% (13)
Mydriasis • Unilateral • Bilateral	6.8% (31) 5.0% (23) 1.7% (8)	0
Oropharyngeal pain	5.7% (26)	1.3% (3)
Headache	5.0% (23)	2.2% (5)
Urinary hesitation	3.5% (16)	0
Vision blurred • Unilateral • Bilateral	3.5% (16) 1.1% (5) 2.4% (11)	0
Nasal dryness	2.6% (12)	0.4% (1)
Dry throat	2.6% (12)	0
Dry eye	2.4% (11)	0.4% (1)
Dry skin	2.2% (10)	0
Constipation	2.0% (9)	0

Local Skin Reactions[3]

ADVERSE REACTIONS	QBREXZA (n=454) % (n)			Alcohol-based Vehicle (n=231) % (n)		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Erythema	15.4% (70)	1.5% (7)	0	16.0% (37)	0.9% (2)	0
Burning/stinging	11.5% (52)	2.4% (11)	0.2% (1)	13.9% (32)	2.6% (6)	0.4% (1)
Pruritus	7.7% (35)	0.4% (2)	0	5.2% (12)	0.4% (1)	0.4% (1)

Most adverse events were mild or moderate in severity and transient[1,6]

- Safety and tolerability were similar across age subgroups, including patients as young as 9 years[6]
- The most common non-anticholinergic adverse events seen in >5% of pediatric patients (≥9 to ≤16 years) treated with QBREXZA (n=25) vs alcohol-based vehicle (n=19) were nausea (8.0% vs 0), application site pain (8.0% vs 5.3%), pain (0 vs 5.3%), influenza (0 vs 5.3%), headache (4.0% vs 0), oropharyngeal pain (8.0% vs 0), and epistaxis (8.0% vs 0)[6]

Discontinuation rates due to adverse events were low[1]

- In ATMOS-1 and ATMOS-2, 4% (n=17) of patients discontinued treatment due to an adverse event vs <1% in vehicle

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INCIDENCE OF TREATMENT-EMERGENT ADVERSE EVENTS (TEAEs) DECREASED OVER TIME[1]

QBREXZA (n=459) % (n)	Week 1	> Week 2	> Week 3	> Week 4
TEAEs reported in ≥2% of patients				
Dry mouth	18.7% (86)	4.6% (21)	2.4% (11)	1.7% (8)
Application site pain	5.9% (27)	2.0% (9)	0.7% (3)	0.2% (1)
Mydriasis	3.7% (17)	2.0% (9)	0.9% (4)	0.4% (2)
Oropharyngeal pain	3.9% (18)	1.1% (5)	0.2% (1)	0.4% (2)
Headache	2.6% (12)	1.3% (6)	0.9% (4)	0.2% (1)
TEAEs OF SPECIAL INTEREST reported in >1% of patients*†				
Urinary hesitation	2.6% (12)	0.2% (1)	0.2% (1)	0.4% (2)
Vision blurred	1.3% (6)	0.7% (3)	1.1% (5)	0.4% (2)
Urinary retention	1.1% (5)	0.2% (1)	0	0.2% (1)
Alcohol-based Vehicle (n=232) % (n)	Week 1	> Week 2	> Week 3	> Week 4
TEAEs reported in ≥2% of patients†				
Dry mouth	4.3% (10)	0.4% (1)	0.9% (2)	0
Application site pain	6.9% (16)	1.3% (3)	0.4% (1)	1.3% (3)
Oropharyngeal pain	0	0	1.3% (3)	0
Headache	0.4% (1)	1.7% (4)	0	0

*Mydriasis (pupil dilation) was a treatment-emergent adverse event of special interest that also occurred at a frequency of >1%.
†Treatment-emergent adverse events of special interest were not reported with vehicle.

IMPORTANT SAFETY INFORMATION (cont'd)

DRUG INTERACTIONS

Anticholinergics: Coadministration of QBREXZA with anticholinergic medications may result in additive interaction leading to an increase in anticholinergic adverse effects. Avoid coadministration of QBREXZA with other anticholinergic-containing drugs.

INSTRUCTIONS FOR ADMINISTERING QBREXZA

Instruct patients to use one cloth to apply QBREXZA to both axillae by wiping the cloth across one underarm, ONE TIME. Using the same cloth, apply the medication to the other underarm, ONE TIME. Inform patients that QBREXZA can cause temporary dilation of the pupils and blurred vision if it comes in contact with the eyes.

Instruct patients to wash their hands with soap and water immediately after discarding the used cloth.

USE IN SPECIFIC POPULATIONS

Pregnancy: There are no available data on QBREXZA use in pregnant women to inform a drug-associated risk for adverse developmental outcomes.

Qbrexza™
(glycopyrronium) cloth

APPLYING QBREXZA: 4 STEPS TOWARD LESS EXCESSIVE SWEAT[1,2]

Make sure **underarms are clean and dry** before applying QBREXZA

Using the same cloth towelette, **wipe each underarm only once**

Discard towelette in garbage bin; **do not reuse**

Wash hands immediately with soap and water

Notes on usage[2]

- QBREXZA should not be used more frequently than once every 24 hours
- Apply to clean, dry skin in the underarm area only
- Do not apply to other body areas or to broken skin
- Avoid use with occlusive dressings
- Wash hands thoroughly with soap and water after use to avoid temporary dilation of the pupils and blurred vision, which can occur if QBREXZA comes in contact with the eyes

Advise your patients to watch the "QBREXZA: How-to" video at QBREXZA.com

QBREXZA is available in a carton of 30 cloth towelettes, a 30-day supply

Package shown for illustrative purposes only.

IMPORTANT SAFETY INFORMATION (cont'd)

USE IN SPECIFIC POPULATIONS (cont'd)

Lactation: There are no data on the presence of glycopyrrolate or its metabolites in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for QBREXZA and any potential adverse effects on the breastfed infant from QBREXZA or from the underlying maternal condition.

Renal Impairment: The elimination of glycopyrronium is severely impaired in patients with renal failure.

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Embarrassment or lack of understanding may prevent patients from raising their hands for help[7,8]

ENCOURAGE YOUR PATIENTS TO START THE CONVERSATION TODAY

Raise awareness of primary axillary hyperhidrosis within your practice

- Integrate sweat assessment question(s) into your patient intake process
  – Allows your patients to share their condition in a non-embarrassing way
- Use social media to help get the word out about primary axillary hyperhidrosis and QBREXZA
  – Go to QBREXZA.com/HCP to download an e-media kit
- Highlight on your website that excessive underarm sweating is a condition you treat in your practice

Educate your patients that primary axillary hyperhidrosis is a treatable medical condition that affects approximately 10 million Americans[7]

- People with hyperhidrosis produce 4 to 5 times more sweat than average[9]
- Hyperhidrosis may not be life-threatening, but it is life-altering. Many patients report feeling[10]:
  – Less confident than they would like to be
  – Moderately to extremely limited at work
  – Unhappy or depressed

QBREXZA is the first and only prescription medicated cloth towelette[2]

- Targets the sweat glands to reduce excessive underarm sweating

Several ideas on how you can proactively approach the conversation

- **Appointment objective:** *"We are planning to discuss your [reason for visit] – do you have anything else you would like to talk about, like excessive underarm sweating?"*
- **Fact-based:** *"Did you know millions of Americans like you suffer with excessive underarm sweating? Would you like to learn more about the condition and how we may be able to treat it?"*
- **Observation:** *"I noticed your underarm sweat today—is this a problem for you?"*

Learn more about discussing primary axillary hyperhidrosis at QBREXZA.com/hcp

Qbrexza™
(glycopyrronium) cloth

For adult and pediatric patients 9 years and older with primary axillary hyperhidrosis

CHOOSE TO START WITH QBREXZA

The first and only FDA-approved, once-daily, topical anticholinergic cloth towelette[2]

QBREXZA demonstrated rapid and sustained efficacy[2,5]

- 60% of patients using QBREXZA reported a 4 point or more reduction from baseline on an 11-point sweat severity scale at Week 4[1]
- 77% of patients reported that their excessive sweat was much or moderately better after 4 weeks of daily treatment[4*]
- QBREXZA demonstrated consistent and sustained efficacy for up to 48 weeks of treatment in the ARIDO trial[5†]

QBREXZA has a well-defined safety and tolerability profile in patients 9 years and older[6]

- Most QBREXZA side effects were mild to moderate and transient[1,6]
- The most common adverse reaction was dry mouth with QBREXZA (24.2%) vs alcohol-based vehicle (5.6%)[2]

Nationally, 80% of commercially insured patients have access to QBREXZA

- For as little as $35 with the QBREXZA Copay Card[3]
- DermiraConnect is an access support program that provides confidence in affordability, fulfillment, and adherence support
- You can contact a DermiraConnect support specialist at 1-877-DERMIRA (1-877-337-6472) (Monday to Friday, 8 am-8 pm ET)

Primary axillary hyperhidrosis sufferers may not raise their hands for help

- Start the conversation today—learn more about discussing primary axillary hyperhidrosis at QBREXZA.com/hcp

First-line treatment option: The International Hyperhidrosis Society treatment algorithm includes glycopyrronium cloth (QBREXZA) along with antiperspirants for patients with primary axillary hyperhidrosis[11]

*Compared with 39% of patients using alcohol-based vehicle. Results of Patient Global Impression of Change (PGIC), a patient-reported outcome that assesses the overall impact of treatment on sweating at Week 4 compared to before starting study. PGIC was not assessed in patients <16 years.[4]

†A total of 114 subjects received QBREXZA for ≥48 weeks.[3]

References: 1. Glaser DA, Hebert AA, Nast AA, et al. Topical glycopyrronium tosylate for the treatment of primary axillary hyperhidrosis: results from the ATMOS-1 and ATMOS-2 phase 3 randomized controlled trials. *J Am Acad Dermatol*. 2019;80(1):128-138. **2.** QBREXZA™ (glycopyrronium) cloth prescribing information, Dermira. **3.** Data on file. Dermira, Inc. Menlo Park, CA. **4.** Pariser DM, Hebert AA, Drew J, Quiring J, Gopalan R, Glaser DA. Topical glycopyrronium tosylate for the treatment of primary axillary hyperhidrosis: patient-reported outcomes from the ATMOS-1 and ATMOS-2 phase III randomized controlled trials. *Am J Clin Dermatol*. 2019;20(1):135-145. **5.** Glaser DA, Hebert AA, Nast A, et al. Open-label study evaluating long-term safety of topical glycopyrronium tosylate (GT) in patients with primary axillary hyperhidrosis (ARIDO). Poster presented at the 76th Annual Meeting of the American Academy of Dermatology; San Diego, California; February 16-20, 2018. **6.** Hebert AA, Glaser DA, Green L, et al. Glycopyrronium tosylate in pediatric primary axillary hyperhidrosis: post hoc analysis of efficacy and safety findings by age from two phase three randomized controlled trials. *Pediatr Dermatol*. 2019;36(1):89-99. **7.** Doolittle J, Walker P, Mills T, Thurston J. Hyperhidrosis: an update on prevalence and severity in the United States. *Arch Dermatol Res*. 2016;308:743-749. **8.** Kamudoni P, Mueller B, Halford J, Schouveller A, Stacey B, Salek MS. The impact of hyperhidrosis on patients' daily life and quality of life: a qualitative investigation. *Health Qual Life Outcomes*. 2017;15:121. **9.** Defining hyperhidrosis. International Hyperhidrosis Society. https://www.sweathelp.org/home/defining-hyperhidrosis.html. Accessed February 13, 2019. **10.** Hamm H, Naumann MK, Kowalski JW, Kütt S, Kozma C, Teale C. Primary focal hyperhidrosis: disease characteristics and functional impairment. *Dermatology*. 2006;212:343-353. **11.** International Hyperhidrosis Society. Primary axillary hyperhidrosis. Updated September 2018.

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