Product Monograph

Including Patient Medication Information

PrNEMLUVIO®

nemolizumab for injection

30 mg lyophilized powder with 0.49 mL sterile solution (60 mg/mL) for subcutaneous injection in pre-filled dual-chamber syringe

30 mg lyophilized powder with 0.49 mL sterile solution (60 mg/mL) for subcutaneous injection in pre-filled dual-chamber pen

Immunomodulator, Interleukin-31RA inhibitor

Galderma Canada Inc.

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Toronto, ON
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Date of Authorization:
2025-12-18

Control Number: 286429

Recent Major Label Changes

None at the time of most recent authorization.

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Part 1: Healthcare Professional Information

1. Indications

Atopic Dermatitis

NEMLUVIO (nemolizumab for injection) is indicated for the treatment of patients aged 12 years and older with moderate-to-severe atopic dermatitis (AD) whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.

Prurigo Nodularis

NEMLUVIO (nemolizumab for injection) is indicated for the treatment of adults with moderate-to-severe prurigo nodularis (PN) whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.

1.1. Pediatrics

Atopic Dermatitis

Pediatrics (12 to < 18 years of age): Based on the data submitted and reviewed by Health Canada, the efficacy and safety of NEMLUVIO in pediatric patients 12 years of age and older has been established.

A total of 176 pediatric subjects received NEMLUVIO in two pivotal clinical studies. No meaningful difference was identified in the efficacy or safety of NEMLUVIO in these subjects relative to the overall study population (see 8.2.1. Clinical Trial Adverse Reactions – Pediatrics; 14. Clinical Trials).

Pediatrics (<12 years of age): No data are available to Health Canada; therefore, Health Canada has not authorized use of NEMLUVIO in pediatric patients less than 12 years of age with atopic dermatitis.

Prurigo Nodularis

Pediatrics (<18 years of age): No data are available to Health Canada; therefore, Health Canada has not authorized use of NEMLUVIO in pediatric patients less than 18 years of age with prurigo nodularis.

1.2. Geriatrics

Atopic Dermatitis

Geriatrics (>65 years of age):

A total of 67 geriatric subjects with AD received NEMLUVIO in two pivotal clinical studies. Based on these limited data, a meaningful difference in the efficacy or safety of NEMLUVIO in geriatric subjects relative to the overall study population cannot be dismissed (see 14. Clinical Trials).

Prurigo Nodularis

Geriatrics (>65 years of age):

A total of 99 geriatric subjects with PN received NEMLUVIO for up to 24 weeks in two pivotal clinical studies. Based on these limited data, a meaningful difference in the efficacy or safety of NEMLUVIO in geriatric subjects relative to the overall study population cannot be dismissed (see 14. Clinical Trials).

2. Contraindications

- NEMLUVIO is contraindicated in patients who are hypersensitive to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container. For a

complete listing, see 6. Dosage Forms, Strengths, Composition, and Packaging.

4. Dosage and Administration

4.1. Dosing Considerations

- NEMLUVIO should not be injected into skin that is tender, inflamed, swollen, damaged or that has bruises, scars or open wounds.
- NEMLUVIO is intended for use under the guidance of a healthcare provider. A patient may self-inject NEMLUVIO or the patient's caregiver may administer NEMLUVIO. Prior to first injection, patients and/or caregivers should be given proper instructions for preparation and administration of NEMLUVIO according to the Instructions for Use (IFU).

4.2. Recommended Dose and Dosage Adjustment

Atopic Dermatitis (AD)

Adults

- The recommended dose of NEMLUVIO for adult patients is an initial dose of 60 mg (two 30 mg injections), followed by 30 mg given every 4 weeks (Q4W).
- After 16 weeks of treatment, for patients who achieve clinical response, the recommended maintenance dose of NEMLUVIO is 30 mg every 8 weeks (Q8W).
- Use NEMLUVIO with topical corticosteroids (TCS) and/or topical calcineurin inhibitors (TCI). When the disease has sufficiently improved, discontinue the use of topical therapies.
- If NEMLUVIO treatment interruption becomes necessary, patients can re-start treatment at 30 mg Q4W.

Pediatrics (12 to < 18 years of age)

- No dose adjustment for body weight is recommended for patients 12 years of age and older with AD (see 10.3. Pharmacokinetics).

Geriatrics (> 65 years)

- No dose adjustment is recommended for elderly patients (see 10.3. Pharmacokinetics).

Renal & Hepatic Insufficiency (or Impairment)

- No dose adjustment is needed in patients with renal or hepatic impairment (see 10.3. Pharmacokinetics).

Prurigo Nodularis (PN)

Adults

- The recommended dose of NEMLUVIO for patients weighing < 90 kg is an initial dose of 60 mg (two 30 mg injections), followed by 30 mg given every 4 weeks (Q4W).
- The recommended dose of NEMLUVIO for patients weighing ≥ 90 kg is an initial dose of 60 mg (two 30 mg injections), followed by 60 mg given every 4 weeks (Q4W).

- Some patients with initial partial response may subsequently improve with continued treatment beyond 16 weeks. If NEMLUVIO treatment interruption becomes necessary, patients can re-start treatment at 30 mg or 60 mg Q4W depending on current weight.

Pediatrics (< 18 years)

The safety and efficacy of NEMLUVIO in pediatric patients with PN have not been established.

Geriatrics (> 65 years)

- No dose adjustment is recommended for elderly patients (see 10.3. Pharmacokinetics).

Renal & Hepatic Insufficiency (or Impairment)

- No dose adjustment is needed in patients with renal or hepatic impairment (see 10.3. Pharmacokinetics).

4.3. Reconstitution

- Before injection, remove NEMLUVIO carton from the refrigerator and allow to reach room temperature (30-45 minutes).
- Inspect NEMLUVIO visually prior to reconstitution. NEMLUVIO is supplied in a single-use prefilled dual-chamber pen or syringe with white powder in one chamber and a clear diluent in the other chamber. Do not use if powder is not white, or if diluent is cloudy or contains visible particles.
- NEMLUVIO must be reconstituted prior to administration by mixing the lyophilized powder with the water for dissolving the medicine. Shake the pen up and down for 30 seconds or shake the syringe with the tip pointing upward for 60 seconds. Then, wait about 5 minutes for the powder to fully dissolve and bubbles to reduce. If not fully dissolved, repeat shaking and waiting.
- Following reconstitution, each prefilled pen/syringe delivers 30 mg/0.49 mL as a clear and colorless to slightly yellow solution. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if the reconstituted solution has discoloration or contains particles.
- Use NEMLUVIO within 4 hours after reconstitution. Discard unused reconstituted NEMLUVIO after 4 hours.
- Discard any unused portions after administration.

Refer to 11. Storage, Stability, and Disposal for more details on recommended storage period and conditions.

4.4. Administration

- NEMLUVIO is administered by subcutaneous injection.
- Administer NEMLUVIO into the front upper thighs or abdomen avoiding the 5 cm area around the navel. Injection into the upper arm should only be performed by a caregiver or healthcare professional.
- For the initial dose, administer each of the two NEMLUVIO injections at different injection sites.
- For subsequent doses, it is recommended to rotate the injection site with each dose. NEMLUVIO should not be injected into skin that is tender, inflamed, swollen, damaged or has bruises, scars or open wounds.

NEMLUVIO is intended for use under the guidance of a healthcare professional. A patient may self-inject NEMLUVIO, or the patient's caregiver may administer NEMLUVIO if their healthcare professional determines that this is appropriate. Prior to first injection, patients and/or caregivers should be given proper instructions for preparation and administration of NEMLUVIO according to the complete instructions for use with illustrations at the end of the Patient Medication Information (PMI) section for pen and syringe.

4.5. Missed Dose

If a dose is missed, administer the dose as soon as possible. Thereafter, resume dosing at the regular scheduled time.

5. Overdose

There is no specific treatment for NEMLUVIO overdose. In the event of overdosage, monitor the patient for any signs or symptoms of adverse reactions and institute appropriate symptomatic treatment immediately.

For the most recent information in the management of a suspected drug overdose, contact your regional poison control centre or Health Canada's toll-free number, 1-844 POISON-X (1-844-764-7669).

6. Dosage Forms, Strengths, Composition, and Packaging

To help ensure the traceability of biologic products, health professionals should record both the brand name and the non-proprietary (active ingredient) name as well as other product-specific identifiers such as the Drug Identification Number (DIN) and the batch/lot number of the product supplied.

Table 1 – Dosage Forms, Strengths, Composition and Packaging

Route of Administration	Dosage Form / Strength/Composition	Non-medicinal Ingredients
Subcutaneous injection	Preservative-free, lyophilized powder and solvent solution: • 30 mg/0.49 mL in a single-use pre-filled dual-chamber pen • 30 mg/0.49 mL in a single-use pre-filled dual-chamber syringe with co-packaged needle	Powder for solution for injection: L-arginine hydrochloride, Poloxamer 188, Sucrose, Tris-hydrochloride (for pH-adjustment), Trometamol Solvent: Water for injection

Description

30 mg powder and solvent solution for injection in pre-filled pen
Single-use dual-chamber borosilicate glass type 1 cartridge in an auto-injector, with a stainless-steel staked needle.

Pack size:
• 1 pre-filled pen
• Multipack containing 2 (2 packs of 1) pre-filled pens

30 mg powder and solvent solution for injection in pre-filled syringe
Single-use dual-chamber pre-filled syringe in a borosilicate glass type 1, co-packaged with a 27G needle (stainless steel) with safety shield.

Pack size:
• 1 pre-filled syringe

6.1. Physical Characteristics

Nemolizumab for injection is a preservative-free, white lyophilized powder in a dual-chamber single-use, pre-filled pen or syringe. One chamber contains 30 mg of nemolizumab for injection with inactive ingredients and the other chamber contains the diluent, water for injection. Following reconstitution, each pre-filled pen or syringe delivers 30 mg/0.49 mL of nemolizumab for injection.

7. Warnings and Precautions

Immune

Hypersensitivity
Type I hypersensitivity reactions (Ig-E mediated reactions), including urticaria and facial angioedema, have been reported for NEMLUVIO. Reactions were mild or moderate and did not lead to treatment discontinuation. If a systemic hypersensitivity reaction (immediate or delayed) occurs, discontinue administration of NEMLUVIO and initiate appropriate therapy.

Vaccinations
Consider completing all age-appropriate vaccinations as recommended by current immunization guidelines prior to initiating treatment with NEMLUVIO. Avoid use of live vaccines in patients during treatment with NEMLUVIO. It is unknown if administration of live vaccines during NEMLUVIO treatment will impact the safety or efficacy of these vaccines. No data are available on the response to non-live vaccines.

Respiratory
Cases of worsening of asthma (in subjects with pre-existing asthma) were observed in the clinical studies (see 8.2. Clinical Trial Adverse Reactions, Prurigo Nodularis, Worsening of asthma). Subjects with uncontrolled asthma during the preceding 3 months, an exacerbation of asthma requiring hospitalization in the preceding 12 months, and patients with a current medical history of chronic obstructive pulmonary disease (COPD) and/or chronic bronchitis were excluded from the nemolizumab clinical studies. No data are available on the efficacy and safety of NEMLUVIO in these populations.

7.1. Special Populations

7.1.1. Pregnancy

Data on nemolizumab exposure during pregnancy in humans is very limited. NEMLUVIO is not recommended during pregnancy. Animal data demonstrated an increase in postnatal death following administration of nemolizumab to pregnant cynomolgus monkeys. Nemolizumab was also detected in neonatal plasma, indicating drug transfer across the placental barrier (see 16. Non-Clinical Toxicology).

7.1.2. Breastfeeding

No data are available on the excretion of nemolizumab for injection in human milk. Maternal IgG is known to be excreted in human milk, and nemolizumab was detected in the milk of cynomolgus monkeys (see 16. Non-Clinical Toxicology). Thus, a risk to the newborn/infant cannot be excluded. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for NEMLUVIO and any potential adverse effects on the breastfed child from NEMLUVIO.

7.1.3. Pediatrics

Atopic Dermatitis (AD)

The efficacy and safety of NEMLUVIO in pediatric subjects with AD less than 12 years of age have not been established.

Prurigo Nodularis (PN)

Pediatrics (<18 years of age): The efficacy and safety of NEMLUVIO in pediatric subjects (birth to 18 years of age) with PN have not been established.

7.1.4. Geriatrics

Atopic Dermatitis

Clinical trials of NEMLUVIO in AD did not include sufficient number of subjects older than 65 years of age to determine whether they respond differently than younger subjects (see 10.3. Pharmacokinetics, Special Populations and Conditions).

Prurigo Nodularis

Clinical trials of NEMLUVIO in PN did not include sufficient number of subjects older than 65 years of age to determine whether they respond differently than younger subjects (see 10.3. Pharmacokinetics, Special Populations and Conditions).

8. Adverse Reactions

8.1. Adverse Reaction Overview

The most common adverse reaction in patients with atopic dermatitis is injection site reactions (1.2%) and urticaria (1.0%), a type of hypersensitivity reaction. The most common adverse reactions in patients with prurigo nodularis are headache (7.0%), dermatitis atopic (4.6%), eczema (3.8%), eczema nummular (3.5%), skin, mucosal, and nail fungal infections (3.0%).

8.2. Clinical Trial Adverse Reactions

Clinical trials are conducted under very specific conditions. Therefore, the frequencies of adverse reactions observed in the clinical trials may not reflect frequencies observed in clinical practice and should not be compared to frequencies reported in clinical trials of another drug.

Atopic Dermatitis

Adults and children aged 12 years and older

The safety of NEMLUVIO was evaluated in two randomized, double-blind, placebo-controlled,

multicenter phase 3 trials (ARCADIA 1, ARCADIA 2). In these 2 trials, 1135 subjects were treated with subcutaneous injections of NEMLUVIO (30 mg every 4 weeks), with concomitant topical corticosteroids (TCS) and/or topical calcineurin inhibitors (TCI) up to 48 weeks. 32.9% of the subjects had a history of asthma-related condition, 18.7% had rhinitis, 15.0% had food allergy, and 11.2% had allergic conjunctivitis. A multicentre, open label long-term extension trial (ARCADIA LTE) assessed the safety of NEMLUVIO (30 mg every 4 weeks by subcutaneous injection) in adolescents aged 12 to < 18 and adults with moderate-to-severe atopic dermatitis who had previously participated in clinical trials of NEMLUVIO or adolescents with no previous exposure to NEMLUVIO. The safety data provided in ARCADIA LTE reflect exposure to NEMLUVIO in 1740 subjects, including 747 exposed for at least 52 weeks.

Week 0 to Week 16

In ARCADIA 1 and ARCADIA 2, during the Week 16 initial treatment periods, the proportion of subjects who discontinued treatment because of adverse events was 2.3% in NEMLUVIO 30 mg Q4W and 2.2% in placebo group. Table 2 summarizes the adverse reactions that occurred at a rate of at least 1% in the NEMLUVIO group (and more frequently than in the placebo group).

Table 2 - Adverse Reactions Occurring in ≥1% (and more frequently than placebo) of subjects aged 12 and older with moderate-to-severe Atopic Dermatitis treated with NEMLUVIO and placebo during the initial treatment periods (to week 16) of ARCADIA 1 and ARCADIA 2

	NEMLUVIO (nemolizumab for injection) n = 1,135 (%)	**Placebo n = 548 (%)**
General disorders and administration site conditions		
Injection site reactions*	15 (1.2%)	8 (0.9%)
Skin and subcutaneous tissue disorders		
Urticaria	12 (1%)	2 (0.3%)

*Includes: injection site erythema, injection site pain, injection site haematoma, injection site irritation, injection site oedema and injection site pruritus in NEMLUVIO -treated patients; injection site erythema, injection site pain, injection site reaction, injection site pruritus and injection site inflammation in placebo patients.
Dose and dose regimen: Initial dose of 60 mg (two 30 mg injections), followed by 30 mg given every 4 weeks (Q4W).

Safety through Week 52 (ARCADIA LTE)

The safety profile observed in the long-term extension trial through week 52 was generally consistent with the safety profile of NEMLUVIO observed in the controlled studies at Week 16.

Prurigo Nodularis

Two randomized, double-blind, placebo-controlled, multicenter trials (OLYMPIA 1 and OLYMPIA 2) evaluated the safety of NEMLUVIO monotherapy in 370 subjects with PN. Subjects weighing less than 90 kg in the NEMLUVIO group received NEMLUVIO 60 mg or placebo at Week 0, followed by 30 mg injections every 4 weeks. Subjects weighing 90 kg or more in the NEMLUVIO group received NEMLUVIO 60 mg or placebo at Week 0 and every 4 weeks. In terms of co-morbid conditions, 25.6% of the subjects had a history of atopy (including 14.6% with asthma-related condition, 5.1% had allergic rhinitis, 5.9% with atopic dermatitis).

A multicenter, open label long-term extension trial (OLYMPIA LTE) assessed the safety of NEMLUVIO in subjects with PN who had previously participated in controlled studies of NEMLUVIO or had been screened for OLYMPIA 1 or OLYMPIA 2. The safety data in OLYMPIA LTE reflect exposure to NEMLUVIO in 508 subjects, including 375 exposed for at least 52 weeks.

Phase 3 pivotal studies (OLYMPIA 1 and OLYMPIA 2)

During the treatment periods of OLYMPIA 1 and OLYMPIA 2, the proportion of subjects who discontinued treatment because of adverse reactions was 3.8% in NEMLUVIO- treated subjects versus 2.7% in placebo-treated subjects. Table 3 summarizes the adverse reactions that occurred at a rate of at least 1% in the NEMLUVIO group (and more frequently than in the placebo group) during the treatment periods.

Table 3 - Adverse Reactions Occurring in ≥1% (and more frequently than placebo) of adult subjects with prurigo nodularis treated with NEMLUVIO during the treatment periods of OLYMPIA 1 (to week 24) and OLYMPIA 2 (to week 16) Trial.

	NEMLUVIO (nemolizumab for injection) n = 370 (%)	**Placebo n = 186 (%)**
Nervous system disorders		
Headache*	26 (7.0%)	6 (3.2%)
Skin and subcutaneous tissue disorders		
Dermatitis atopic	17 (4.6%)	1 (0.5%)
Eczema	14 (3.8%)	4 (2.2%)
Eczema nummular	13 (3.5%)	0
Skin, mucosal, and nail fungal infections**	11 (3.0%)	0

*includes: headache and tension headache
**includes: Body tinea, Fungal infection, Tinea pedis, Fungal skin infection, Onychomycosis, Oral candidiasis, Tinea versicolor, Vulvovaginal mycotic infection
Dose and dose regimen: patients weighing < 90 kg initial dose of 60 mg (two 30 mg injections), followed by 30 mg given every 4 weeks (Q4W). Patients weighing ≥ 90 kg initial dose of 60 mg (two 30 mg injections), followed by 60 mg given every 4 weeks (Q4W).

Worsening of asthma

In the PN patients with pre-existing asthma (n=51), 8 (15.7%) patients experienced a worsening of asthma (WOA) after initiation of nemolizumab, 5 of whom had a body weight > 90 kg and received 60 mg nemolizumab every 4 weeks. This was observed more frequently in patients weighing > 90 kg who received 60 mg nemolizumab every 4 weeks compared to patients weighing < 90 kg who received 30 mg nemolizumab every 4 weeks.

The majority of WOA events occurred within the first two months of treatment initiation and all were reported as mild or moderate in severity. Most patients experienced a single event of WOA during treatment and the event resolved with standard of care asthma medications (inhalers) without the use of systemic steroids. None led to permanent discontinuation of treatment. The incidence of WOA did

not increase with longer term exposure to nemolizumab (up to Week 52) in the PN open-label long-term extension study.

Safety through Week 52 (OLYMPIA LTE)

The safety profile observed in the long-term extension trial through week 52 was generally consistent with the safety profile of NEMLUVIO observed in the controlled studies at Week 16 and at Week 24.

8.2.1. Clinical Trial Adverse Reactions – Pediatrics

Adolescents (aged 12 to < 18 years) with Atopic Dermatitis

The safety of NEMLUVIO was assessed in 176 subjects 12 to <18 years of age with moderate-to-severe atopic dermatitis enrolled in the ARCADIA 1 or ARCADIA 2 trials who received at least one dose of NEMLUVIO from Week 0 to Week 16 in the primary safety population. The safety profile of NEMLUVIO in these subjects through Week 16 was consistent with the safety profile observed in adults with atopic dermatitis.

8.3. Less Common Clinical Trial Adverse Reactions

In a prurigo nodularis study, facial (peri-ocular) angioedema [a type of hypersensitivity reaction] of mild intensity was reported in 1 subject (0.3%). The adverse reaction did not lead to discontinuation of NEMLUVIO .

Moderate or severe bullous pemphigoid was reported in 3 subjects (0.8%) in the prurigo nodularis studies and 1 subject (0.3%) in an atopic dermatitis study. All 4 subjects were discontinued from NEMLUVIO and 3 subjects were discontinued from the study.

8.4 Abnormal Laboratory Findings: Hematologic, Clinical Chemistry, and Other Quantitative Data

Clinical Trial Findings

Eosinophilia

In the treatment periods of the atopic dermatitis clinical trials ARCADIA 1 and ARCADIA 2, 10.0% of subjects treated with nemolizumab reported potentially clinically significant increases in eosinophil count (> 0.7 x 10^9/L if baseline was ≤ 0.7 x 10^9/L) compared to 6.0% of subjects in the placebo group. In the treatment periods of the prurigo nodularis clinicals trials OLYMPIA 1 and OLYMPIA 2, these proportions were 5.5%, and 2.7%, respectively. During the same periods, 7.2% of atopic dermatitis subjects and 5.0% of prurigo nodularis subjects reported eosinophil counts > 1.5 to ≤ 5.0 x 10^9/L (if baseline was ≤ 0.7 x 10^9/L). No subject reported an eosinophil count > 5.0 x 10^9/L (if baseline was ≤ 0.7 x 10^9/L) in these trials.

8.5. Post-Market Adverse Reactions

There is no post-market surveillance information available for NEMLUVIO.

9. Drug Interactions

9.2. Drug Interactions Overview

Drug interactions with nemolizumab have not been assessed.

No pharmacokinetic drug interactions are expected based on the characteristics of nemolizumab.

9.3. Drug-Behaviour Interactions

The interaction of subcutaneous injection of NEMLUVIO with individual behavioural risks (e.g. cigarette smoking, cannabis use, and/or alcohol consumption) is unlikely and has not been studied.

9.4. Drug-Drug Interactions

Cytochrome P450 substrates
The formation of CYP450 enzymes can be altered by increased levels of certain cytokines (e.g., IL-1, IL-6, IL- 10, TNFα, IFN) during chronic inflammation. Treatment with NEMLUVIO may modulate serum levels of some cytokines and influence the formation of CYP450 enzymes.

Therefore, upon initiation or discontinuation of NEMLUVIO in patients who are receiving concomitant drugs which are CYP450 substrates, particularly those with a narrow therapeutic index, consider monitoring for effect (e.g., for warfarin) or drug concentration (e.g., for cyclosporine) and consider dosage modification of the CYP450 substrate.

9.5. Drug-Food Interactions

Interactions with food have not been established.

9.6. Drug-Herb Interactions

Interactions with herbal products have not been established.

9.7. Drug-Laboratory Test Interactions

Interactions with laboratory tests have not been established.

10. Clinical Pharmacology

10.1. Mechanism of Action

Nemolizumab is a humanized IgG2 monoclonal antibody that inhibits interleukin-31 (IL-31) signaling by binding selectively to interleukin-31 receptor alpha (IL-31 RA). IL-31 is a cytokine that is involved in pruritus, inflammation, epidermal dysregulation, and fibrosis. Nemolizumab inhibited IL-31-induced responses including the release of proinflammatory cytokines (e.g., IL-6). The mechanism of action of nemolizumab has not been definitively established.

10.2. Pharmacodynamics

Pharmacodynamics of nemolizumab for injection in the treatment of prurigo nodularis and atopic dermatitis are unknown.

10.3. Pharmacokinetics

No difference was identified in the nemolizumab for injection PK profile between subjects with AD and PN, thus confirming that the disease does not impact the nemolizumab for injection PK profile.

Table 4 - Summary of Nemolizumab for injection Pharmacokinetic Parameters in healthy subjects following a single subcutaneous dose of 60 mg

Single dose, N=96	C_{max} (µg/mL)	T_{max} (day)	$t_{½}$ (day)	$AUC_{0-\infty}$ (µg.day/mL)	CL/F (L/day)	Vd/F (L)
Prefilled pen	8.00 (±2.34)	4.99[a] (1.0, 22.0)[a]	18.0 (±5.91)[b]	270 (±85.8)[b]	0.24 (±0.077)[b]	5.98 (±1.76)[b]
Prefilled syringe	7.51 (±2.31)	5.99[a] (1.0, 22.0)[a]	18.5 (±4.52)	279 (±89.7)	0.24 (±0.104)	6.08 (±1.58)

a: Median (Min – Max)
b: N=95

Abbreviations: $AUC_{0-\infty}$= area under the concentration-time curve extrapolated to infinity; CL/F= systemic clearance for extravascular administration; C_{max}=observed maximum serum concentration; $t_{1/2}$ = Elimination half-life; T_{max} = Time to maximum concentration ; Vd/F= Volume of distribution for extravascular administration; Max=maximum observed value; Min=minimum observed value; N=number of subjects.
Note: All PK parameters presented as arithmetic mean (±standard deviation), except T_{max}, presented as median (minimum-maximum observed values)

Absorption

Following an initial subcutaneous loading dose of 60 mg and subsequent 30 mg doses Q4W, at steady-state, nemolizumab for injection reached peak concentrations (Cmax,ss) of 5.15 mcg/mL in subjects with AD and 5.17 mcg/mL in subjects with PN; steady-state extent of exposure was 105 mcg·day/mL in subjects with AD and 109 mcg·day/mL in subjects with PN.

Following multiple doses of nemolizumab for injection in subjects with AD, the population PK estimated mean (SD) steady-state trough concentrations of nemolizumab for injection were 2.63 (1.27) mcg/mL for 30 mg administered Q4W and 0.74 (0.44) mcg/mL for 30 mg administered Q8W.

Following multiple doses of nemolizumab for injection in subjects with PN, the population PK estimated mean (SD) steady-state trough concentrations of nemolizumab for injection 3.04 (1.23) mcg/mL in patients with body weight <90 kg for 30 mg administered Q4W; and 3.66 (1.63) mcg/mL in patients with body weight ≥90 kg for 60 mg administered Q4W.

In both AD and PN population, steady state concentrations of nemolizumab for injection were achieved by week 4 after a 60 mg loading dose and by week 12 without a loading dose.

A loading dose is proposed for subjects with PN with body weight < 90 kg. However, for subjects with body weight ≥ 90 kg no loading dose is proposed because the 60 mg dose was sufficient to achieve similar steady-state concentrations of nemolizumab as the 30 mg dose (with 60 mg loading dose).

Linearity/non-linearity

After a single dose, nemolizumab exhibited linear pharmacokinetics with exposures increasing in dose-proportional manner between 0.03 and 3 mg/kg following subcutaneous administration.

After multiple doses, nemolizumab systemic exposure increased in an approximately dose-proportional manner across the SC dose range up to 30 mg. There was a slight decrease in bioavailability by 9% with the 60 mg SC dose and by 15% with the 90 mg SC dose.

Distribution

Based on a population PK analysis, the apparent volume of distribution for nemolizumab for injection was 7.67 L.

Elimination

Nemolizumab for injection is expected to be degraded in the same manner as endogenous IgG. In the population PK analysis, the terminal elimination half-life (SD) of nemolizumab for injection was estimated to be 18.9 (4.96) days and apparent systemic clearance was estimated to be 0.263 L/day.

Metabolism

Specific metabolism studies were not conducted because nemolizumab for injection is a protein. Nemolizumab for injection is expected to be metabolized into small peptides by catabolic pathways.

Special populations and conditions

- **Pediatrics**

  Atopic Dermatitis

  In the population PK analysis, no clinically significant difference in the pharmacokinetics of nemolizumab for injection was estimated in adolescents 12 - 17 years of age compared to adults. Dose adjustment in this population is not recommended.

Table 5- Summary of Nemolizumab Pharmacokinetic Parameters at steady-state in adult (18-65 years old) and pediatric (12-17 years old) subjects with AD

	12-17 years (N=191)	**18-65 years (N=1580)**
$C_{max,ss}$ (mcg/mL)		
Geo. mean (Geo. %CV)	6.55 (35.8%)	4.98 (34.7%)
Median [Min, Max]	6.69 [2.52, 17.8]	5.04 [1.38, 19.3]
$AUC_{\tau,ss}$ (mcg·day/mL)		
Geo. mean (Geo. %CV)	137 (40.9%)	102 (39.7%)
Median [Min, Max]	141 [46.7, 418]	104 [20.3, 335]

PopPK model-derived Nemolizumab Exposures in AD Subjects Receiving 30 mg Q4W (60 mg LD)
Abbreviations: AD=atopic dermatitis; $AUC_{\tau,ss}$=area under the concentration-time curve during a dosing interval at steady state; $C_{max,ss}$=maximum concentration at Week 12; CV=coefficient of variation; Geo. mean=geometric mean; LD=loading dose; Max=maximum; Min=minimum; N=number of subjects, Q4W=every 4 weeks.

Prurigo Nodularis

The pharmacokinetics of nemolizumab for injection have not been studied in pediatric patients (< 18 years of age) with PN.

- **Geriatrics:** No clinically significant difference in the pharmacokinetics of nemolizumab for injection was estimated based on age (18 – 65 years and > 65 years) determined by population PK analysis. No dose adjustment is recommended for elderly patients.
- **Sex:** Sex was not found to be associated with any clinically meaningful impact on the systemic exposure of nemolizumab for injection determined by population PK analysis.
- **Ethnic Origin:** Race was not found to be associated with any clinically meaningful impact on the systemic exposure of nemolizumab for injection by population PK analysis.

- **Hepatic Insufficiency:** Nemolizumab for injection, as a monoclonal antibody, is not expected to undergo significant hepatic elimination. No clinical studies have been conducted to evaluate the effect of hepatic impairment on the pharmacokinetics of nemolizumab for injection. Mild to moderate hepatic impairment was not found to affect the PK of nemolizumab for injection determined by population PK analysis. No data are available in patients with severe hepatic impairment.
- **Renal Insufficiency:** Nemolizumab for injection, as a monoclonal antibody, is not expected to undergo significant renal elimination. No clinical studies have been conducted to evaluate the effect of renal impairment on the pharmacokinetics of nemolizumab for injection. Population PK analysis did not identify mild or moderate renal impairment as having a clinically meaningful influence on the systemic exposure of nemolizumab for injection. Very limited data are available in patients with severe renal impairment.
- **Obesity:** Nemolizumab for injection exposure was lower in subjects with higher body weight.

Table 6 - PK parameters by weight Quartile (geometric mean)

Body weight (kg)	1st Quartile [30.8 to 62.0]	2nd Quartile [62.0 to 74.0]	3rd Quartile [74.0 to 87.1]	4th Quartile [87.1 to 181]
Cmax,ss (mcg/mL)	6.64	5.48	4.86	3.99
Ctrough,ss (mcg/mL)	2.92	2.39	2.18	1.72
AUCτ,ss (mcg•day/mL)	137	113	101	81.6

AUCt,ss Area under the concentration-time curve during a dosing interval (τ) at steady state; Cmax,ss Maximum concentration at steady state; Ctrough,ss Predose concentration at steady state PK parameters calculated with population PK model (N=1952)

Atopic Dermatitis

The difference in systemic exposure due to body weight had no clinically meaningful impact on efficacy in subjects with AD. Dose adjustment based on body weight is not needed (see 4. Dosage and Administration).

Prurigo Nodularis

The variability in systemic exposure due to body weight had a clinically meaningful impact on skin lesion efficacy as assessed by IGA response but not on pruritus improvement and does require dose adjustment in subjects with PN (see 4. Dosage and Administration).

10.4. Immunogenicity

All therapeutic proteins have the potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of incidence of antibodies in the studies described below with the incidences of antibodies in other studies or to other products may be misleading.

Atopic Dermatitis

In the Phase 3 AD pivotal trials (ARCADIA 1, ARCADIA 2) and ARCADIA LTE trial up to 128 weeks,

the incidence of treatment-emergent ADAs was 11.2% (123 subjects out of 1100); neutralizing antibodies were detected in 5 (0.5%) subjects.

There was no identified clinically significant effect of anti-drug antibodies on the pharmacokinetics, safety or efficacy of nemolizumab for injection.

Prurigo Nodularis

In the Phase 3 PN pivotal trials (OLYMPIA 1, OLYMPIA 2) and OLYMPIA LTE trial up to 116 weeks,

the incidence of treatment-emergent ADAs was 12.8% (46 subjects out of 358); neutralizing antibodies were detected in 12 (3.4%) subjects.

There was no identified clinically significant effect of anti-drug antibodies on the pharmacokinetics, safety or efficacy of nemolizumab for injection.

11. Storage, Stability, and Disposal

Store in a refrigerator at 2°C - 8°C in the original carton to protect from light until the expiration date. Alternatively, NEMLUVIO carton containing the pre-filled pen or pre-filled syringe may be stored at room temperature (up to 25°C) for a single period up to 90 days. Write the date first removed from the refrigerator in the space provided in the outer carton. Do not use NEMLUVIO beyond the expiration date or 90 days after the date it was first removed from the refrigerator (whichever is earlier).

Do not freeze.

Do not expose to extreme heat.

Comprehensive instructions for the administration of NEMLUVIO in a pre-filled pen or in a pre-filled syringe are in the patient insert.

NEMLUVIO must be removed from the refrigerator for 30-45 minutes before reconstitution.

Inspect NEMLUVIO visually prior to reconstitution. NEMLUVIO consists of a white powder and a clear liquid. Do not use if powder is not white, or if liquid is cloudy, or particulate matter is visible. Prior to administration, check that NEMLUVIO is clear and colorless to slightly yellow and does not contain particles. Use the NEMLUVIO pen or syringe within 4 hours after reconstitution. Any unused medicinal product or waste material should be disposed of in accordance with local requirements. The used pens or syringes should be discarded in an appropriate sharps disposal container avoiding contact with the needle and following safe needle disposal practices.

Shelf-Life

Pre-filled pen: 30 months

Pre-filled syringe: 36 months

12. Special Handling Instructions

When disposing of NEMLUVIO pen, avoid contact with the needle and dispose of the used pen and the grey cap in a sharps disposal container immediately after use.

Do not :

- Recap the pen after use,

- Dispose of the NEMLUVIO pen and cap in household trash,
- Recycle used sharps disposal container.

When disposing of NEMLUVIO syringe, avoid contact with the needle and dispose of the used syringe with the attached needle, the needle cap, the white cap, and the grey cap in a sharps disposal container immediately after use.

Do not :

- Dispose of the NEMLUVIO syringe with needle and caps in household trash,
- Recycle used sharps disposal container.

Part 2: Scientific Information

13. Pharmaceutical Information

Drug Substance

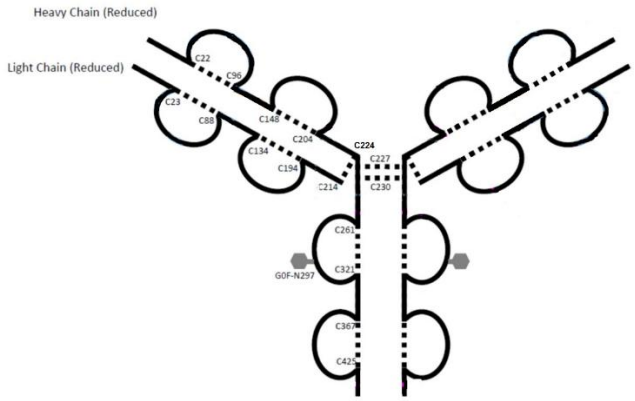
Non-proprietary name of the drug substance(s): Nemolizumab

Chemical name: Nemolizumab

Molecular formula: $C_{6384}H_{9814}N_{1678}O_{2034}S_{48}$ (estimated)

Molecular mass: 144,153 Da (peptide chains only)

Structure:



Nemolizumab is a humanized monoclonal antibody recognizing the interleukin (IL)-31 receptor alpha chain (IL-31RA) that blocks the binding of IL-31.

Nemolizumab has a human immunoglobulin G2 (IgG2) framework containing two heavy chains VH gamma (445 amino acid residues each) and two light chains VL kappa subgroup sequences (214 amino acid residues each).

Relevant physicochemical properties: Nemolizumab is soluble in aqueous solutions suitable for subcutaneous injection. Nemolizumab for injection is a white lyophilized powder and solvent solution. Nemolizumab for injection is stable at room temperature for up to 90 days when not reconstituted. Once reconstituted, it should be used within four hours.

Pharmaceutical standard: Nemolizumab is a biological active substance derived from biotechnology, therefore there is no pharmaceutical standard applicable. Additionally, no international standard is available for nemolizumab.

Product Characteristics:

Nemolizumab, an interleukin-31 receptor alpha (IL-31RA) antagonist, is a humanized monoclonal modified immunoglobulin G (IgG) antibody targeting IL-31RA.

Nemolizumab has a molecular weight of 144,153 kDa.

Nemolizumab is produced by recombinant DNA technology in Chinese Hamster Ovary cells. Nmepolizumab manufacturing process consists of two processes, “Cell Culture and Harvest” and “Purification”.

During nemolizumab drug substance manufacturing, no raw materials of animal or human origin were used.

14. Clinical Trials

14.1. Clinical Trials by Indication

14.1.1 Atopic Dermatitis

Trial Design and Study Demographics

The efficacy and safety of NEMLUVIO with concomitant topical background therapy was evaluated in two identical, randomized, double-blind, parallel-group, placebo-controlled, multicentre studies (ARCADIA 1 and ARCADIA 2) in subjects 12 years of age and older with moderate-to-severe atopic dermatitis (AD) that was not adequately controlled by topical treatments. Subjects enrolled in these studies had a disease severity defined by an Investigator's Global Assessment (IGA) score of ≥3 in the overall assessment of AD lesions, an Eczema Area and Severity Index (EASI) score of ≥16, a minimum body surface area (BSA) involvement of ≥10%, and a weekly average peak pruritus numeric rating scale (PP NRS) score of ≥ 4.

In the initial treatment phase, a total of 1728 subjects were randomized 2:1 to receive subcutaneous injections of either NEMLUVIO 60 mg at Week 0, followed by 30 mg every 4 weeks (Q4W) until Week 12, or matched placebo. Subjects were stratified by baseline disease severity as measured by IGA (moderate = 3; severe = 4), and itch severity as measured by PP NRS (PP NRS <7; PP NRS ≥7). Concomitant low and/or medium potency topical corticosteroids (TCS) and/or topical calcineurin inhibitors (TCI) were administered to subjects for at least 14 days prior to baseline and continued during the trial. Based on disease activity, these concomitant therapies could be tapered and/or discontinued at the investigator's discretion.

Baseline subject demographics and disease characteristics were relatively consistent between treatment groups. The majority of subjects were male (51%) and White (80%). The mean age was 34.1 years; 15% of subjects were 12 to 17 years of age and 5% were >65 years of age. The mean body weight was 75.04 kg and body mass index was 26.007 kg/m^2. Overall, 70% of subjects had an IGA score of 3 (moderate AD) and 30% of subjects had an IGA score of 4 (severe AD), a mean EASI score of 27.51, and a mean weekly average PP-NRS score of 7.126. In total, 63% of subjects received other previous systemic treatments for AD.

Subjects achieving either IGA success (defined as an IGA score of 0 or 1 and a ≥2-point reduction from baseline) and/or EASI-75 (defined as at least a 75% improvement in EASI score from baseline) at Week 16 were classified as responders and continued into the maintenance treatment period for an additional 32 weeks (up to week 48) to evaluate the maintenance of response achieved at Week 16.

In the maintenance treatment period, a total of 506 subjects who were NEMLUVIO responders were re-randomized 1:1:1 to either NEMLUVIO 30 mg every 4 weeks, NEMLUVIO 30 mg every 8 weeks, or placebo every 4 weeks (all groups continued to receive background TCS/TCI). Subjects randomized to placebo in the initial treatment period who were responders at Week 16 continued to receive placebo every 4 weeks (these results are not discussed).

Table 7 - Summary of Subject Demographics for Clinical Trials in Adults and Adolescents with Moderate-to-Severe Atopic Dermatitis

Study #	Study design	Dosage, route of administration and duration	Study subjects (n)	Mean age (Min, Max)	Sex n (%)
ARCADIA 1	Phase 3 randomized, double-blind, parallel-group, placebo-controlled, multicentre study	Initial Period: *[Weeks 0 to 16]* • Nemolizumab 60 mg at Week 0, followed by 30 mg Q4W by subcutaneous injection • Placebo Final dose at Week 12 Maintenance Period (responders): *[Weeks 16 to 48]* • Nemolizumab 30 mg Q4W by subcutaneous injection • Nemolizumab 30 mg Q8W by subcutaneous injection • Placebo Final dose at Week 44	941	33.4 years (12, 82)	Female 441 (46.9%) Male 500 (53.1%)
ARCADIA 2	Phase 3 randomized, double-blind, parallel-group, placebo-controlled, multicentre study	Initial Period: *[Weeks 0 to 16]* • Nemolizumab 60 mg at Week 0, followed by 30 mg Q4W • Placebo Final dose at Week 12 Maintenance Period (responders): *[Weeks 16 to 48]* • Nemolizumab 30 mg Q4W • Nemolizumab 30 mg Q8W • Placebo Final dose at Week 44	787	35.0 years (12, 85)	Female 406 (51.6%) Male 381 (48.4%)

The co-primary endpoints in both ARCADIA 1 and ARCADIA 2 were: 1) the proportion of subjects with an IGA success (defined as an IGA of 0 [clear] or 1 [almost clear] and a ≥2-point reduction from baseline) at Week 16; and 2) the proportion of subjects with EASI-75 (≥75% improvement in EASI from baseline) at Week 16. Key secondary endpoints included PP NRS improvement ≥4 from baseline at

Weeks 16, PP NRS <2 at Week 16, and Sleep Disturbance Numeric Rating Scale (SD NRS) improvement ≥4 from baseline at Week 16.

The IGA is a single-item 5-point scale used by the Investigator to evaluate the global severity of AD based on a review of the subject's skin and assigned a score of 0 (clear), 1 (almost clear), 2 (mild), 3 (moderate), or 4 (severe) based on the presence of erythema, induration/papulation, and associated oozing/crusting. The EASI is a composite score ranging from 0 to 72 used by the Investigator to assess the severity of erythema (E), induration/papulation (I), excoriation (Ex), and lichenification (L) on a scale of 0 (absent) to 3 (severe) for each of the 4 body areas: head/neck, trunk, upper limbs, and lower limbs. The extent of AD involvement in each of the 4 body areas was assessed as a percentage, and the total body area percentage was categorically calculated. The PP NRS was a single-item outcome scale used by subjects to report the intensity of their pruritus during the last 24 hours on an 11-point scale from 0 (no itch) to 10 (worst itch imaginable). The SD NRS was a single-item outcome scale used by subjects to report the degree of sleep loss related to symptoms of AD on an 11-point scale form 0 (no sleep loss) to 10 (I did not sleep at all). The PP NRS and SD NRS outcomes are reported as a weekly average of at least 4 days of data up to the target study day (excluding) and set to missing, if less than 4 days of data were available.

Study Results

The key efficacy results from ARCADIA 1 and ARCADIA 2 evaluating the initial treatment period with NEMLUVIO at Week 16 in subjects with moderate-to-severe AD are presented in Table 8 and Figure 1, Figure 2 and Figure 3

Table 8 – Results of Key Efficacy Endpoints at Week 16 in Subjects with Moderate-to-Severe AD from ARCADIA 1 and ARCADIA 2 (Initial Treatment Period)

	ARCADIA 1			ARCADIA 2		
	NEMLUVIO + TCS/TCI (N=620)	Placebo + TCS/TCI (N=321)	Difference‡ from placebo (97.5% CI)	NEMLUVIO+ TCS/TCI (N=522)	Placebo + TCS/TCI (N=265)	Difference‡ from placebo (97.5% CI)
Co-primary Efficacy Endpoints						
Proportion of subjects† with IGA success [0 or 1] at Week 16	35.6%	24.6%	11.5% (4.7, 18.3)*	37.7%	26.0%	12.2% (4.6, 19.8)*
Proportion of subjects† with EASI-75 at Week 16	43.5%	29.0%	14.9% (7.8, 22.0)*	42.1%	30.2%	12.5% (4.6, 20.3)*
Key Secondary Efficacy Endpoints						
Proportion of subjects† with an improvement (reduction) of ≥4 points from baseline in PP NRS at Week 16	42.7%	17.8%	24.9% (18.4, 31.5)*	41.0%	18.1%	23.2% (16.1, 30.3)*
Proportion of subjects† with a PP NRS <2 at Week 16	30.6%	11.2%	19.5% (13.7, 25.2)*	28.4%	11.3%	17.1% (10.9, 23.3)*
Proportion of subjects† with an improvement (reduction) of ≥4 points from baseline in SD NRS at Week 16	37.9%	19.9%	17.9% (11.3, 24.5)*	33.5%	16.2%	17.5% (10.8, 24.3)*

IGA success=Investigator's Global Assessment score of 0 or 1 and ≥2-point improvement from baseline; EASI-75= 75% or greater improvement from baseline in the Eczema Area and Severity Index; N=number of subjects randomized to treatment group; PP NRS=Peak Pruritus Numeric Rating Scale; SD NRS=Sleep Disturbance Numeric Rating Scale; TCS=topical corticosteroids; TCI=topical calcineurin inhibitors.

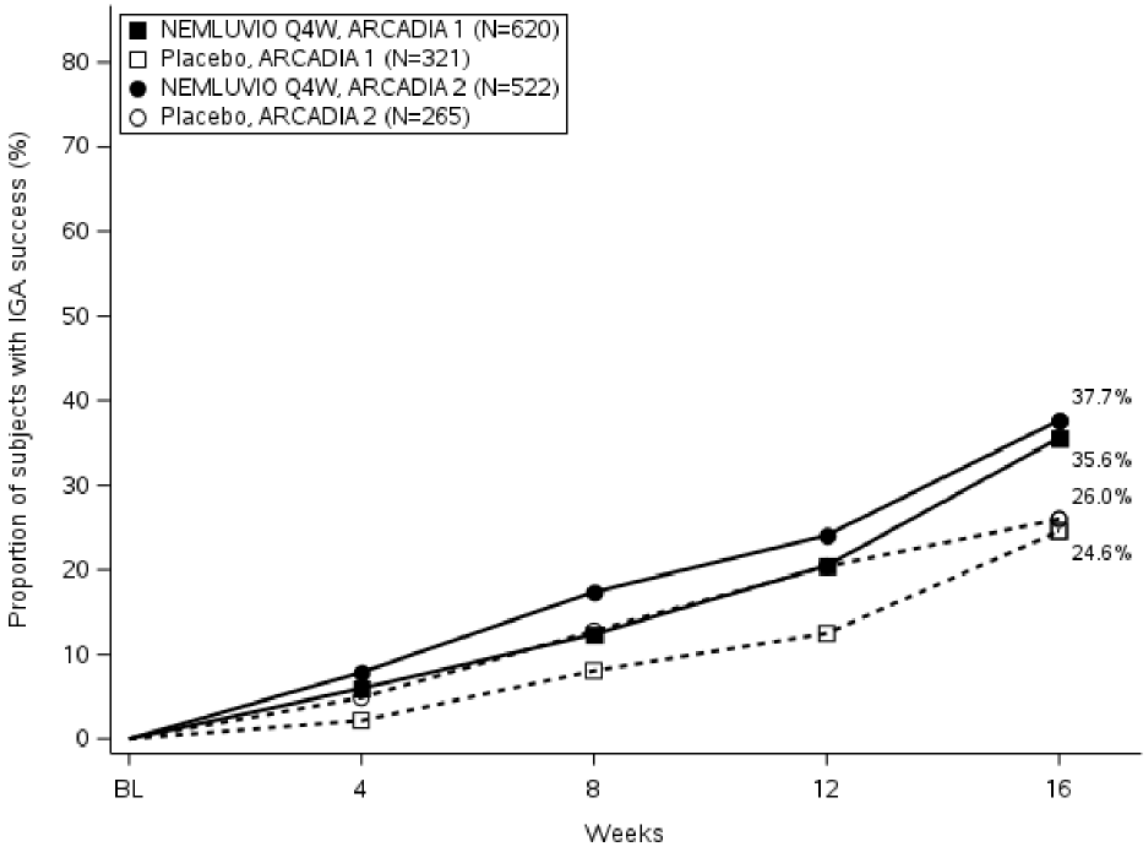
† Subjects who received rescue treatment or who had missing data were considered as non-responders.

‡ Strata-adjusted proportion differences were obtained using a weighted average of stratum-specific proportion using the Cochran-Mantel-Haenszel test. Confidence intervals (CIs) were calculated using the Wald asymptotic method.

* Statistically significant versus placebo based on the pre-defined testing hierarchy at the overall 2-sided 0.05 significance level. Strata-adjusted p-value is based on the Cochran-Mantel-Haenszel test stratified by PP NRS at baseline (<7 or ≥7) and IGA severity at baseline (3 or 4).

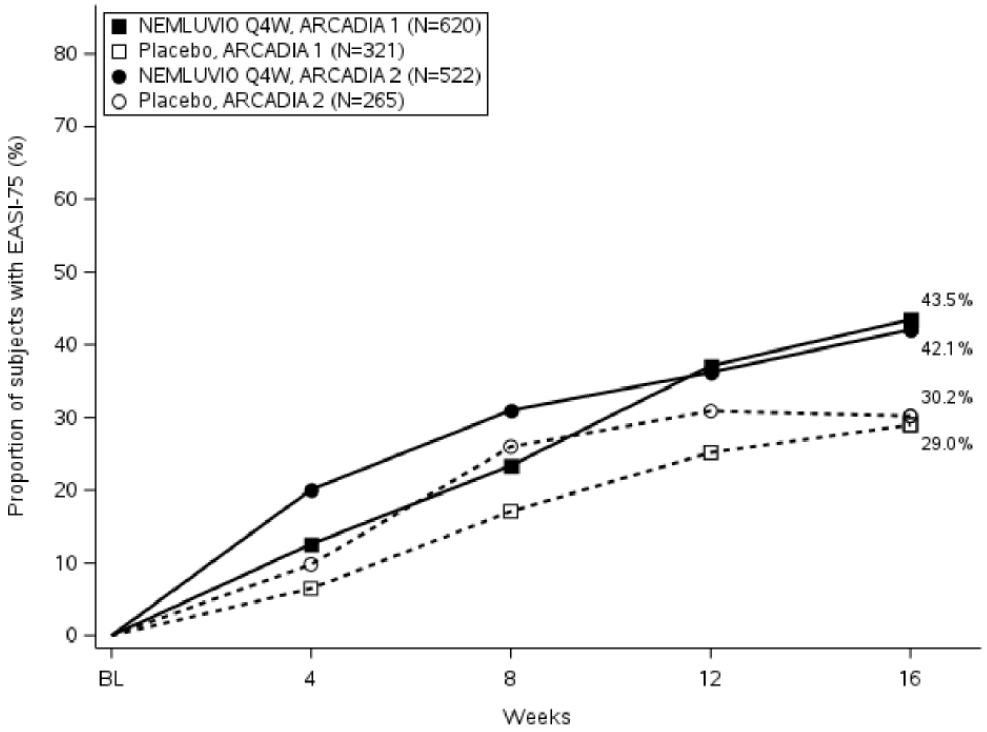
A statistically significantly greater proportion of subjects receiving NEMLUVIO compared to placebo achieved an improvement of ≥4 from baseline in PP NRS at Week 1 and at each visit through Week 16.

Figure 1 – The proportion of subjects with IGA success from baseline to Week 16 in ARCADIA 1 and ARCADIA 2



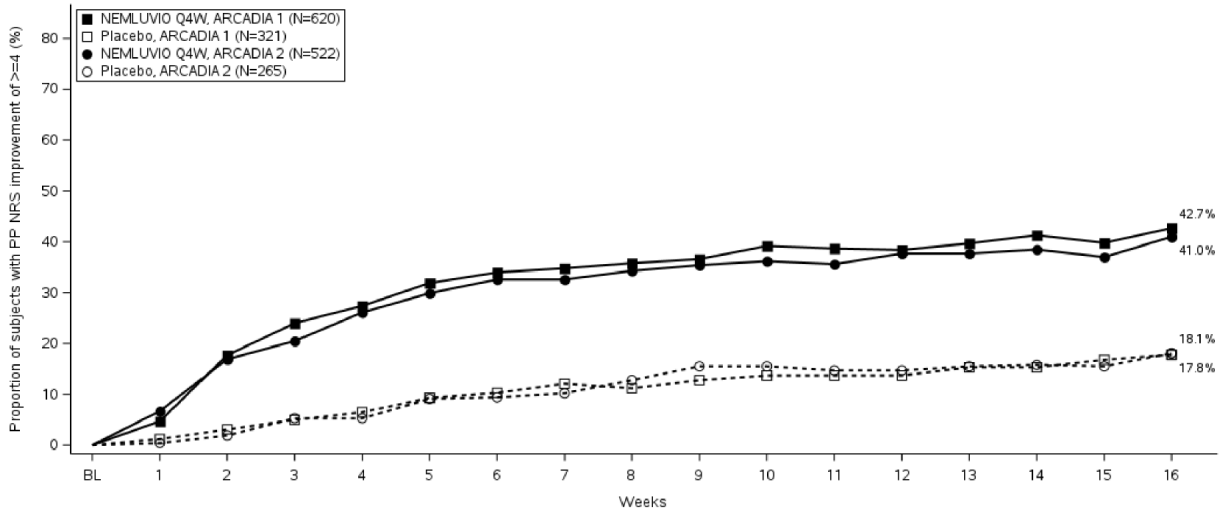
Subjects who received rescue treatment or who had missing data were considered as non-responders.

Figure 2– The proportion of subjects with EASI-75 from baseline to Week 16 in ARCADIA 1 and ARCADIA 2



Subjects who received rescue treatment or who had missing data were considered as non-responders.

Figure 3– The proportion of subjects with PP NRS improvements of ≥4 from baseline to Week 16 in ARCADIA 1 and ARCADIA 2



Subjects who received rescue treatment or who had missing data were considered as non-responders.

Efficacy results in adolescents were generally consistent with those observed in adults.

The efficacy results for ARCADIA 1 and ARCADIA 2 evaluating the maintenance treatment period with NEMLUVIO at Week 48 are presented in Table 9.

Table 9 – Results of Efficacy Endpoints at Week 48 in Subjects with Moderate-to-Severe AD from ARCADIA 1 and ARCADIA 2 (Maintenance Treatment Period)

	ARCADIA 1			ARCADIA 2		
	NEMLUVIO (Q4W) + TCS/TCI (N=90)	NEMLUVIO (Q8W) + TCS/TCI (N=91)	Placebo + TCS/TCI (N=91)	NEMLUVIO (Q4W) + TCS/TCI (N=79)	NEMLUVIO (Q8W) + TCS/TCI (N=78)	Placebo + TCS/TCI (N=78)
Number of subjects who achieved IGA success [0 or 1] at Week 16	77	73	68	65	69	63
Proportion of subjects† with IGA success [0 or 1] at Week 48 among subjects with IGA success at Week 16	61.0%	58.9%	50.0%	66.2%	69.6%	60.3%
Number of subjects who achieved EASI-75 at Week 16	89	88	88	74	75	69
Proportion of subjects† with EASI-75 at Week 48 among subjects with EASI-75 at Week 16	74.2%	75.0%	61.4%	77.0%	78.7%	69.5%

IGA success=Investigator's Global Assessment score of 0 or 1 and ≥2-point improvement from initial baseline; EASI-75=75% or greater improvement from initial baseline in the Eczema Area and Severity Index; Q4W=Every 4 weeks; Q8W=Every 8 weeks; N = number of subjects randomized to the treatment group among nemolizumab-treated clinical responders at Week 16, where clinical responder is defined as achieving IGA success [0 or 1] or EASI-75 at Week 16.

† Subjects who received rescue treatment or who had missing data were considered as non-responders.

14.1.2 Prurigo Nodularis

Trial Design and Study Demographics

The efficacy and safety of NEMLUVIO as monotherapy was evaluated in two randomized, double-blind, multicentre, placebo-controlled studies (OLYMPIA 1 and OLYMPIA 2) in subjects 18 years of age and older with prurigo nodularis (PN). Subjects enrolled in these studies had a disease severity defined by an Investigator's Global Assessment (IGA) score ≥ 3 in overall assessment of the categorical number of palpable pruriginous nodules, a weekly average of the peak pruritus numeric rating scale (PP NRS) score of ≥7, and ≥20 nodular lesions with bilateral distribution.

A total of 560 subjects were randomized (2:1) to receive initial subcutaneous injections of either NEMLUVIO or matched placebo. Subjects weighing <90 kg received NEMLUVIO 60 mg at Week 0, followed by 30 mg every 4 weeks (Q4W) until Week 12 (OLYMPIA 2) or Week 20 (OLYMPIA 1), while subjects weighing ≥90 kg received NEMLUVIO 60 mg at Week 0, followed by 60 mg Q4W until Week 12 (OLYMPIA 2) or Week 20 (OLYMPIA 1). Subjects were stratified by study site and baseline body weight

(<90 kg and ≥90 kg). Concomitant use of topical corticosteroids (TCS) and/or topical calcineurin inhibitors (TCI) was prohibited.

Baseline subject demographics and disease characteristics were relatively consistent between treatment groups. The majority of subjects were female (60%) and White (81%). The mean age was 55.2 years; 25% of subjects were >65 years of age. A history of atopy was reported by 32% of subjects. The mean body weight was 82.6 kg and body mass index was 28.9 kg/m^2. Overall, 58% of subjects had an IGA score of 3 (moderate PN) and 42% of subjects had an IGA score of 4 (severe PN), and a mean weekly average PP NRS score of 8.5.

Table 10 - Summary of Subject Demographics for Clinical Trials in Adults with Prurigo Nodularis

Study #	Study design	Dosage, route of administration and duration	Study subjects (n)	Mean age (Min, Max)	Sex n (%)
OLYMPIA 1	Phase 3 randomized, double-blind, parallel-group, placebo-controlled. multicentre study	*Subjects < 90kg* • Nemolizumab 60 mg at Week 0, followed by 30 mg Q4W by subcutaneous injection • Placebo *Subjects ≥ 90kg* • Nemolizumab 60 mg at Week 0, followed by 60 mg Q4W by subcutaneous injection • Placebo Final dose at Week 20	286	57.5 years (49, 67)	Female 166 (58.0%) Male 120 (42.0%)

OLYMPIA 2	Phase 3 randomized, double-blind, parallel-group, placebo-controlled, multicentre study	*Subjects < 90kg* • Nemolizumab 60mg at Week 0, followed by 30 mg Q4W by subcutaneous injection • Placebo *Subjects ≥ 90kg* • Nemolizumab 60mg at Week 0, followed by 60 mg Q4W by subcutaneous injection • Placebo Final dose at Week 12	274	52.7 years (42, 64)	Female 168 (61.3%) Male 106 (38.7%)

The primary efficacy endpoints in both OLYMPIA 1 and OLYMPIA 2 were: 1) the proportion of subjects with an improvement of ≥4 from baseline in Peak Pruritus Numeric Rating Scale (PP NRS) at Week 16; and 2) the proportion of subjects with an IGA success (defined as an IGA of 0 [clear] or 1 [almost clear], and a ≥2-point improvement from baseline) at Week 16. Key secondary endpoints included PP NRS improvement ≥4 from baseline at Week 4, PP NRS <2 at Week 16, and SD NRS improvement ≥4 from baseline at Week 16.

The IGA is a single-item 5-point scale used by the Investigator to evaluate the global severity of PN based on a review of the amount of palpable pruriginous nodules (nodules) and assigned a score of 0 (clear – no nodules), 1 (almost clear – rare nodules), 2 (mild – few nodules), 3 (moderate – many nodules), or 4 (severe – abundant nodules). The PP NRS was a single-item outcome scale used by subjects to report the intensity of their pruritus during the last 24 hours on an 11-point scale from 0 (no itch) to 10 (worst itch imaginable). The SD NRS was a single-item outcome scale used by subjects to report the degree of sleep loss related to symptoms of PN on an 11-point scale form 0 (no sleep loss) to 10 (I did not sleep at all). The PP NRS and SD NRS outcomes are reported as a weekly average of at least 4 consecutive days of data up to the target study day (excluding) and set to missing, if less than 4 days of data were available.

Study Results:

The key efficacy results from OLYMPIA 1 and OLYMPIA 2 evaluating NEMLUVIO at Week 16 in subjects with PN are presented in Table 11 and Figure 4 and Figure 5.

Table 11 – Results of Key Efficacy Endpoints at Week 16 in Subjects with Prurigo Nodularis from OLYMPIA 1 and OLYMPIA 2

	OLYMPIA 1			OLYMPIA 2		
	NEMLUVIO (N=190)	**Placebo (N=96)**	**Difference‡ from placebo**	**NEMLUVIO (N=183)**	**Placebo (N=91)**	**Difference‡ from placebo**

			(95% CI)			(95% CI)
Primary Efficacy Endpoints						
Proportion of subjects† with an improvement (reduction) of ≥4 points from baseline in PP NRS	58.4%	16.7%	40.1% (29.4, 50.8)*	56.3%	20.9%	37.4% (26.3, 48.5)*
Proportion of subjects† with IGA success [0 or 1]	26.3%	7.3%	14.6% (6.7, 22.6)*	37.7%	11.0%	28.5% (18.8, 38.2)*
Key Secondary Efficacy Endpoints						
Proportion of subjects† with a PP NRS <2	34.2%	4.2%	30.5% (22.3, 38.7)*	35.0%	7.7%	30.0% (21.3, 38.6)*
Proportion of subjects† with an improvement (reduction) of ≥4 points from baseline in SD NRS	50.0%	11.5%	38.0% (27.8, 48.2)*	51.9%	20.9%	31.9% (20.7, 43.2)*

IGA success=Investigator's Global Assessment score of 0 or 1 and a ≥2-point improvement from baseline; N=number of subjects randomized to treatment group; PP NRS=Peak Pruritus Numeric Rating Scale; SD NRS=Sleep Disturbance Numeric Rating Scale.

† Subjects who received rescue treatment or who had missing data were considered as non-responders.

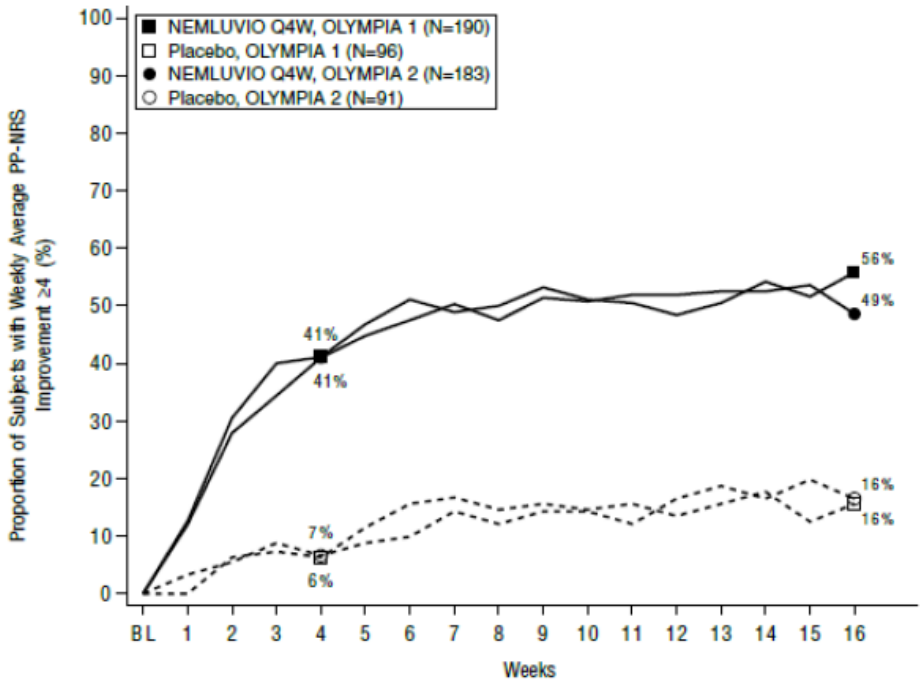
‡ Strata-adjusted proportion differences were obtained using a weighted average of stratum-specific proportion using the Cochran-Mantel-Haenszel test. Confidence intervals (CIs) were based on the Wald statistic controlling for stratification variables.

* Statistically significant versus placebo based on the pre-defined testing hierarchy at the overall 2-sided 0.05 significance level. Strata-adjusted p-value is based on the Cochran-Mantel-Haenszel test stratified by analysis centre and body weight at randomization (<90 kg, ≥90 kg).

In OLYMPIA 1 and OLYMPIA 2, the proportion of subjects with ***both*** an improvement (reduction) of ≥4 points from baseline in PP NRS ***and*** an IGA success [0 or 1] at Week 16 was greater in subjects receiving NEMLUVIO (22.6% and 29.5%, respectively) compared with placebo (2.1% and 5.5% respectively). The strata-adjusted treatment difference favoured NEMLUVIO in both OLYMPIA 1 (Difference: 16.0% [95% CI; 9.5, 22.5]) and OLYMPIA 2 (Difference: 26.1% [95% CI; 17.4, 34.8]).

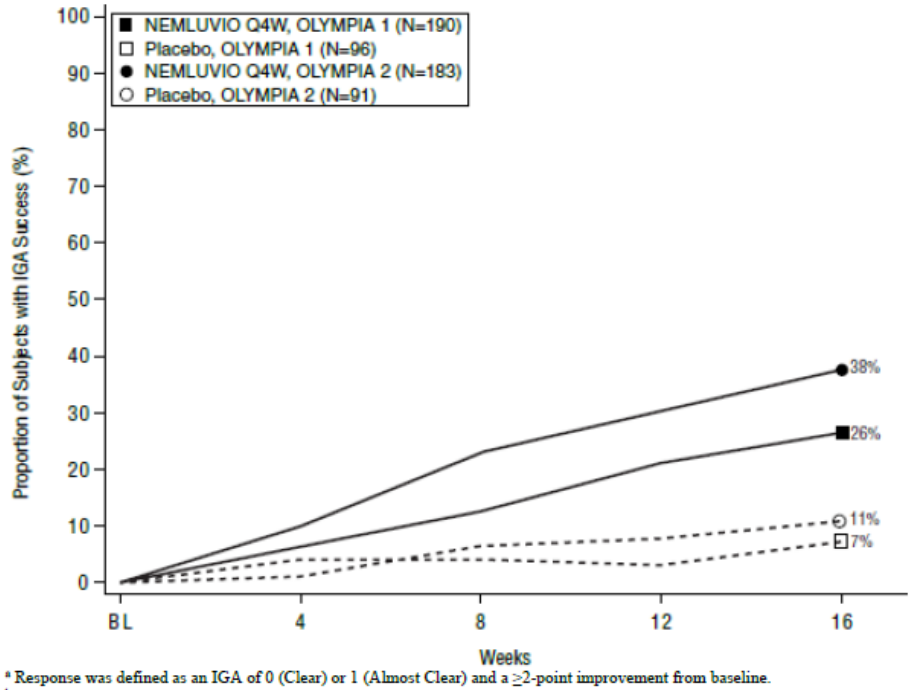
In OLYMPIA 1 and OLYMPIA 2, the proportion of subjects with an improvement (reduction) of ≥4 points from baseline in PP NRS at Week 4 was greater in subjects receiving NEMLUVIO (41.1% and 41.0%, respectively) compared with placebo (6.3% and 7.7%, respectively). The strata-adjusted treatment difference statistically favoured NEMLUVIO in both OLYMPIA 1 (Difference: 31.7% [95% CI; 23.0, 40.4]) and OLYMPIA 2 (Difference: 33.4% [95% CI; 24.3, 42.4]) (see Figure 4). Additionally, statistically significantly greater proportions of subjects receiving NEMLUVIO compared to placebo achieved a PP NRS <2 at Week 4, and an improvement of ≥4 from baseline in SD NRS at Week 4.

Figure 4– The proportion of subjects with PP NRS improvement ≥ 4 from baseline to Week 16 in OLYMPIA 1 and OLYMPIA 2



[a] Subjects who received rescue therapy or had missing data (fewer than 4 PP-NRS daily diary entries in a 7-day period) were considered non-responders.

Figure 5– The proportion of subjects with IGA success [0 or 1] from baseline to Week 16 in OLYMPIA 1 and OLYMPIA 2



[a] Response was defined as an IGA of 0 (Clear) or 1 (Almost Clear) and a ≥2-point improvement from baseline.
[b] Subjects who received rescue therapy or had missing data were considered non-responders.

16. Non-Clinical Toxicology

General toxicology: A 13-week and a 26-week repeat-dose study were conducted in sexually mature cynomolgus monkeys to evaluate the safety of subcutaneous administration of nemolizumab. In these studies, animals received either control item or nemolizumab at 1, 5, or 25 mg/kg every two weeks for 13 and 26 weeks (7 and 14 doses, respectively). In the 26-week study, exposures at doses of 1, 5, and 25 mg/kg were 3-, 14-, and 55-fold the exposure at the maximum recommended human dose (154 mcg•day/mL in adult PN patients), respectively for the male monkeys and 2-, 12-, and 47-fold the exposure for the females.

Both studies included comprehensive evaluations: clinical signs, neurobehavioral and cardiovascular assessments, reproductive parameters (menstruation and sperm analysis), clinical pathology, toxicokinetic, anti-drug antibody analysis, immunotoxicity (including a T-cell dependent antibody response [TDAR] assay), and full histopathology. No systemic or organ-specific toxicity was observed in either study. Injection site reactions (mononuclear cell infiltration) were minimal.

Based on the absence of adverse findings in both studies, the No Observed Adverse Effect Level (NOAEL) was established at 25 mg/kg administered once every two weeks.

Genotoxicity: No studies have been performed to evaluate the genotoxic potential of nemolizumab.

Carcinogenicity: No long-term animal studies have been performed to evaluate the carcinogenic potential of nemolizumab.

Reproductive and developmental toxicology: No effects on fertility-related parameters (menstrual cycle length in females and sperm count, motility, and morphology and testicular volume in males) and no histopathological findings in male and female reproductive organs were observed in sexually mature

cynomolgus monkeys in the 26-week repeat-dose toxicity study summarized above (see General Toxicology). However, no dedicated fertility/mating study has been conducted with nemolizumab.

Effects on pre- and post-natal development were assessed in an enhanced pre- and post-development (ePPND) study conducted in cynomolgus monkeys. In this study, nemolizumab was administered subcutaneously at doses of 0 (vehicle control), 1, or 25 mg/kg once every two weeks to pregnant monkeys from the start of organogenesis (gestation day 20) until delivery (total of 9 to 12 doses). At these doses, exposures were 2- and 32-fold the exposures at the maximum recommended human dose (154 mcg•day/mL in adult PN patients), respectively. To evaluate effects on post-natal development of offspring, nemolizumab was also administered to the offspring at the same dose levels once every two weeks for 26 weeks, starting from postnatal day 35 (PND 35) to PND 217 (total of 14 doses). At these doses, exposures were 5- and 122-fold the exposure at the maximum recommended human pediatric dose (137 mcg•day/mL in pediatric AD patients), respectively. Maternal animals were allowed to deliver naturally and nursed their offspring until PND 220, when the offspring were necropsied. No maternal toxicity or effects on gestation length or on the placenta were observed. Pregnancy outcomes were not affected and the incidence of fetal losses was comparable to the control group. However, an increase in early post-natal infant deaths was observed at the high-dose for which a drug-related effect could not be ruled out.

No other effects on development were observed in surviving infants in the ePPND study, including following direct dosing of offspring. This included no adverse effects on cardiovascular function and immune function (by TDAR). There were also no adverse effects observed upon skeletal and microscopic examinations.

Prior to the direct dosing of offspring, nemolizumab was detected in infant plasma on PND 7 to PND 35 and declined gradually with time, indicating transfer across the placental barrier followed by elimination. Nemolizumab concentrations in infant plasma during this time were either comparable to or higher than those in the respective maternal animal. Low levels of nemolizumab in milk were detected when compared to maternal plasma concentrations, indicating secretion into milk.

In conclusion, the NOAEL for maternal toxicity and juvenile toxicity following direct dosing was 25 mg/kg administered once every two weeks. However, the NOAEL for developmental toxicity following *in utero* exposure was determined to be the maternal dose of 1 mg/kg administered once every two weeks based on the increase in early post-natal infant deaths observed at the high-dose.

Juvenile toxicity: Juvenile toxicity was assessed as part of the ePPND study summarized above (see Reproductive and developmental toxicology).

Patient Medication Information

READ THIS FOR SAFE AND EFFECTIVE USE OF YOUR MEDICINE

[Pr]NEMLUVIO ®

Nemolizumab for injection

powder and solvent solution for subcutaneous injection

NEMLUVIO (nemolizumab for injection) 30 mg powder and solvent solution for injection in pre-filled pen

NEMLUVIO (nemolizumab for injection) 30 mg powder and solvent solution for injection in pre-filled syringe

This patient medication information is written for the person who will be taking NEMLUVIO. This may be you or a person for whom you are caring. Read this information carefully. Keep it as you may need to read it again.

This patient medication information is a summary. It does not include everything about this medication. If you have questions or want more information about NEMLUVIO**,** talk to a healthcare professional.

What NEMLUVIO is used for:

Atopic Dermatitis (AD)

- NEMLUVIO is used to treat adults and adolescents who have a moderate-to-severe inflammatory skin condition called 'atopic dermatitis' (eczema) that causes symptoms such as dry, itchy, scaly skin. These patients cannot be adequately treated using therapies that are applied on the surface of the skin (topical).

  It is not known if NEMLUVIO is effective and safe in children less than 12 years of age.

Prurigo Nodularis (PN)

- NEMLUVIO is used to treat adults who have a moderate-to-severe chronic inflammatory skin condition called prurigo nodularis that is characterised by intense itch and many firm bumps (nodules) on the skin. Nodules may have a thick, dry crust and appear on the arms, legs, and trunk.

  It is not known if NEMLUVIO is effective and safe in children less than 18 years of age.

How NEMLUVIO works:

NEMLUVIO works by blocking a specific protein in the body that plays a central role in driving the itch and skin nodules of AD and PN. NEMLUVIO can improve the condition of your skin (reduces redness, scaling, firmness, and the number of bumps) and reduce symptoms including itching and sleep disturbance.

The ingredients in NEMLUVIO are:

Medicinal ingredients: nemolizumab

Non-medicinal ingredients: L-arginine hydrochloride, Poloxamer 188, Sucrose, Tris-hydrochloride (for pH-adjustment), Trometamol and water for injection.

NEMLUVIO comes in the following dosage form(s):

Pre-filled pen:

NEMLUVIO consists of a pre-filled pen enclosing a glass cartridge supplying a white powder and a clear liquid. The liquid is not visible from the inspection window before dissolving.

NEMLUVIO is available as 30 mg pre-filled pen in a pack containing 1 pre-filled pen or in multipacks containing 2 (2 packs of 1).

Pre-filled syringe:

NEMLUVIO consists of a white powder and a clear liquid supplied in a glass pre-filled syringe with a separate needle with safety shield.

NEMLUVIO is available as 30 mg pre-filled syringe in a pack containing 1 pre-filled syringe.

Not all pack sizes may be marketed.

Do not use NEMLUVIO if:

- You are allergic or sensitive to any of the ingredients.

To help avoid side effects and ensure proper use, talk to your healthcare professional before you take NEMLUVIO. Talk about any health conditions or problems you may have, including if you:

- Are scheduled to receive any vaccination. You should not receive a “live vaccine” right before or during treatment with NEMLUVIO.
- Are pregnant or plan to become pregnant. It is not known whether NEMLUVIO will harm your unborn baby. Treatment with NEMLUVIO when pregnant is not recommended. Tell your healthcare provider if you become pregnant while taking NEMLUVIO. It is preferable to avoid the use of NEMLUVIO in pregnancy.
- Are breastfeeding or plan to breastfeed. It is not known whether NEMLUVIO passes into your breast milk and if it can harm your baby. You and your healthcare provider should decide if you will breastfeed or use NEMLUVIO. You should not do both.
- Have asthma, chronic obstructive pulmonary disease (COPD), or bronchitis.

Tell your healthcare professional about all the medicines you take, including any drugs, vitamins, minerals, natural supplements or alternative medicines.

The following may [also] interact with NEMLUVIO:

- Inform your healthcare professional if you have recently received a vaccine or if you are about to receive a vaccine. NEMLUVIO should not be used at the same time with certain types of vaccines.

How to take NEMLUVIO:

- Use NEMLUVIO exactly as prescribed by your healthcare professional.
- NEMLUVIO is given as an injection under your skin (subcutaneous injection) into the front upper thigh or abdomen, avoiding a 5 cm area around the navel. If somebody else gives the injection, it can also be given into the upper arm. You and your doctor or nurse will decide if you can inject NEMLUVIO yourself.
- It is recommended that you change the injection site with each injection. NEMLUVIO should not be injected into skin that is tender, inflamed, swollen, damaged or has bruises, scars or open wounds.
- Before injecting NEMLUVIO yourself, you must have received proper instruction by a doctor or nurse. Your NEMLUVIO injection may also be given by a caregiver after proper instruction by a doctor or nurse.
- See the detailed "Instructions for Use" included at the end of this package insert for information on how to prepare and inject NEMLUVIO and how to properly store and throw away (dispose of) used NEMLUVIO prefilled pens and syringes.

Usual dose:
Atopic Dermatitis (12 years of age and older):

For patients with AD, the recommended dose of NEMLUVIO is:
• An initial dose of 60 mg (two 30 mg injections) followed by 30 mg given every 4 weeks
• Based on how well the medicine works, your doctor may decide that you can have a dose every 8 weeks.

NEMLUVIO can be used together with other topical therapies (corticosteroids or calcineurin inhibitors).

Prurigo Nodularis:

The recommended dose of NEMLUVIO for adults with PN is based on body weight:

Body weight of patient	Initial dose	Subsequent doses
less than 90 kg	60 mg (two 30 mg injections)	30 mg every 4 weeks
90 kg or more	60 mg (two 30 mg injections)	60 mg (two 30 mg injections) every 4 weeks

Overdose:

If you think you, or a person you are caring for, have taken too much NEMLUVIO , contact a healthcare professional, hospital emergency department, regional poison control centre or Health Canada's toll-free number, 1-844 POISON-X (1-844-764-7669) immediately, even if there are no signs or symptoms.

Missed dose:

If you have forgotten to inject a dose of NEMLUVIO, talk to your doctor, pharmacist or nurse. Give the missed dose as soon as possible, then continue with your next dose at your regular scheduled time.

Possible side effects from using NEMLUVIO:

These are not all the possible side effects you may have when taking NEMLUVIO. If you experience any side effects not listed here, tell your healthcare professional.

The most common side effects of NEMLUVIO in people with prurigo nodularis include:

- Headache
- Skin rashes: atopic dermatitis (a type of eczema), eczema, and eczema nummular (scattered circular patches on the skin)

The most common side effects of NEMLUVIO in people with atopic dermatitis include:

- Headache
- Hives

The following additional side effects have been reported with NEMLUVIO:

- Sudden swelling of the face, lips, mouth, tongue, eyelids, or throat (allergy/angioedema)
- Injection site reactions (i.e. redness, rash, pain, irritation, bruising, swelling at the injection site)
- Fungal skin infections such as ringworm of the body (body tinea) or athlete's foot (tinea pedis), fungal infection of the nail, and jock itch

Serious side effects and what to do about them

Serious side effects and what to do about them			
Symptom / effect	**Talk to your healthcare professional**		**Stop taking drug and get immediate medical help**
	Only if severe	**In all cases**	
UNCOMMON			
Allergic reactions: breathing problems (wheezing), swelling of the face, lips, mouth, throat or tongue; skin rash; itching; dizziness or light-headedness; fast of weak pulse, nausea, vomiting or diarrhea, stomach pain/cramps			✓

If you have a troublesome symptom or side effect that is not listed here or becomes bad enough to interfere with your daily activities, tell your healthcare professional.

Reporting side effects

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting (canada.ca/drug-device-reporting) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345.

NOTE: Contact your healthcare professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.

Storage:

Store in the refrigerator (2°C to 8°C).
NEMLUVIO can be stored at room temperature (up to 25°C) for a single period of up to 90 days. Write the date first removed from the refrigerator in the space provided on the outer carton.

Once reconstituted, NEMLUVIO must be used within 4 hours or discarded.

Do not freeze. Do not expose to extreme heat.

Keep the syringe or pen in the original carton to protect from light.

Keep out of reach and sight of children.

If you want more information about NEMLUVIO (nemolizumab for injection):

- Talk to your healthcare professional
- Find the full product monograph that is prepared for healthcare professionals and includes the Patient Medication Information by visiting the Health Canada Drug Product Database website (https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html); the manufacturer's website https://www.galderma.com; or by calling 1-800-234-2345.

This leaflet was prepared by Galderma Canada Inc.

NEMLUVIO ® is a registered trademark of Galderma.

Date of Authorization: 2025-12-18

INSTRUCTIONS FOR USE

NEMLUVIO (nemolizumab for injection) 30 mg powder and solvent solution for injection in pre-filled pen

CAREFULLY read and follow Instructions for Use.

This pen requires specific steps before injection.

[Pr]NEMLUVIO ®

Nemolizumab for injection

powder and solvent solution for subcutaneous injection

These "Instructions for Use" contain information on how to inject NEMLUVIO.

Read and understand these instructions before using the NEMLUVIO pen.

Do not inject yourself or someone else until you have been shown how to inject NEMLUVIO.

In adolescents (ages 12 to < 18 years old), it is recommended that NEMLUVIO be administered by or under supervision of a trained adult or caregiver.

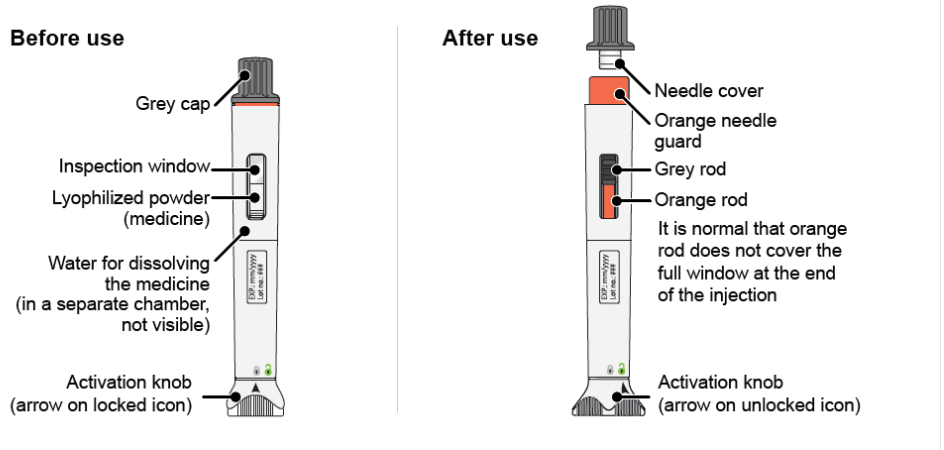
Your healthcare professional will instruct you or your caregiver how to prepare and inject a dose of NEMLUVIO (nemolizumab for injection) before you try to do it yourself the first time.

Call your healthcare professional if you have any questions.

NEMLUVIO is supplied as a single-use pre-filled dual-chamber pen (called "NEMLUVIO pen" or "pen" in these instructions). It contains medicine (30 mg of lyophilized powder) in one chamber and water for dissolving the medicine in the other chamber. Before you can inject it, you must mix the lyophilized powder with the water for dissolving the medicine.

Device Overview

NEMLUVIO pre-filled dual-chamber pen



<u>Important Information</u>

What you need to know before use

- Read all the instructions carefully before using the NEMLUVIO pen.
- **Mark your calendar** ahead of time to remember when to take NEMLUVIO .

- Follow all steps exactly as described. This ensures that you get the correct dose of medicine.
- Make sure that the lyophilized powder is completely dissolved before injecting (Step 9).
- After dissolving, proceed right away with the injection to avoid any contamination or break down of medicine (degradation).
- **Do not** use the NEMLUVIO pen if it has been dropped or is damaged or cracked.
- In some cases, your doctor will prescribe two pens. Use one NEMLUVIO pen after the other.
- To reduce the risk of accidental needle sticks, each NEMLUVIO pen has an orange needle guard. After injecting the medicine, as you lift the pen from your skin, the orange needle guard locks into place to cover the needle (Step 16).
- When preparing the NEMLUVIO pen for injection, do not pull the grey cap. Instead, twist the grey cap until the orange needle guard pops up. Then, gently pull the cap off the orange needle guard (Step 12).
- Throw away the used NEMLUVIO pen right away after use in a sharps disposal container. See Section "C: Throwing away NEMLUVIO " below.

Storage Information

- **Keep the NEMLUVIO pen and all medicines out of the reach and sight of children.**
- Store the NEMLUVIO pen in the refrigerator between 2°C to 8°C until the expiration date.
- The NEMLUVIO pen can be stored at room temperature up to 25°C for a single period of up to 90 days.
- If removed from the refrigerator, write down the date of removal on the carton, and use NEMLUVIO within 90 days.
- Do not use NEMLUVIO if the expiry date has passed or 90 days after the date it was removed from the refrigerator (whichever is earlier).
- Store the NEMLUVIO pen in the original carton to protect it from light.
- After reconstitution the NEMLUVIO (nemolizumab for injection) pen should be used within 4 hours.
- **Do not** heat or put the NEMLUVIO pen into direct sunlight.
- **Do not** freeze the NEMLUVIO pen.
- If the NEMLUVIO pen was heated or frozen throw it away and use a new one.

Travelling Information

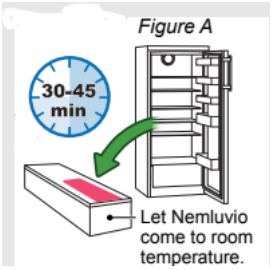
- Generally, you are allowed to carry pens with you on an airplane. Be sure to carry the NEMLUVIO pens with you in your carry-on luggage.

If you have any other questions, please refer to the FAQs and further information on the back of this package leaflet.

A. Preparing to inject NEMLUVIO

Step 1: Let NEMLUVIO reach room temperature

Injecting cold medicine might result in pain at the injection site. Take the NEMLUVIO carton out of the refrigerator and let it come to room temperature for 30 to 45 minutes before starting Step 2 *(see Figure A)*.



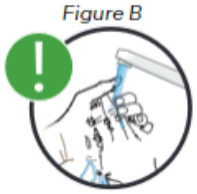
Do not:

- warm the pen with any heat source (such as microwave, direct sunlight). This might damage NEMLUVIO.
- directly expose the pen to liquids.

Step 2: Wash your hands

a. To avoid contamination and infection, wash your hands with soap *(see Figure B)*.

b. Dry them properly.



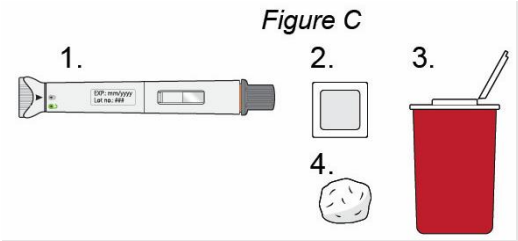
Step 3: Gather supplies *(see Figure C)*

a. Remove the pen from the carton.

b. Gather the following supplies on a clean, flat and well-lit surface:

1. Pen
2. Alcohol wipes*
3. Sharps disposal container*
4. Gauze pads or cotton balls*

*Items not included in the carton.
Note: In some cases, your doctor will prescribe two pens. Use one pen after the other.



Step 4: Inspect the NEMLUVIO pen for the following:

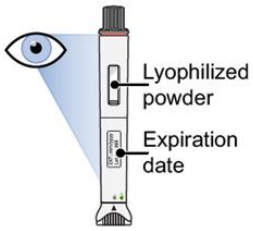
a. Expiration date has **not** passed.

b. The lyophilized powder is white and **not** dissolved *(see Figure D)*.

c. The pen has **not** been dropped and is **not** damaged or cracked.

Do not use the pen unless all the conditions above are met. If any condition is **not** met, throw away the pen and use a new one (see Section C: *"Throwing away NEMLUVIO "*).

Figure D



Step 5: Activate the NEMLUVIO pen

Hold the pen upright and turn activation knob to the right until it stops *(see Figure E).*

This starts the process of transferring water to the powder chamber.

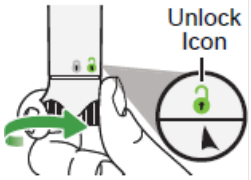
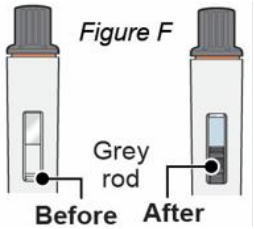


Figure E

Step 6: Wait until grey rod stops moving

Watch inspection window until grey stopper has stopped moving *(see Figure F)*.

Do not shake the pen before the grey stopper has completely stopped. You might get an incorrect dose of medicine.



Step 7: Shake to dissolve the medicine

When the grey rod has completely stopped, shake the pen up and down for 30 seconds *(see Figure G*).

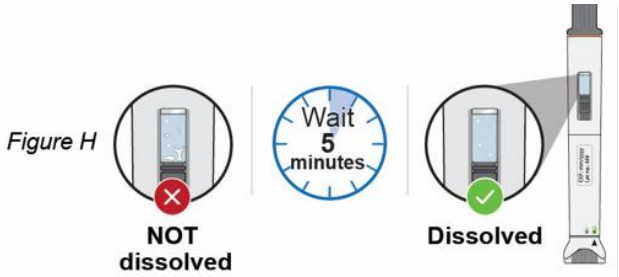
Figure G

Step 8: Wait 5 minutes for bubbles to decrease

Wait for bubbles to decrease and the lyophilized powder to dissolve completely. This will take about 5 minutes *(see Figure H*).

Note: If the medicine has not dissolved completely, shake the pen up and down again for 30 seconds and then wait 5 minutes.

Note: It is normal for a small foam layer or a few small air bubbles to remain in the dissolved medicine.



Step 9: Check the medicine in the inspection window

Check to see if the dissolved medicine:

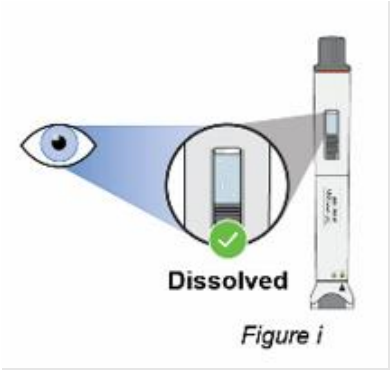
a. is clear and colourless to slightly yellow,

b. does not contain particles. *(see Figure i)*.

Do not use the pen if the dissolved medicine is cloudy or contains any particles.

Throw away the pen and use a new one (see Section C:*"Throwing away NEMLUVIO "*).

Note: After the medicine has dissolved, it must be used within 4 hours. During this time, it should be kept at room temperature (up to 25°C). If you have not used it within 4 hours, throw it away.



B. Injecting NEMLUVIO

Step 10: Select one injection site *(see Figure J)*

When using a second pen, select a different injection site at least 2.5 cm away from the first injection site.

Select the injection site using the following chart:

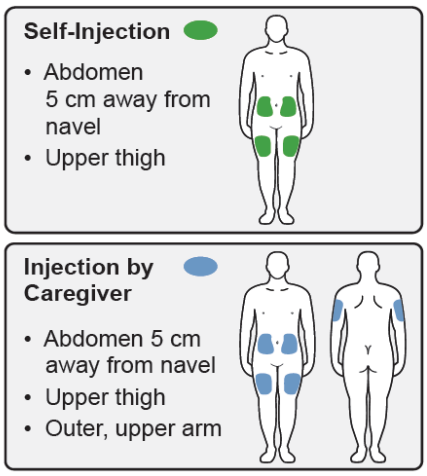


Figure J

Where not to inject:

- Near your waistline or about 5 cm around the navel.
- Into tender, bruised, red skin, or areas with scars or stretch marks.
- Twice into the same site (for example, within 2.5 cm).

Step 11: Clean the injection site

a. Always use a new alcohol wipe to clean the injection site *(see Figure K)*. This avoids contamination and infection.

b. Let the skin **air dry**.

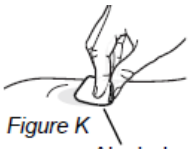


Figure K

Do not:

- touch the injection site after cleaning.
- fan or blow air on the cleaned injection site.
- reuse the alcohol wipe.

Step 12: Twist the grey cap

Do not:

- pull the grey cap when unscrewing to avoid damaging the device.
- touch the orange needle guard.

a. **Hold** the pen **upright** *(see Figure L a)*

b. Unscrew the grey cap until the orange needle guard pops up *(see Figure L b).*

c. Gently pull the cap off the orange needle guard *(see Figure L c)*.

d. After cap removal, please throw away the cap in a sharps disposal container (see Step 17).

Note: If the cap cannot be removed, refer back to **Step 5** and make sure activation knob is turned completely to the right until it stops.

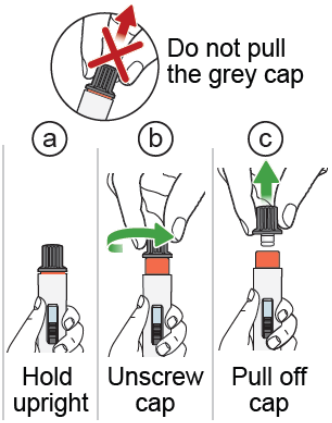


Figure L (a,b,c)

Step 13: Place the NEMLUVIO pen

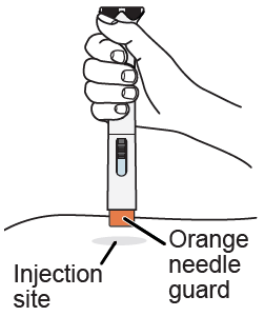
Read Steps 13-16 before starting Step 13.

Note: Always inject the way your healthcare professional showed you.

Place the pen on the injection site vertically so that the orange needle guard is flat against the skin (see Figure M).

Note: Make sure you can easily see the inspection window during injection.

Figure M

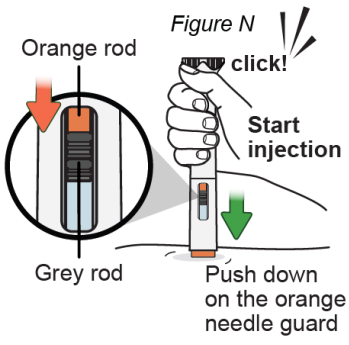


Step 14: Start injection and hold the NEMLUVIO pen on the skin

Gently push the pen down until orange needle guard is completely pushed in. The injection starts right away with a click *(see Figure N).*

The orange rod will begin to move down the injection window. **Do not** lift the pen yet and keep pushing down.

Figure N



Step 15: Inject for 15 seconds

Hold slowly and count to 15.

Check inspection window to make sure orange rod and grey stopper have stopped *(see Figure O).*

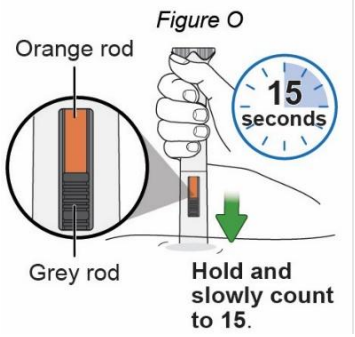
This means the injection has been completed.

Note: It is normal that the orange rod does not cover the whole inspection window at the end of injection.

Do not lift pen until orange rod and grey rod have stopped moving.

If the orange rod is not visible, please throw away the pen and use a new one (see Section C:*"*Throwing away NEMLUVIO (nemolizumab for injection)*"*).

Figure O

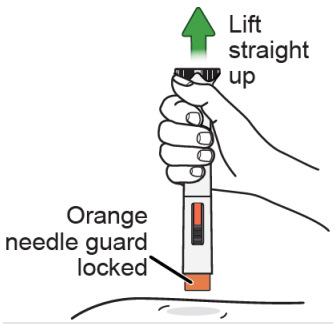


Step 16: Lift the NEMLUVIO pen up

a. Lift the pen straight up from your skin.
   The orange needle guard locks into place to cover the needle *(see Figure P).*
b. If there is bleeding, press a cotton ball or gauze over the injection site.

Do not rub the injection site.

Figure P



Turn over to read about the pen disposal, FAQs and package leaflet

C. Throwing away NEMLUVIO

Step 17: Throw away the pen and the cap

Avoid contact with the needle.

Throw away the used pen and the grey cap in a sharps disposal container right away after use *(see Figure Q).*

Do not:

- recap the pen after use.
- throw away the NEMLUVIO pen and cap in your household trash.
- throw away your used sharps disposal container in your household trash unless your community guidelines permit this.

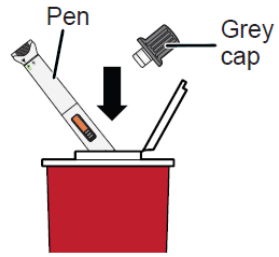


Figure Q

- recycle your used sharps disposal container.

If you do not have an sharps disposal container, you may use a household container that is:

- made of a heavy-duty plastic,
- closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out,
- upright and stable during use,
- leak-resistant, and
- properly labeled to warn of hazardous waste inside the container.

When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to dispose of your sharps disposal container.

There may be local laws about how you should throw away used pens.

FAQs (Frequently asked questions)

Needle

Where is the needle?

The needle is attached to the NEMLUVIO pen and covered by the grey cap.

When you twist the grey cap, the orange needle guard pops up and keeps the needle covered until you inject.

For more information, please see the figures in Step 12 in the Instructions for Use.

Dissolving the medicine

How do I know if the medicine is fully dissolved?

To dissolve, shake the NEMLUVIO pen up and down until the white particles are no longer on the bottom, top, or sides. The dissolved medicine should look clear. Please refer to Step 9 in the Instructions for Use.

After shaking the NEMLUVIO pen, look through both sides of the inspection window. You should not see any white particles along the bottom, top, or sides. It is acceptable to have small air bubbles or a small foam layer on top of the medicine. It does not harm you.

If you see white particles in the medicine, it is not fully dissolved.

Storage

How should I store the NEMLUVIO pen?

The NEMLUVIO pen should be stored in the refrigerator. Write the date that the pen was first removed from the refrigerator in the space provided on the outer carton. It can be stored at room temperature up to 25°C for a single period of up to 90 days.

The device should not come in contact with liquids.

Where do I find the expiration date?

You can find the expiration date on the pen, it is labelled EXP MM YYYY.

Do not use the NEMLUVIO pen past the expiration date.

What should I do if the medicine has been frozen?

Do not use the NEMLUVIO pen if it has been frozen. Throw away the NEMLUVIO pen and use a new one.

Injecting the medicine

Why do I need to hold the pen upright while removing the grey cap?

Holding the NEMLUVIO pen with the grey cap upright helps prevent the medicine from leaking. It is normal to see a few drops of medicine inside the grey cap even when you hold the pen upright and remove the grey cap.

How do I know I injected myself the full content of the pen?

To be sure you get the full content, press and hold the NEMLUVIO pen against your skin.

You will feel the needle go into your skin.

Hold the NEMLUVIO pen against your skin for 15 seconds.

This will allow enough time for all the medicine to go from the pen to under your skin.

Only remove the NEMLUVIO pen when the orange rod and the grey rod have stopped moving.

After removing the NEMLUVIO pen, look for the orange rod in the window as a way to tell that the content has been given. If the orange rod does not appear, throw away the pen and use a new one.

For details, please refer to Step 15 in the Instructions for Use.

General Information

Is it necessary to receive instructions on how to use the NEMLUVIO pen from a healthcare professional?

Yes.

Do not inject the medicine if you did not receive a demonstration by your healthcare professional.

You should contact your healthcare professional right away to receive the information on how to use the NEMLUVIO pen.

Where can I get more information about using NEMLUVIO:

Call your healthcare professional.

INSTRUCTIONS FOR USE

NEMLUVIO (nemolizumab for injection) 30 mg powder and solvent for solution for injection in pre-filled syringe

CAREFULLY read and follow Instructions for Use.

This syringe requires specific steps before injection.

[Pr]NEMLUVIO ®
Nemolizumab for injection for injection

These "Instructions for Use" contain information on how to inject NEMLUVIO.

Read and understand these instructions before using the NEMLUVIO pre-filled dual-chamber syringe.

Do not inject yourself or someone else until you have been shown how to inject NEMLUVIO.

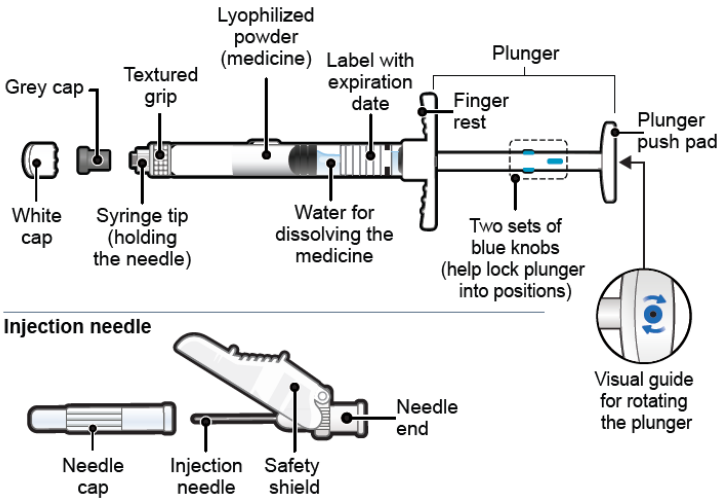
In adolescents (ages 12 to 17 years old), it is recommended that NEMLUVIO be administered by or under supervision of a trained adult or caregiver.

Your healthcare professional will instruct you or your caregiver how to prepare and inject a dose of NEMLUVIO before you try to do it yourself the first time.

Call your healthcare professional if you have any questions.

NEMLUVIO is supplied as a single-use pre-filled dual-chamber syringe (called "NEMLUVIO syringe" or "syringe" in these instructions). It contains medicine (30 mg of lyophilized powder) in one chamber and water for dissolving the medicine in the other chamber. Before you can inject it, you must mix the lyophilized powder with the water for dissolving the medicine.

Device Overview
NEMLUVIO pre-filled dual-chamber syringe



Important Information

What you need to know before use

- Read all the instructions carefully before using the NEMLUVIO syringe.
- **Mark your calendar** ahead of time to remember when to take NEMLUVIO.
- Follow all steps exactly as described. This ensures that you get the correct dose of medicine.
- Make sure that the lyophilized powder is completely dissolved before injecting (Step 9).
- After dissolving, proceed right away with the injection to avoid any contamination or break down of medicine (degradation).
- **Do not** use the NEMLUVIO syringe if it has been dropped or is damaged or cracked.
- **Do not** pull back on the plunger at any time.
- In some cases, your doctor will prescribe two syringes. Use one NEMLUVIO syringe after the other.
- To reduce the risk of accidental needle sticks, each syringe has a needle safety shield that needs to be manually flipped over the needle to cover the needle after the injection. Always take care when handling the syringe with needle.
- Throw away the used syringe right away after use in a sharps disposal container. See Section C: "Throwing away NEMLUVIO " below.

Storage Information

- **Keep the NEMLUVIO syringe and all medicines out of the reach and sight of children.**
- Store the NEMLUVIO syringe in the refrigerator between 2°C to 8°C.
- The NEMLUVIO syringe can be stored at room temperature up to 25°C for a single period of up to 90 days. If removed from the refrigerator, write down the date of removal on the carton, and use NEMLUVIO within 90 days.
- Do not use NEMLUVIO if the expiry date has passed or 90 days after the date it was removed from the refrigerator (whichever is earlier). Store the NEMLUVIO syringe in the original carton to protect it from light.

- After reconstitution the NEMLUVIO syringe should be used within 4 hours.
- **Do not** heat or put the NEMLUVIO syringe into direct sunlight.
- **Do not** freeze the NEMLUVIO syringe.
- If the NEMLUVIO syringe was heated or frozen throw it away and use a new one.

Travelling Information

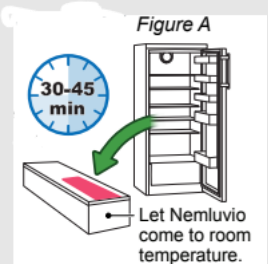
- Generally, you are allowed to carry the NEMLUVIO syringes with you on an airplane. Be sure to carry the NEMLUVIO syringes with you in your carry-on luggage.

If you have any other questions, please refer to the FAQs and further information on the back of this package leaflet.

A. Preparing to inject NEMLUVIO

Step 1: Let NEMLUVIO reach room temperature

Injecting cold medicine might result in pain at the injection site. Take the NEMLUVIO carton out of the refrigerator and let it come to room temperature for 30 to 45 minutes before starting Step 2 *(see Figure A).*

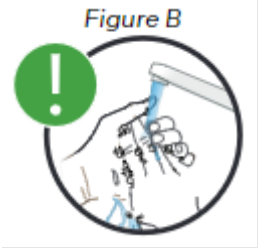


Do not warm the syringe with any heat source (such as microwave, direct sunlight). This might damage NEMLUVIO.

Step 2: Wash your hands

a. To avoid contamination and infection, wash your hands with soap *(see Figure B)*.

b. Dry them properly.



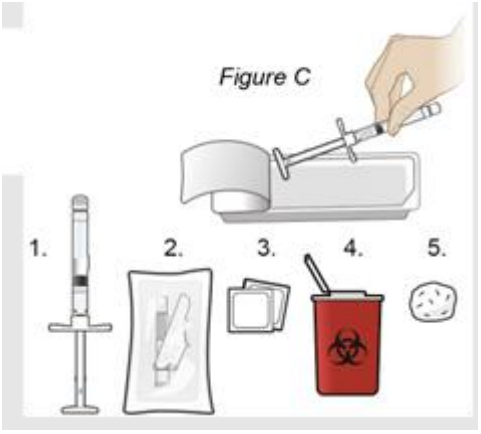
Step 3: Gather supplies *(see Figure C)*

a. Remove the syringe (by its body) and injection needle from the blister.

b. Gather the following supplies on a clean, flat and well-lit surface:

1. Syringe
2. Injection needle
3. Alcohol wipes*
4. Sharps disposal container*
5. Gauze pads or cotton balls*

*Items not included in the carton.



Note: In some cases, your doctor will prescribe two syringes. Use one syringe after the other.

Step 4: Inspect the NEMLUVIO syringe

Check the syringe for the following:

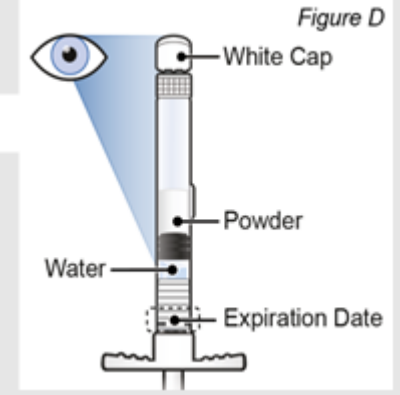
a. Expiration date has **not** passed.

b. The lyophilized powder is white and **not** dissolved *(see Figure D)*.

c. The water for dissolving the medicine is clear, does **not** contain particles, and is **not** in contact with the lyophilized powder.

d. The syringe has **not** been dropped and is **not** damaged or cracked.

e. The white cap is connected and secure.



Do not use the syringe unless all the conditions above are met. If any condition is **not** met, throw away the syringe and use a new one (see Section C: *"Throwing away NEMLUVIO "*).

Step 5: Remove the NEMLUVIO syringe's white cap and grey cap

a. With the syringe tip pointing upward, firmly hold by the textured grip. *(see Figure E a)*.

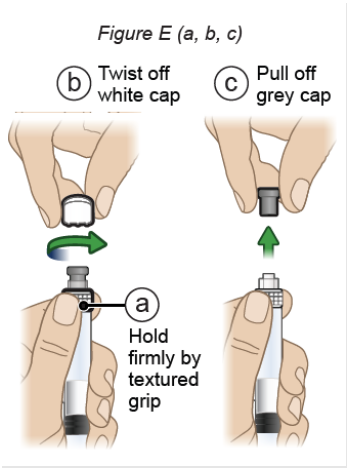
b. Twist off the white cap *(see Figure E b).*

c. Pull off the grey cap *(see Figure E c)*.

Do not touch the exposed syringe tip.

d. Lay down the syringe on a flat surface.

Note: After removing the caps from the syringe, continue right away with the preparation steps.



Step 6: Attach the injection needle *(see Figure F)*

a. Partially open the injection needle package to expose the needle end. Hold the needle package without touching the needle end.

b. Hold the syringe with the syringe tip pointing upward.

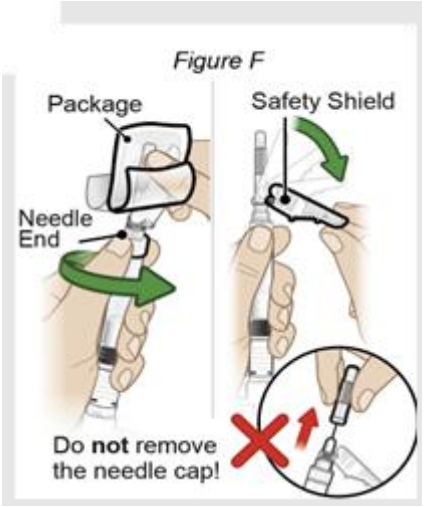
c. Hold the textured grip.

d. Twist the syringe counterclockwise onto the needle end straight and tightly.

e. Remove the injection needle package.

f. Move the safety shield away from the needle and toward the syringe.

Do not remove the needle cap!



Step 7: Dissolve the medicine

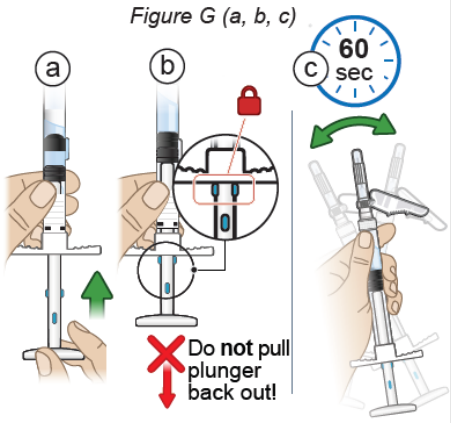
a. Hold the syringe tip upward *(see Figure G a)*.

b. Push the plunger until it locks on the first set of blue knobs *(see Figure G b)*.

Do not pull plunger back out!

c. Shake the syringe for 60 seconds with the tip pointing upward *(see Figure G c)*.

Figure G (a, b, c)



Step 8: Wait 5 minutes for bubbles to decrease

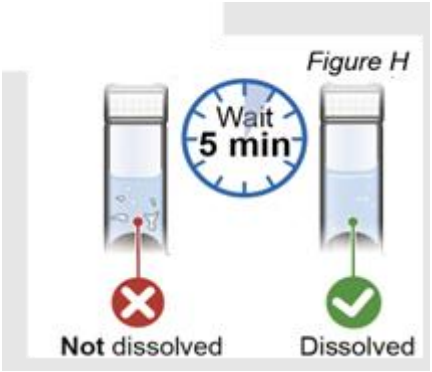
a. Lay down the syringe on a flat surface.

b. Wait for bubbles to decrease and the lyophilized powder to dissolve completely. This will take about 5 minutes *(see Figure H)*.

Note: If the medicine has not dissolved completely, shake for 30 seconds and then wait 5 minutes again.

Note: It is normal for a small foam layer or a few small air bubbles to remain in the dissolved medicine.

Figure H



Step 9: Inspect the medicine

Check that the dissolved medicine:

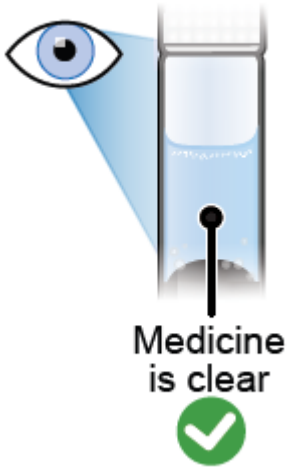
a. is clear and colourless to slightly yellow,

b. does not contain particles *(see Figure i)*.

Do not use the syringe if the dissolved medicine is cloudy or contains any particles. Throw away the syringe and use a new one (see Section C:*"Throwing away NEMLUVIO "*).

Note: After the medicine has dissolved, it must be used within 4 hours. During this time, it should be kept at room temperature (25°C). If you have not used it within 4 hours, throw it away.

Figure i

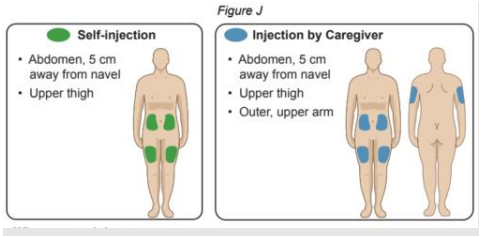


B. Injecting NEMLUVIO

Step 10: Select one injection site *(see Figure J)*

Note: When using a second syringe, select a different injection site at least 2.5 cm away from the first site. Select the injection site using the following chart:

Figure J



Where not to inject:

- Near your waistline or about 5 cm around the navel.
- Into tender, bruised, red skin, or areas with scars or stretch marks.
- Twice into the same site (for example within 2.5 cm)

Step 11: Clean the injection site

a. Always use a new alcohol wipe to clean the injection site *(see Figure K)*. This avoids contamination and infection.

b. Let the skin **air dry**.

Figure K

Do not:

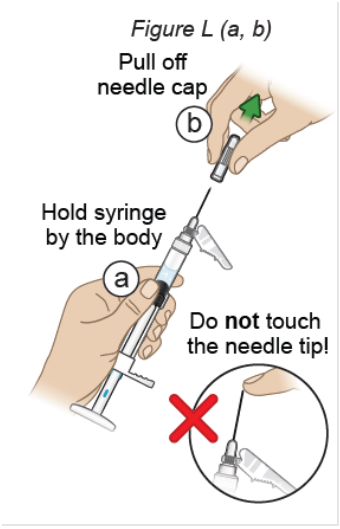
- touch the injection site after cleaning.
- fan or blow air on the cleaned injection site.
- reuse the alcohol wipe.

Step 12: Remove the needle cap

a. With the syringe tip pointing upward, hold the middle of the syringe body and needle cap. Be careful not to hold the plunger *(see Figure L a)*.

b. Gently pull the needle cap straight off *(see Figure L b)*.

c. Check that the needle is straight.



Do not:

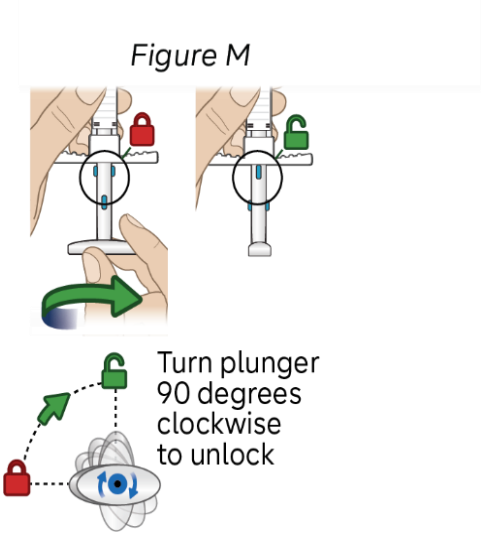
- touch the needle or let the needle touch anything.
- try to recap the needle.
- use the syringe if the needle is bent.
- Throw away the syringe and use a new one (see Section C: "Throwing away NEMLUVIO ")
- leave the syringe unattended after removing the needle cap.

Step 13: Tap, turn, then push the plunger to prime injection

a. With the syringe tip pointing upward, tap the syringe with your fingertips to help air bubbles rise to the top.

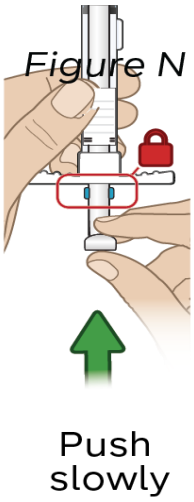
b. Turn the plunger 90 degrees *(see Figure M)*.

c. With the syringe tip pointing upward, slowly push the plunger further into the syringe until it locks on the second set of blue knobs *(see Figure N)*.



Do not point the syringe tip downward, otherwise medicine could leak out.

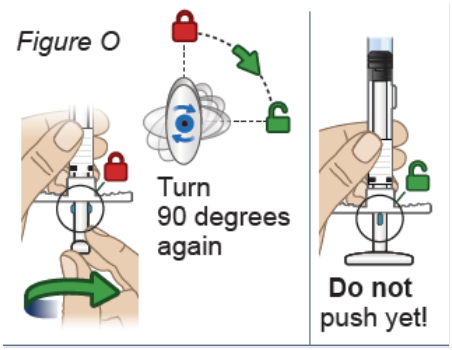
Note: It is normal for a few small air bubbles to remain in the syringe.



Step 14: Position the plunger for injection

With the syringe tip still pointing upward, turn the plunger 90 degrees again, to position the plunger for injection *(see Figure O)*.

Do not push the plunger until the needle is inserted into the skin.



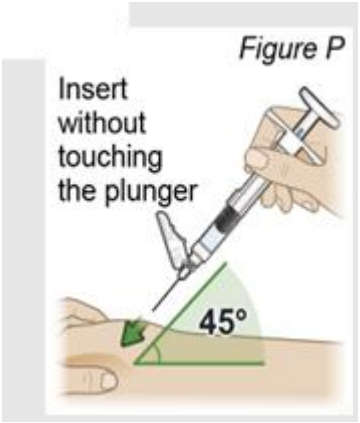
Step 15: Insert the needle at a 45°angle

Note: Always inject the way your healthcare professional instructed you.

a. Hold the syringe without touching the plunger.

b. Gently pinch a fold of skin at the cleaned injection site with your other hand and hold it firmly.

c. Insert the needle completely into the fold of skin at a 45-degree angle using a quick motion *(see Figure P)*.

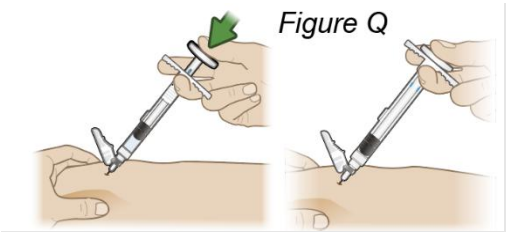


Do not:

- touch the plunger while inserting the needle.
- remove or tilt the syringe after inserting the needle.

Step 16: Inject medicine

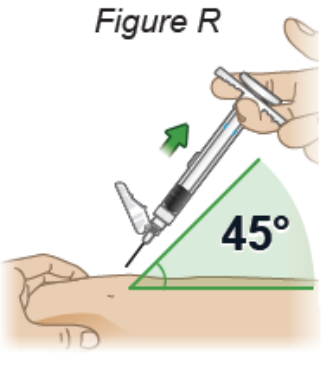
Gently push the plunger **all the way down** until the syringe is empty and all medicine is delivered *(see Figure Q)*.



Step 17: Remove the syringe from the skin

a. Continue to pinch the fold of skin and while holding the syringe at the same angle, remove the syringe by pulling it out using two fingers *(see Figure R)*.

b. If there is bleeding, press a cotton ball or gauze over the injection site.



Do not:

- tilt the syringe while removing it.
- rub the injection site.

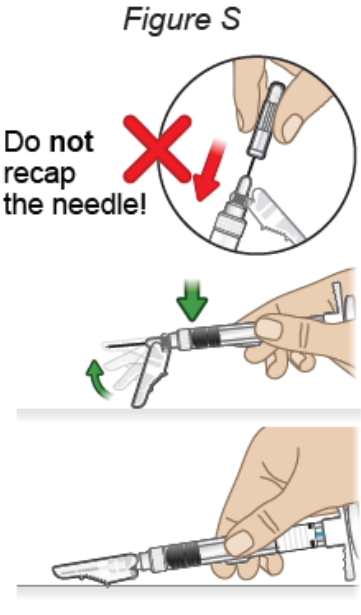
Step 18: Activate the safety shield

Do not:

- put the needle cap back on.
- remove the needle from the syringe.

Push the needle safety shield against a flat surface to flip the safety shield over the exposed needle *(see Figure S)*.

Note: If you have been prescribed a second syringe, use the second syringe right after using the first syringe by repeating Steps 1-18.

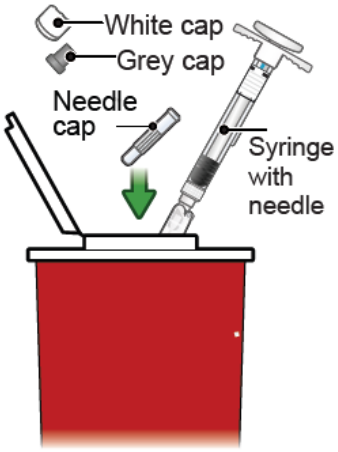


C. Throwing away NEMLUVIO

Step 19: Throw away the syringe and caps

Throw away the used syringe with the attached needle, the needle cap, the white cap, and the grey cap in a sharps disposal container (closable, puncture-resistant container) right after use *(see Figure T).*

Figure T



Do not:

- throw away of NEMLUVIO syringe with needle and caps in your household trash.
- throw away your used sharps disposal container in your household trash unless your community guidelines permit this.
- recycle your used sharps disposal container.

If you do not have an sharps disposal container, you may use a household container that is:

- made of a heavy-duty plastic,
- closed with a tight-fitting, puncture-resistant lid, without sharps being able to come out,
- upright and stable during use,
- leak-resistant, and
- properly labelled to warn of hazardous waste inside the container.

When your sharps disposal container is almost full, you will need to follow your community guidelines for the right way to throw away your sharps disposal container.

There may be local laws about how you should throw away used syringes.

If you have any questions, please talk to a healthcare professional who is familiar with NEMLUVIO.

FAQs (Frequently asked questions)

NEMLUVIO syringe parts and handling
All the NEMLUVIO syringe parts are explained in the “overview” in the instructions for use.

What is the function of the blue knobs on the plunger?

The blue knobs are part of the locking mechanism of NEMLUVIO syringe. Please refer to Steps 13 and 14 or other parts of in the Instruction for Use or in this FAQ ("How do I unlock the syringe?") on how to unlock the syringe.

Why do I need to hold the NEMLUVIO syringe upright during certain steps?
Once the medicine has been mixed, holding the syringe vertically with the needle upwards helps prevent the medicine from leaking.

Can I prime the NEMLUVIO syringe and save it for later use?
No, you cannot save it for later use. After priming the NEMLUVIO (nemolizumab for injection) syringe you should complete the preparation steps and inject the medicine right away.

How do I know I injected the full content of the syringe?
The injection is complete when the plunger push pad touches the finger rest, and the NEMLUVIO syringe is empty. The picture in Step 17 in the Instruction for Use shows what the syringe looks like when the intended dose has been injected.

Needle

What should I keep in mind when attaching the injection needle?
The NEMLUVIO syringe needs to be assembled with the injection needle before use. The injection needle is co-packaged. Be sure that you hold the syringe tip upwards when you remove the white cap and the grey cap, otherwise the medicine could leak. Do not touch the exposed syringe tip when you remove both caps. Please refer to Step 5 and 6 in the Instruction for Use for more details.

What should I do if the needle is bent?
Do not use the NEMLUVIO syringe if the needle is bent. Throw away the NEMLUVIO syringe as described in Step 19 in the Instruction for Use and use a new one.

Mixing the medicine
Do not use the NEMLUVIO syringe if the dissolved medicine remains cloudy or contains any particles. If this is the case, throw away the NEMLUVIO syringe and use a new one.

How do I know if the medicine is fully dissolved/mixed?
After dissolving the medicine (see Step 7 in the Instruction for Use) you should inspect the medicine. It is acceptable to have small air bubbles or a small foam layer on top of the medicine. It does not harm you. If the foam layer still produces small new bubbles, it is not yet completely dissolved. Please refer to Step 8 in the Instruction for Use and repeat the shaking procedure.

What if there are small chunks of powder in the liquid?
If you see any white powder chunks, the medicine is unmixed. There should not be any white powder chunks of the medicine in the syringe anymore. Please refer to Step 8 in the Instruction for Use and repeat the shaking procedure.

Storage

How should I store the NEMLUVIO syringe?

The NEMLUVIO syringe should be stored in the refrigerator. Write the date that the syringe was first removed from the refrigerator in the space provided on the outer carton. It can be stored at room temperature (up to 25°C) for a single period up of to 90 days.

Where do I find the expiration date?
You can find the expiration date on the syringe, it is labelled EXP MM/YYYY. Do not use the NEMLUVIO syringe past the expiration date.

What should I do if the medicine has been frozen?
Do not use the NEMLUVIO syringe if it has been frozen. Throw away the NEMLUVIO (nemolizumab for injection) syringe and use a new one.

Pushing the plunger

What if I cannot push the plunger?
It might be that the NEMLUVIO syringe is locked, and you need to unlock it by turning the plunger clockwise 90 degrees (a quarter turn). This can happen when you try to prime the NEMLUVIO syringe or when you try to inject the medicine (Steps 13, 14 and 15 in the Instruction for Use).

What if I cannot push the liquid out of the needle?
It might be that the NEMLUVIO syringe is locked, and you need to unlock by turning the plunger clockwise 90 degrees (a quarter turn). If the plunger is unlocked and you still cannot push it, the needle might be clogged. In that case the syringe cannot be used. Please throw away the NEMLUVIO syringe and use a new one.

How do I unlock the NEMLUVIO syringe?
There are two steps when you need to unlock the NEMLUVIO syringe: during priming and before injection (Steps 13, 14 and 15 in the Instruction for Use). The locking mechanism are the blue knobs on the plunger. By turning the plunger clockwise 90 degrees (a quarter turn), you lock or unlock the NEMLUVIO syringe.

What if I have accidentally removed the plunger?
If you have accidentally removed the plunger throw away the NEMLUVIO syringe and use a new one. This may happen by turning the plunger counterclockwise. The plunger should only be turned in the direction indicated on the push pad.

General information

Is it necessary to receive instructions on how to use the NEMLUVIO syringe from a healthcare professional?
Yes. Do not inject the medicine if you did not receive a demonstration by your healthcare professional. You should contact your healthcare professional right away to receive the information on how to use the NEMLUVIO syringe.

Where can I get more information about using NEMLUVIO ?
If you have other questions about how to use the NEMLUVIO syringe:
Call your healthcare professional.