



EBGLYSS

Advancing Dermatologic Care for All Skin Tones

Bringing awareness, representation, access, and equity to atopic dermatitis care.

Please see Important Safety Information and accompanying Prescribing Information and Patient Information.

Lilly A MEDICINE COMPANY

Program Disclosures

The program is sponsored by and the speakers are presenting on behalf of Lilly USA, LLC. It is being presented consistent with FDA guidelines and is not approved for continuing education credit.

The goal of the program is to review information pertinent to the topic and answer your questions. For questions that directly relate to the topic or are consistent with product labeling, we will respond during the program. For all other questions, please reach out after the program has concluded.

Scan to Follow Along

Indication

EBGLYSS is indicated for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.

Select Important Safety Information

EBGLYSS is contraindicated in patients with prior serious hypersensitivity to lebrikizumab-lbkz or any excipients of EBGLYSS.



**Scan the QR code
to access the Digital
Participant Guide**

PART 1

Patient Need

Diagnosis and Treatment



The Burdens of Skin Disease Are Often Underestimated

People with darker skin tones may

Have a disproportionally higher prevalence of dermatologic diseases compared to those in other populations or present with more severe disease

It is estimated that by 2044, **more than 50%** of the US population will have skin of color.



Race and Ethnicity Discrepancies in Dermatology Clinical Trials

In a study of 215 clinical trials from 2017–2021, several racial groups were underrepresented in dermatology clinical trials compared to census data.

Race is a factor that can influence the risk and likelihood of developing a disease, experiencing a long-term health condition, or responding to treatment

Race	Census (%)	Dermatology clinical trials (%)
American Indian/Alaskan Native	1.3	1.1
Asian	6.1	8.7
Black	13.6	7.9
Native Hawaiian/Pacific Islander	0.3	0.3
Two or more races	2.9	1.0
White	75.8	78.5

AD Does Not Present the Same in Races

- The presentation of AD may vary across races.
- In black patients, a distinct popular and perifollicular AD primary morphology may be seen; development of extensor AD is common.
- Asian patients may have a psoriasiform-appearing AD presentation.
- Truncal lesions are more common in Black and Hispanic or Latino patients than in White patients.



PART 1

Lilly's Commitment to the Patient

Lilly is committed to finding solutions to elevate care and improve treatment outcomes for all people living with dermatologic conditions, including addressing the unmet needs of people with all skin tones.

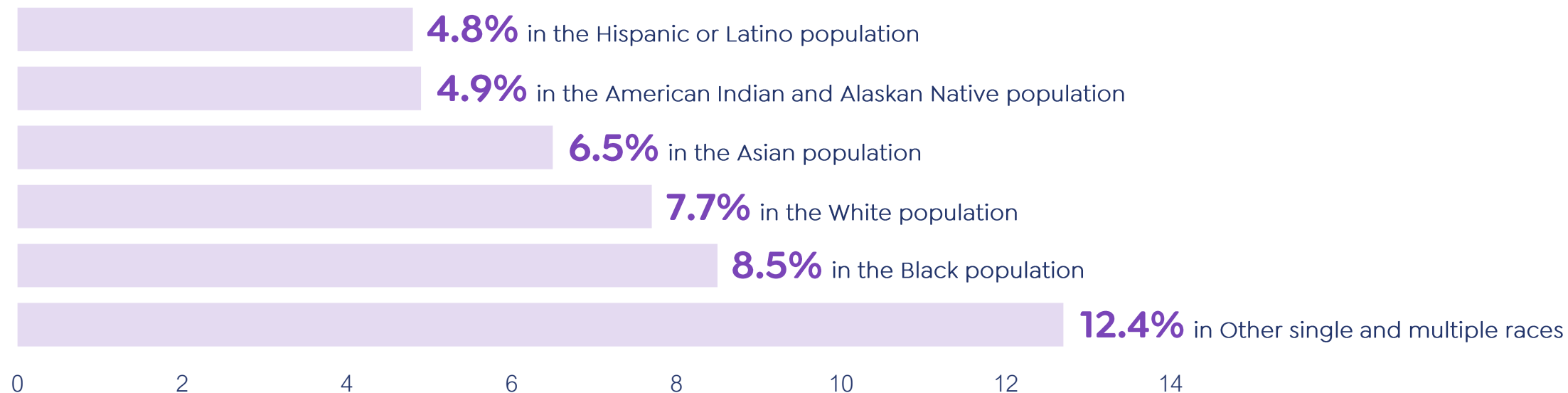
The company's work to advance health equity in dermatology is focused on engaging in impactful research that improves patient care, supporting healthcare providers with education to increase awareness of dermatologic diseases in patients with all skin tones, and empowering the patient voice so patients can make their needs known and actively partner to find meaningful solutions.

Together, these efforts reflect Lilly's ongoing commitment to equitable dermatologic care.



AD Affects a Substantial Proportion of the US Population

The estimated prevalence of AD in the US population varies by race. Based on a 2021 study of adult patients with AD, the estimated prevalence is:



7% of adults in the U.S have AD,
40% are moderate-to-severe cases



PART 2

EBGLYSS Data

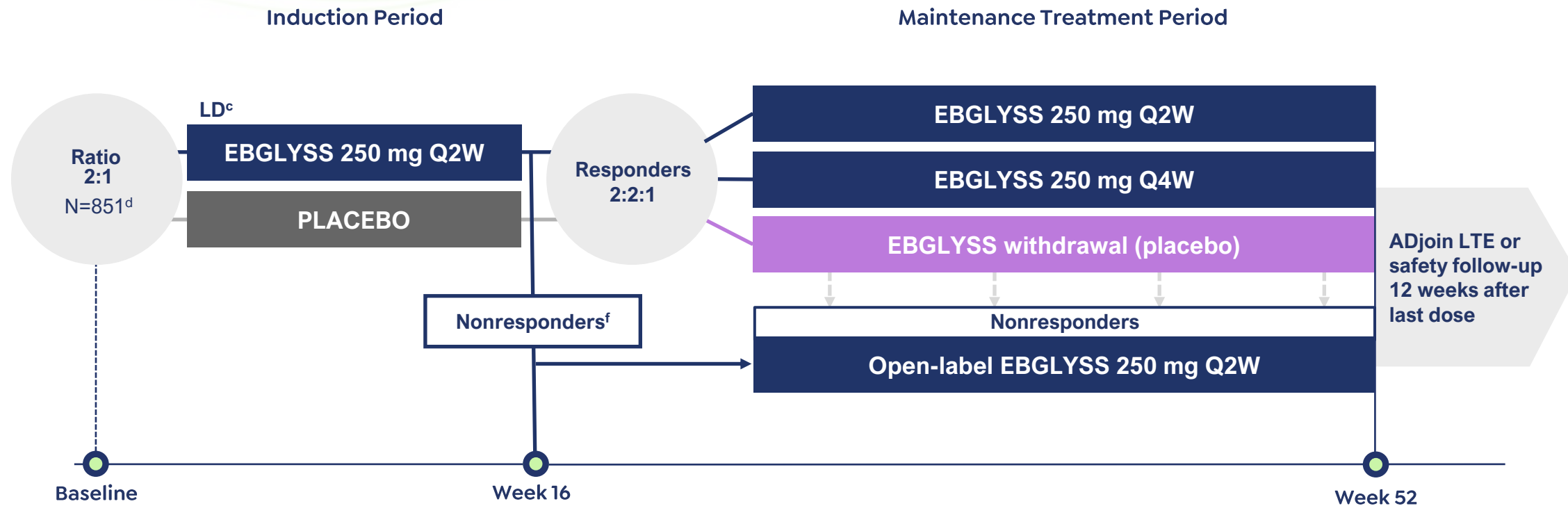
ADmirable Trial debut, and discussion of
efficacy across all skin tones



ADvocate 1 and ADvocate 2 Study Design

Inclusion Criteria

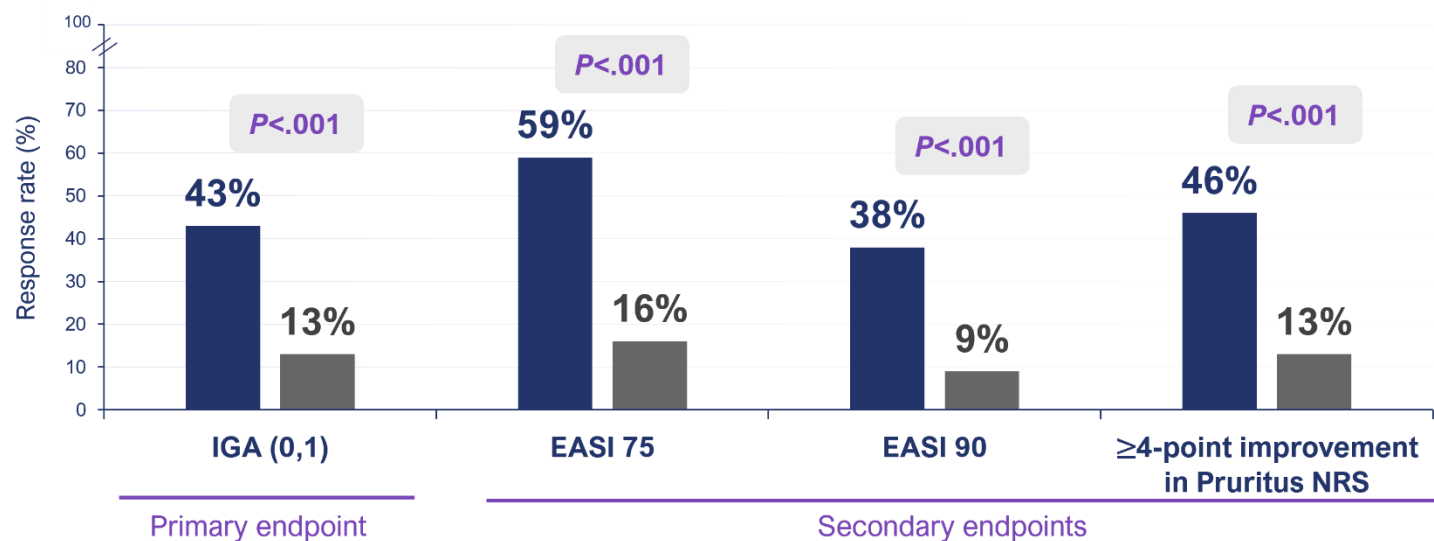
Eligible patients were 12 years or older with moderate-to-severe AD (EASI ≥ 16 , IGA ≥ 3 , BSA $\geq 10\%$), meeting AAD diagnostic criteria and demonstrating inadequate response to topical treatments.



Primary Endpoint: EASI 75 Responders at Week 16

Inclusion Criteria

Ebglyss 250 mg Q2W demonstrated significant improvement across all endpoints, with 33% achieving IGA 0/1, 52% achieving EASI-75, and 40% reporting a ≥ 4 -point reduction in pruritus, all vs placebo ($P < .001$).

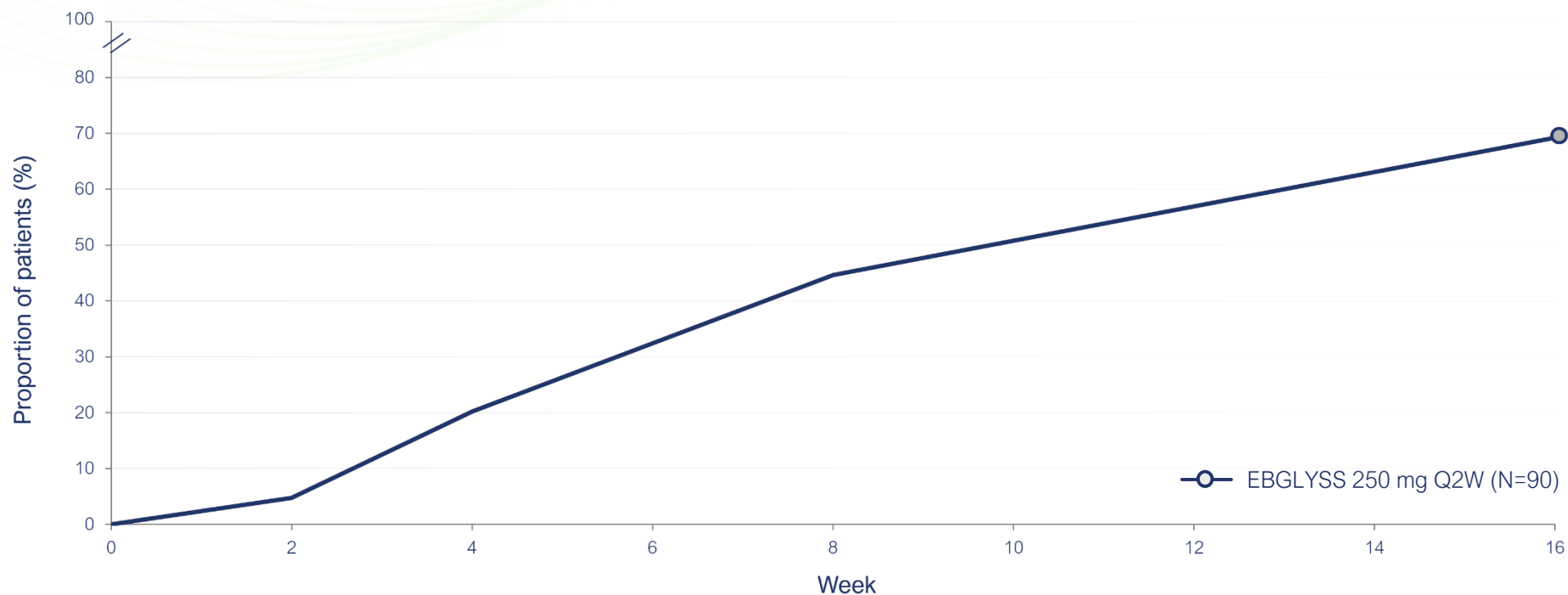


BASED ON A GLOBAL CLAIM

PART 2

Strong Treatment Response at 16 Weeks

69% of patients taking EBGLYSS 250 mg Q2W attained EASI 75 at week 16.



BASED ON A GLOBAL CLAIM

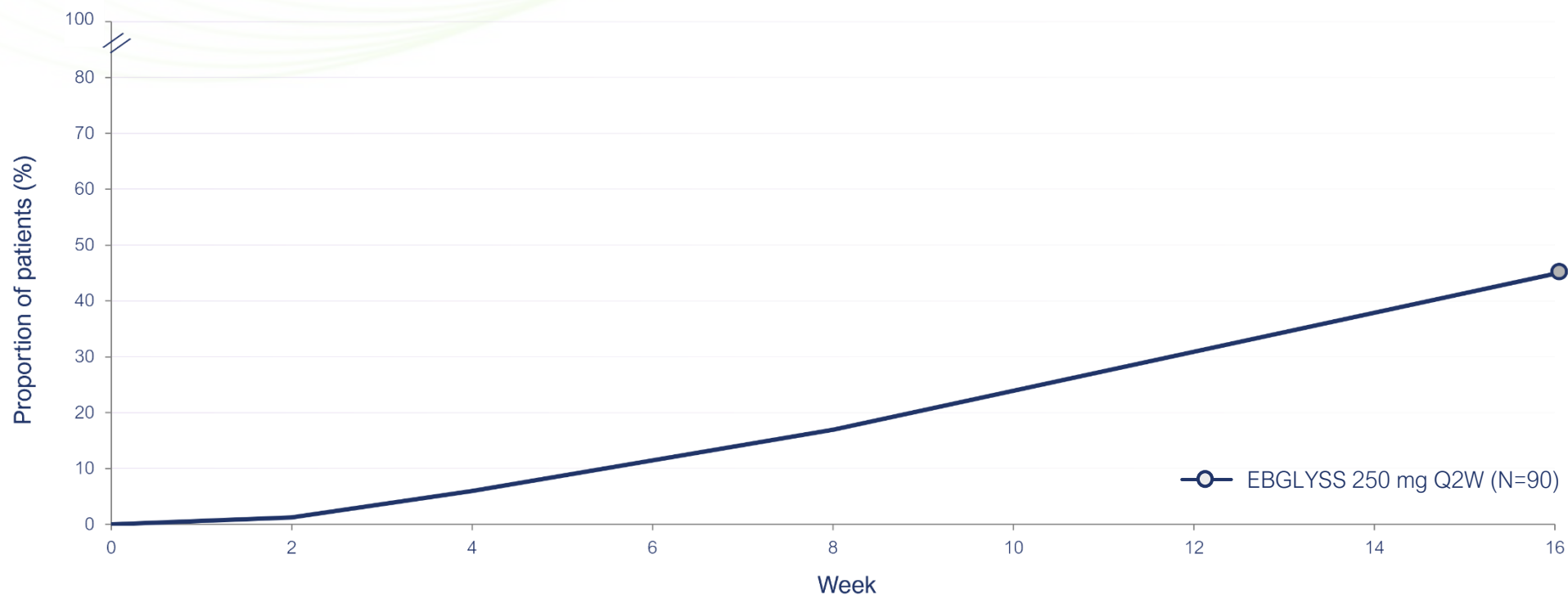
Please see Important Safety Information and accompanying Prescribing Information and Patient Information.

Lilly A MEDICINE COMPANY

PART 2

Secondary Endpoint: IGA Responders at Week 16

45% of patients taking EBGLYSS 250 mg Q2W attained IGA (0,1) at week 16.



BASED ON A GLOBAL CLAIM

Please see Important Safety Information and accompanying Prescribing Information and Patient Information.

Lilly A MEDICINE COMPANY

Secondary Endpoint: NRS Responders at Week 16

58% of patients taking EBGLYSS 250 mg Q2W attained <endpoint> at week 16.



BASED ON A GLOBAL CLAIM

Patient Data

Patient Demographics and Disease Characteristics (0,1)

Fitzpatrick Skin Phototype, n (%)	I	0 (0)
	II	0 (0)
	III	0 (0)
	IV	39 (43.3)
	V	22 (24.4)
	VI	29 (32.2)
Baseline disease	IGA (3) moderate, n (%)	62 (68.9)
	IGA (4) severe, n (%)	27 (30.0)
	EASI, mean (SD)	26.4 (12.2)
	Pruritus NRS, mean (SD)	7.0 (2.2)
	BSA affected, mean (SD)	37.8 (20.5)

Age (years)	Whole population, mean (SD)	40.7 (19.6)
	Pediatric (12 to <18 years), n (%)	14 (15.6)
	Adult (≥18 years), n (%)	76 (84.4)
Female, n (%)		39 (43.3)
Race, n (%)	Black/African American	70 (77.8)
	Asian	10 (11.1)
	American Indian or Alaskan Native	6 (6.7)
	Native Hawaiian or Other Pacific Islander	4 (4.4)
Ethnicity, n (%)	Hispanic/Latino	19 (21.1)
	Non-Hispanic or Latino	71 (78.9)
Prior use of systemic treatment, n (%)		13.0 (14.6)
Duration since AD diagnosis, years, mean (SD)		19.7 (16.1)



BASED ON A GLOBAL CLAIM

Monthly Maintenance Dosing



The recommended dosage of EBGLYSS is an initial dose of 500 mg (two 250 mg injections) at week 0 and week 2, followed by 250 mg every 2 weeks until week 16 or later, when adequate clinical response is achieved. The maintenance dose is 250 mg every 4 weeks. Injections are subcutaneous.

Dosing Considerations



EBGLYSS can be used with or without TCSs or TCIs



No baseline testing or ongoing lab monitoring is required



No dose adjustment is needed based on weight or age



Complete vaccinations according to immunization guidelines

EBGLYSS may alter a patient's immunity and increase the risk of infection following administration of live vaccines. Prior to initiating therapy with EBGLYSS, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid use of live vaccines in patients treated with EBGLYSS. No data are available on the response to live vaccines.

“

Lebrikizumab is the first investigative treatment for atopic dermatitis to disclose robust efficacy data specifically for people with skin of color, who may experience barriers to treatment or inequitable care. Through clinical trials like this, we hope to deliver more breakthroughs to make life better for people who have been underserved.

Mark Genovese, MD, senior vice president of Immunology Development at Lilly

Why consider the Admirable Trial?

An open-label, 24-week study evaluating the safety and efficacy of lebrikizumab in adult and adolescent patients with SOC and moderate-to-severe AD and defining innovative objective measures of pigment, erythema, and post-inflammatory hyper- and hypopigmentation

Key eligibility criteria include:

- Self-reported race, including Black or African American, American Indian or Alaskan Native, Asian, and Native Hawaiian or Other Pacific Islander
- Fitzpatrick Phototype IV, V, or VI

“

Lebrikizumab is the first investigative treatment for atopic dermatitis to disclose robust efficacy data specifically for people with skin of color, who may experience barriers to treatment or inequitable care. Through clinical trials like this, we hope to deliver more breakthroughs to make life better for people who have been underserved.

Mark Genovese, MD, senior vice president of Immunology Development at Lilly

Fitzpatrick Phototypes

Skin Phototype	Response to UV Radiation
I	Always burns, does not tan
II	Burns easily, tans with difficulty
III	Mild burns, tans gradually
IV	Rarely burns, tans easily
V	Very rarely burns, tans very easily
VI	Never burns, tans very easily

PART 3

Experience on EBGLYSS

Patient experience with EBGLYSS as a first-line
biologic following topical therapy



PART 3

Visible Improvement For Patients

Patient who achieved EASI 90 and IGA 1 at week 16 with
EBGLYSS monotherapy

Baseline

IGA Score 4

EASI Absolute Score 30.4



Clinical trial patient treated with EBGLYSS. Individual results may vary. White background added for a consistent presentation across treatment time periods

PART 3

Visible Improvement For Patients

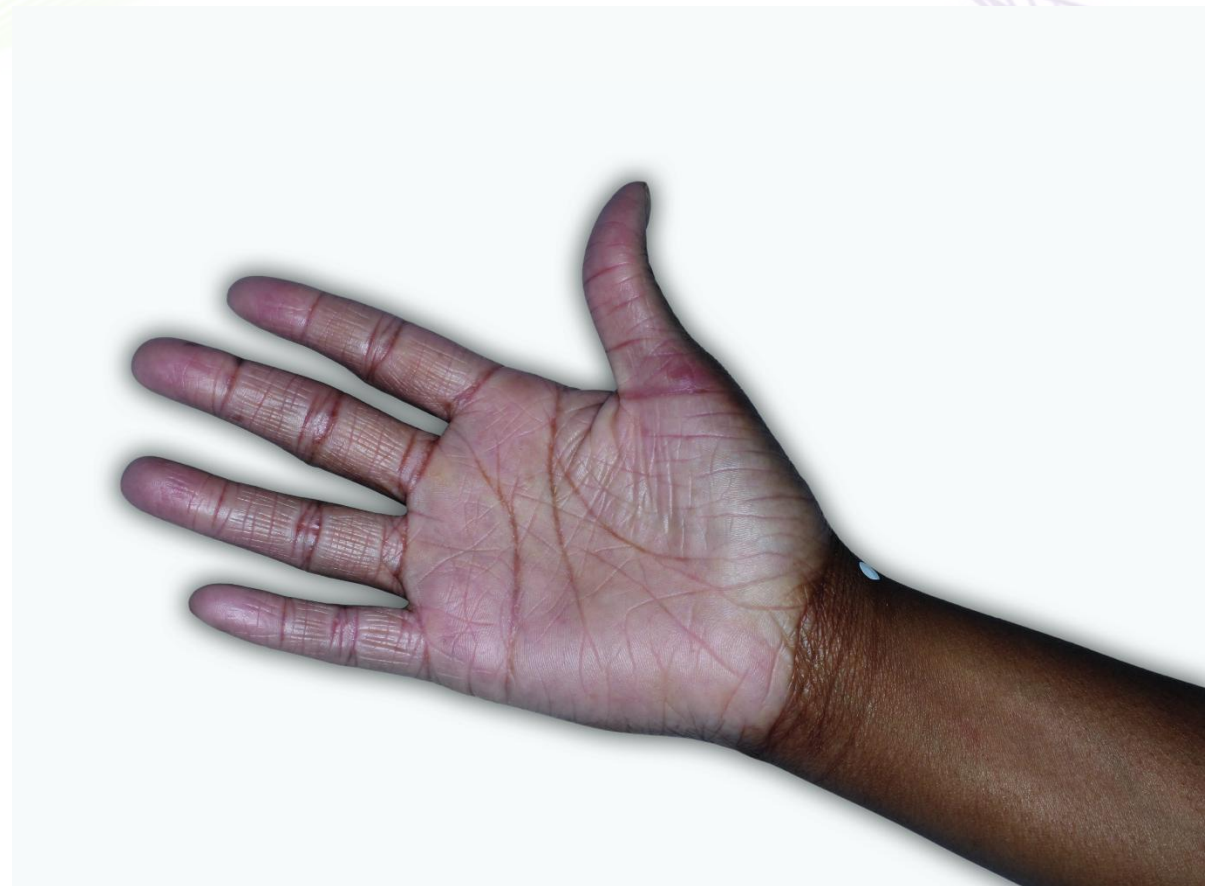
Patient who achieved EASI 90 and IGA 1 at week 16 with
EBGLYSS monotherapy

Baseline

IGA Score 4
EASI Absolute Score 30.4

Week 4

EASI Absolute Score 6.7
IGA Score 1



Clinical trial patient treated with EBGLYSS. Individual results may vary. White background added for a consistent presentation across treatment time periods

PART 3

Visible Improvement For Patients

Patient who achieved EASI 90 and IGA 1 at week 16 with
EBGLYSS monotherapy

Baseline

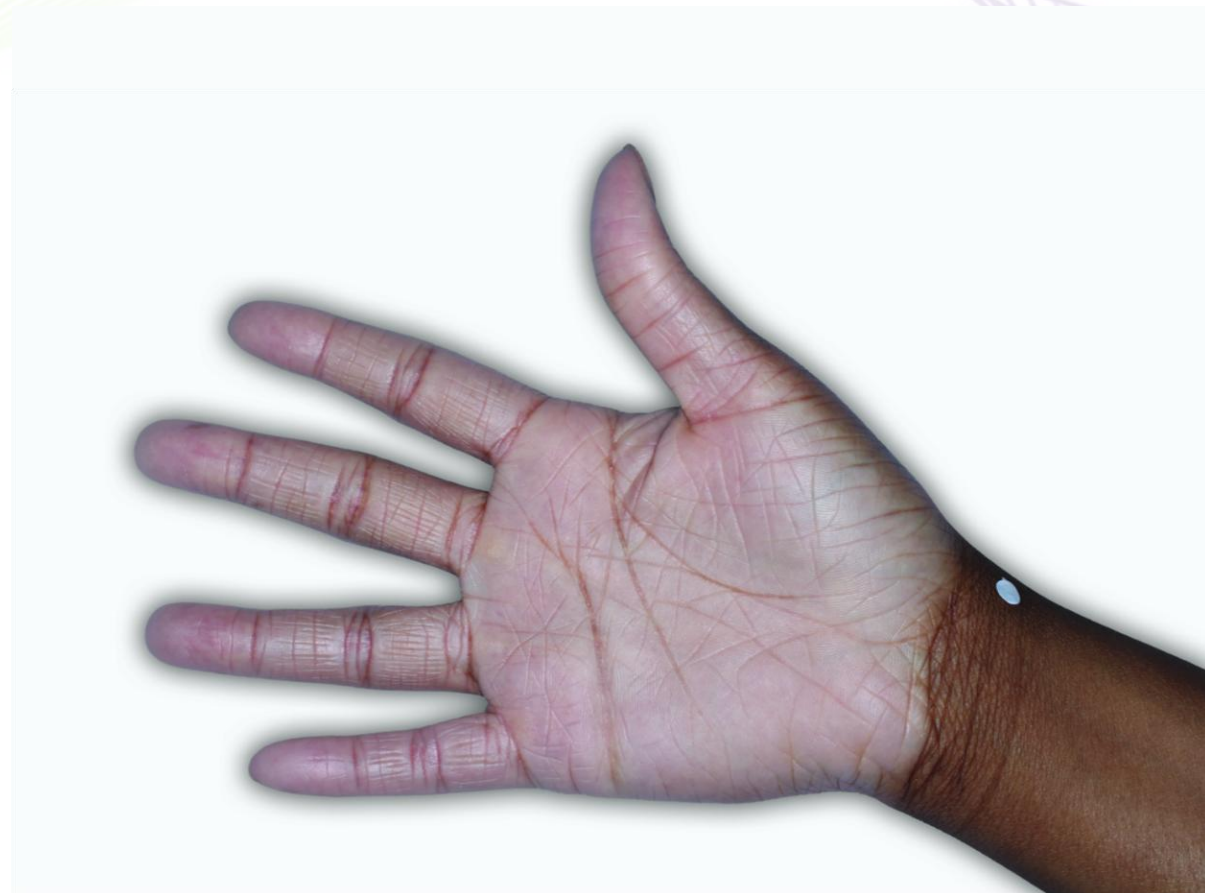
IGA Score 4
EASI Absolute Score 30.4

Week 4

EASI Absolute Score 6.7
IGA Score 1

Week 16

EASI Absolute Score 1.4
IGA Score 1



Clinical trial patient treated with EBGLYSS. Individual results may vary. White background added for a consistent presentation across treatment time periods

PART 3

Visible Improvement For Patients

Patient who achieved IGA 1 at week 16 with EBGLYSS monotherapy

Baseline

IGA Score: 3

EASI Absolute Score: 19.35



Clinical trial patient treated with EBGLYSS. Individual results may vary. White background added for a consistent presentation across treatment time periods

PART 3

Visible Improvement For Patients

Patient who achieved IGA 1 at week 16 with EBGLYSS monotherapy

Baseline

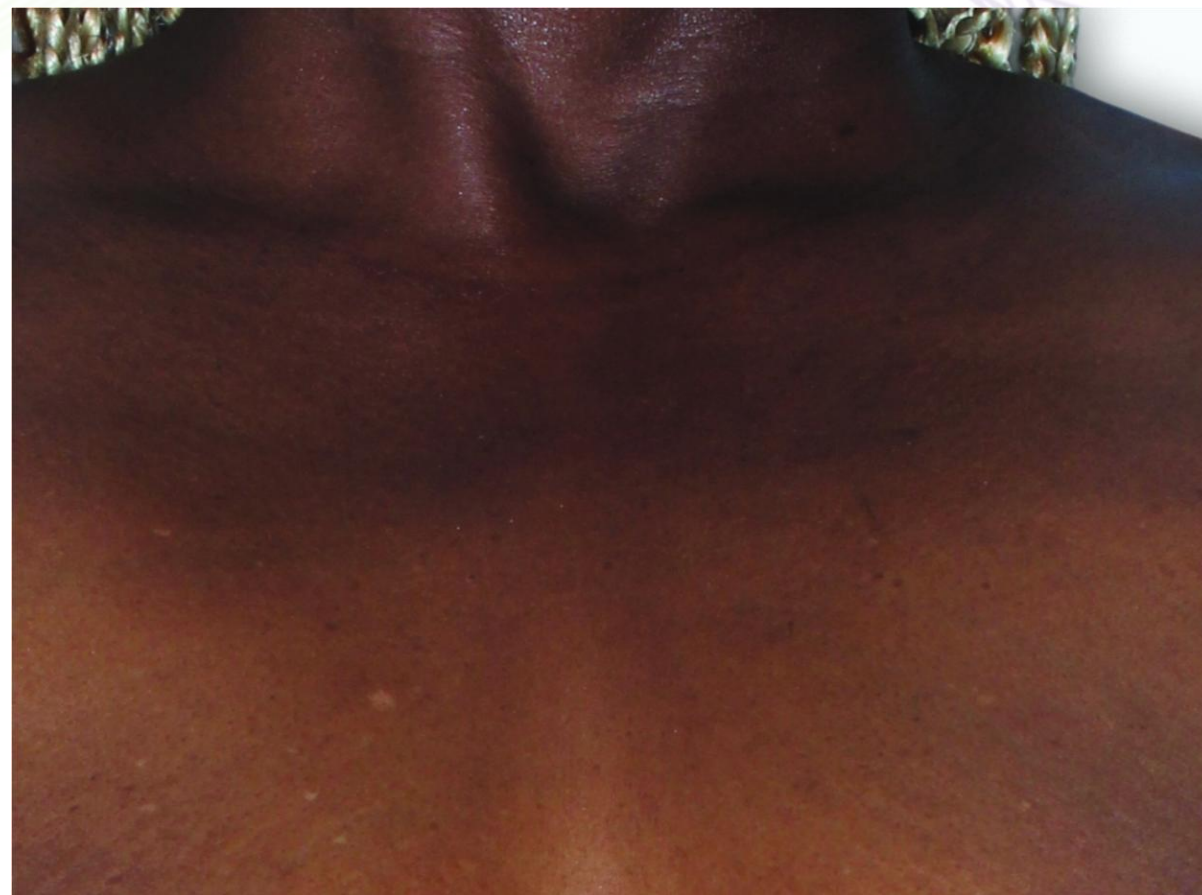
IGA Score: 3

EASI Absolute Score: 19.35

Week 16

IGA Score: 1

EASI Absolute Score: 2.4



Clinical trial patient treated with EBGLYSS. Individual results may vary. White background added for a consistent presentation across treatment time periods



Who Should You Consider for EBGLYSS™ (lebrikizumab-lbkz)?

Adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe AD and are struggling to control signs and symptoms with topical treatments

Do you know of a patient who is

- Experienced with topicals and has likely not yet tried a biologic
- Stuck in a cycle of inflammation
- Reminded of their AD because of the daily management required
- Driven to control their disease long-term

EBGLYSS may alter a patient's immunity and increase the risk of infection following administration of live vaccines. Prior to initiating therapy with EBGLYSS, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid use of live vaccines in patients treated with EBGLYSS. No data are available on the response to live vaccines.

Help alleviate the presence of their AD with a treatment that offers **lasting relief** for patients with Q4W maintenance dosing



Lilly Support Services™ for EBGLYSS™ (lebrikizumab-lbkz)

Offers the support patients need

Your eligible commercially insured patients can access savings for EBGLYSS pay as little as

\$5

**If EBGLYSS is covered
by your patients'
commercial insurance**

OR

\$25

**If EBGLYSS is not
covered by your
patients' commercial
insurance**

Patients with government insurance or without insurance do not qualify for the savings card but can enroll in other support services offered by Lilly Support Services™ for EBGLYSS™.

Governmental beneficiaries excluded, terms and conditions apply. If you have questions regarding program terms and conditions or patient eligibility, please ask the speaker after the program or visit ebglyss.lilly.com/hcp/getting-patients-started.

A Consistent Option for Your Patients

AD is among the most common skin diseases with one of the highest burdens with prevalence and severity of disease even greater in patients with skin of color

Adults and pediatric patients (≥ 12 years of age, ≥ 40 kg) with moderate-to-severe AD with all skin tones have a first-line option following topical prescription therapy for a chronic, unpredictable disease

Compared to other skin disease included in the Global Burden of Disease Study 1990-2017. AD was followed in burden by psoriasis, urticaria, scabies, and fungal skin diseases



A **first-line** biologic following topical prescription therapy that can deliver **long-lasting** relief from the troublesome signs and symptoms of AD

Strong results. Steady relief.



Important Safety Information

Contraindication: EBGLYSS is contraindicated in patients with prior serious hypersensitivity to lebrikizumab-lbkz or any excipients of EBGLYSS.

Warnings and Precautions

Hypersensitivity

Hypersensitivity reactions, including angioedema and urticaria, have been reported with use of EBGLYSS. If a serious hypersensitivity reaction occurs, discontinue EBGLYSS and institute appropriate therapy.

Conjunctivitis and Keratitis

Conjunctivitis and keratitis adverse reactions have been reported in clinical trials. Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received EBGLYSS compared to those who received placebo. Conjunctivitis was the most frequently reported eye disorder. Most subjects with conjunctivitis or keratitis recovered during the treatment period. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

Parasitic (Helminth) Infections

Patients with known helminth infections were excluded from participation in clinical studies. It is unknown if EBGLYSS will influence the immune response against

helminth infections by inhibiting IL-13 signaling. Treat patients with pre-existing helminth infections before initiating treatment with EBGLYSS. If patients become infected while receiving EBGLYSS and do not respond to antihelminth treatment, discontinue treatment with EBGLYSS until the infection resolves.

Vaccinations

EBGLYSS may alter a patient's immunity and increase the risk of infection following administration of live vaccines. Prior to therapy with EBGLYSS, complete all age-appropriate vaccinations according to current immunization guidelines. Avoid use of live vaccines in patients treated with EBGLYSS. No data are available on the response to live vaccines.

Adverse Reactions

The most common ($\geq 1\%$) adverse reactions are conjunctivitis, injection site reactions, and herpes zoster.

EBGLYSS is available as a 250mg/2mL subcutaneous injection prefilled pen or prefilled syringe.

Please see accompanying [Prescribing Information](#) and [Patient Information](#).

Please see [Instructions for Use](#) included with the device.