

How Patient Focus Contributes to Launch Success

Lori Lyons-Williams, Chief Commercial Officer

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Meeting the Needs of People Living with Chronic Skin Conditions





Moving Patient Centricity From Cliché to Core Competency





Really **Centering** on Patients and the Value We Can Bring

Truly **Hearing** What is Most Vital to Patients





Honestly Being Interested in Building Solutions that Bring Value to Patients





10 Million Americans Suffer from Primary Axillary Hyperhidrosis¹

Hyperhidrosis is a medical condition in which the eccrine glands are overactive and produce more sweat than is necessary to regulate normal body temperature.²





1. Doolittle J, et al. Arch Dermatol Res. 2016;308:743-749. 2. Haider, A., & Solish, N. (January 4, 2005). CMAJ. 2005 Jan 4; 172(1): 69-75. Focal hyperhidrosis: diagnosis and management. 3. Hund, M. (2002). Definition of Axillary Hyperhidrosis by Gravimetric Assessment. Arch Dermatology, vol. 138, pp. 539-541. 4. Kamudoni P, et al. Health Qual Life Outcomes. 2017;14:121. 5. International Hyperhidrosis Society. (2016). Diagnosing Hyperhidrosis



What We Also Learned from Research^{1, 2, 3}



Despite the embarrassment and low self-confidence sufferers feel ...

remain undiagnosed and untreated

U%

of patients

1. Doolittle J, et al. Arch Dermatol Res. 2016;308:743-749. 2.Hamm H, et al. Dermatology. 2006;212:343-353. 3. Kamudoni P, et al. Health Qual Life Outcomes. 2017;14:121.



Interactions with Patients Have Brought The Burden of Hyperhidrosis to Life



KORTNEY

- Axillary hyperhidrosis (HH) sufferer since childhood.
 Aspiring Olympian with busy training schedule, with added difficulty of seeing doctor during business hours
- Hesitant to share story before treatment. Currently partnering with Dermira to share the burden of living with the condition and her personal treatment experience with physicians, other patients and Dermira reps
- Result: Development of a robust patient (and physician) speakers bureau program and the incorporation of patient testimonials on the "CYS" website, building a community of sufferers unafraid to discuss the challenges of living with their sweat



- HH sufferer (multiple sites) since childhood
- Participated in advisory boards and meetings with key commercial payers who until then, did not recognize HH as a medical condition nor its severity
- Insights led to the creation of Dermira Connect, Dermira's patient assistance program
- Result: At launch, 58% of commercial lives covered. Dermira target raised to 70% three months post launch. Nearly all payers cited Tim's willingness to share his experience as the reason for their decision to cover treatment



TIM

Pre-Launch Awareness Activities Drove Unprecedented Response





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QBREXZA™ Cloth – Launched October 1, 2018

Approved for the treatment of primary axillary hyperhidrosis, or excessive underarm sweating www.qbrexza.com





The Clinical Profile for QBREXZA™ Is Differentiated

	Indicated for Topical Treatment of Primary Axillary Hyperhidrosis	 Treatment can be self-administered Largest population of hyperhidrosis sufferers
S	Approved for Children and Adults (≥ 9 years of age)	 Only axillary hyperhidrosis therapy approved for use in children as young as 9 years of age
ا ا	Clinically Meaningful Results	 Established efficacy Patient reported outcomes (PRO) ASDD (PRO-tool) developed in consultation with the FDA
\bigcirc	Patient Safety	 Safety evaluated following one year of treatment Low discontinuation rates (anticholinergic side effects)



QBREXZA™ Important Safety Information

CONTRAINDICATIONS

QBREXZA is contraindicated in patients with medical conditions that can be exacerbated by the anticholinergic effect of QBREXZA.

WARNINGS AND PRECAUTIONS

Worsening of Urinary Retention: Use with caution in patients with a history or presence of documented urinary retention.

Control of Body Temperature: In the presence of high ambient temperature, heat illness (hyperpyrexia and heat stroke due to decreased sweating) can occur with the use of anticholinergic drugs such as QBREXZA.

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

ADVERSE REACTIONS

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

It is important for patients to understand how to correctly apply QBREXZA (see Patient Product Information). Instruct patients to wash their hands with soap and water immediately after discarding the used cloth.

Please see Full Prescribing Information at www.qbrexza.com.



No Sweat: QBREXZA™ Launch Update

~13,000	The number of QBREXZA prescriptions filled in the U.S. through Dec. 31, 2018
9,000	The number of prescribers visited in the U.S. since launch
112	The number of sales representatives, with 705 years of combined dermatology sales experience
70	The targeted percentage of commercial lives covered in the U.S. at month 3 of launch





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