DUCHENNE MUSCULAR DYSTROPHY

Duchenne muscular dystrophy (Duchenne) is a **severe form** of muscular dystrophy.

1 of 7,000+ rare diseases with few or no treatment options.[1]

Fatal Genetic Disorder
Life expectancy is generally between the late teens and early twenties.[2]

1 in 5,000 live male births[4]
Duchenne largely occurs in males, although on rare occasions it can appear in females.[3]

Affects **300,000+** males worldwide, **15,000** in the U.S.[5,14]

TREATING DUCHENNE

There is not yet a cure for Duchenne, but medical treatments may help slow disease progression.[2]

A comprehensive multidisciplinary care approach is recommended for Duchenne, but compliance varies.[3]

Corticosteroids like EMFLAZA™ (deflazacort) have been shown to be effective in slowing the decline in muscle strength and function in Duchenne.[2,15]

More than 50% of eligible Duchenne patients do not receive corticosteroids.[12]

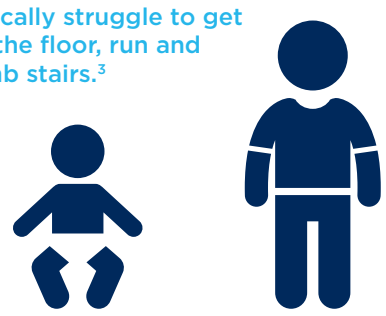
Other types of interventions help to address symptoms of the disease:[3]

- Physical and occupational therapy
- Orthopedic, cardiac, gastrointestinal & pulmonary management
- Behavior & learning management

Please see reverse side for Indication and Important Safety Information. Please see www.EMFLAZA.com for full Prescribing Information.

SYMPTOMS AND PROGRESSION

Toddlers with Duchenne tend to sit and stand later than their peers.[7] Once they begin to walk, they'll typically struggle to get off the floor, run and climb stairs.[3]



AGES 1 2 3 4 5 6

Patients with Duchenne often have trouble moving beginning at an early age.[7]

AGES 11 12 13

As they get older, muscle weakness advances to the skeletal muscles in the arms, legs and trunk.[7]

In their early teens, heart and respiratory muscles often begin to weaken.[9,10]

Despite advances, patients with Duchenne often die of heart trouble or respiratory complications.[7,11]

CAUSES OF DUCHENNE

Duchenne is caused by mutations in the **dystrophin gene.** Without dystrophin, a structural protein, muscles are unable to operate properly and suffer progressive damage.[3]

Patients with Duchenne are born with the genetic mutation.
There is nothing they can do to stop it.

About **2/3** of patients with Duchenne inherited the mutation from their **mother** through the **X chromosome.**[7]

About **1/3 of patients** have Duchenne because of a random spontaneous **genetic mutation.**[8]

1860s
Duchenne was first described.

1980s
The genetic mutation responsible for Duchenne was identified.

2016
The first treatment for Duchenne was approved in the U.S.

2017
EMFLAZA™ (deflazacort) marks the first time that an FDA-approved treatment is available for patients 5 years of age and older with all genetic forms of Duchenne.

Emflaza™ (deflazacort)
6 mg | 18 mg | 30 mg | 36 mg tablets
22.75 mg/mL oral suspension

ABOUT EMFLAZA™ (deflazacort)

EMFLAZA is Indicated for the Treatment of Duchenne Muscular Dystrophy in Patients 5 Years of Age and Older.

EMFLAZA is not for patients who are allergic to deflazacort or any of the inactive ingredients in EMFLAZA.

Patients should not stop taking EMFLAZA, or change the amount they are taking, without first checking with their healthcare provider, as there may be a need for gradual dose reduction to decrease the risk of serious side effects.

Corticosteroids, such as EMFLAZA can cause:

- Hyperglycemia, altered glucose metabolism
- Increased risk of infection
- Changes in cardiovascular/kidney function that could lead to increases in blood pressure, salt, and water retention, and decreases in blood levels of potassium and calcium
- Behavioral and mood changes that could lead to potentially severe psychiatric adverse reactions
- Osteoporosis, decrease in bone mineral density
- Serious skin rashes
- May slow growth and development
- Cataracts or glaucoma

Vaccinations: The administration of live or live attenuated vaccines is not recommended while taking EMFLAZA. Killed or inactivated vaccines may be administered, but the responses cannot be predicted. Patients should discuss their vaccine history with their healthcare provider before starting EMFLAZA, and while taking EMFLAZA, patients should check with their healthcare provider before receiving any new vaccines or booster shots.

Common side effects that could occur with EMFLAZA include: Facial puffiness or Cushingoid appearance, weight increased, increased appetite, upper respiratory tract infection, cough, frequent daytime urination, unwanted hair growth, central obesity, and colds.

Patients should tell their healthcare provider if they have had recent or ongoing infections, develop a fever, or experience any other side effects.

Please see www.EMFLAZA.com for full Prescribing Information.

You may report side effects to ProPharma Group at 1-866-562-4620 or drugsafety@propharmagroup.com.

You may report side effects to FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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