2021 IIS Strategic Priorities

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Facial Aesthetics

Botox/Vistabel Priorities:
1. Impact of adherence to a long-term treatment plan
2. Impact of labelled dose and regular repeat dosing on PROs/OROs
3. Innovative clinical, PRO/ORO measures and predictive models of treatment effect/outcomes
4. Outcomes in diverse and generational populations
5. Novel aesthetic uses

Filler Priorities:
1. Correlation of rheologic/physiochemical properties with clinical benefit/impact to patient
2. Correlation of volume/treatment planning with PRO/OROs
3. HArmonyCa data generation/demonstration of clinical benefit and impact on PROs
4. Longer term data with Volux
5. Development/use of novel objective measures of clinical outcomes/use of sophisticated objective measures beyond photonumeric scales (e.g. video, 3d imaging, volumetric analysis, etc.)
6. Use of Aesthetics portfolio in diverse populations (skin type, ethnicity, age, congenital/acquired deformity, gender realignment, etc)
7. Real world evidence using the Vycross range of fillers
8. Use of filler range to establish facial harmony/balance
9. Novel aesthetic uses

Kybella/Belkyra Priorities:
1. Novel aesthetic uses in the face and body

Pan Facial Priorities:
1. Use of Allergan Aesthetics portfolio as part of a sequential treatment plan, demonstrating the psychosocial impact and impact on investigator/patient/observer reported outcomes
2. Impact of adherence to a non-surgical facial aesthetic treatment plan – short-term and long-term outcomes
3. Innovative solutions to measure, predict and optimize outcomes
4. Impact of Allergan Aesthetics portfolio on overall skin health

Things to consider for the investigator:
Limited funds may be available to support proposals
Body Contouring

CoolSculpting

1. To assess the impact of different treatment regimens using CoolSculpting alone or in sequence with other treatment modalities.
2. To understand factors that optimise patient selection, treatment and management.
3. To explore novel indications for cryolipolysis.

CoolTone

1. To assess the impact of different treatment regimens using CoolTone alone or in sequence with other treatment modalities.
2. To further elucidate the mechanism of action for electromagnetic stimulation.
3. To enhance understanding of comprehensive patient outcomes following treatment.
Plastics and Regenerative Medicine

Breast Implant Portfolio

Enhancing scientific knowledge to improve clinical outcomes:

- Immediate & long-term outcomes with smooth implants and tissue expanders
- Systemic symptoms reported by patients with breast implants (SSBI/BII): etiology, pathogenesis, epidemiology and management
- BIA-ALCL: mitigation, etiology, pathogenesis, epidemiology and treatments

Supporting best practice techniques:

- Infection control techniques to improve patient outcomes (e.g. Keller funnel, aseptic technique)
- Patient/implant matching for optimal outcomes
- Global best practice surgical techniques to optimize outcomes with Allergan Aesthetics BI portfolio
- Combination use of Allergan Aesthetics breast surgical products to address clinical need and optimize patient outcomes

Regenerative Medicine Portfolio

ADM Portfolio (Artia, Alloderm and Strattice)

- Scientifically differentiate integration and encapsulation of ADM
- Patient outcomes using Allergan Aesthetic ADMs for the benefit of patients requiring soft tissue reinforcement or repair
- Global best practice technical considerations to maximize patient outcomes

Fat grafting benefits

- Advance the understanding of patient outcomes using Revolve/Envi including patient/surgeon satisfaction, durability and graft retention

Things to consider for the investigator:

- Limited funds may be available to support proposals
Eye Care

Bimatoprost Implant Priorities

- Data on Bimatoprost implant in patients poorly controlled on PGAs secondary to compliance
- Study of Bimatoprost implant in patients with mild glaucoma
- Data of adherence to glaucoma drop therapy and association with functional/anatomical progression
- Study of impact on topical adverse event profile (including OSD) of switch from drops to Bimatoprost implant
- Study of Bimatoprost implant post-SLT

Notable considerations for the investigator:
- Narrow angle glaucoma or pediatric use IIS proposals will not be considered

Ozurdex Priorities

- Study in DME and RVO focusing on durability of effect
- Data in appropriate naïve DME and RVO patients
- Early switch data in DME and RVO

Notable considerations for the investigator:
- Combination therapy IIS proposals will not be considered

XEN 45/63 Priorities

- Prospective data vs. standard of care
- Improvement of patient outcomes via novel surgical techniques
- Study when implanted earlier in treatment paradigm (e.g. after 2 drops)
- Data after failure of other MIGS procedures

Notable considerations for the investigator:
- Narrow angle glaucoma or pediatric use IIS proposals will not be considered

AGN-190584 Pilocarpine 1.25% ophthalmic solution Priorities

AGN-190584 Pilocarpine 1.25% ophthalmic solution investigated for the treatment of presbyopia.

Priority will be given to applications proposing to investigate the following areas:

- Data on the management of presbyopia across all ranges of visual acuity (near, intermediate, and distance)
- Increasing the scientific body of evidence evaluating the mechanism of action of AGN-190584 Pilocarpine 1.25% in presbyopia
• Evaluation of AGN-190584 Pilocarpine 1.25% used complementary to other refraction/surgical techniques for the management of presbyopia
• Evaluation AGN-190584 Pilocarpine 1.25% in additional patient sub-types
• Evaluation of patient's use patterns and outcomes with AGN-190584 Pilocarpine 1.25% for presbyopia

Notable considerations for the investigator:
• Limited funds may be available to support proposals
CNS - Migraine:
OnabotulinumtoxinA (Botox), Ubrogepant (Ubrelyv), Atogepant

AbbVie is dedicated to enabling all people with migraine disease, which affects more than 1 billion people worldwide, to achieve migraine freedom so they can live their best lives. We are committed to developing and providing treatment options that stop or reverse migraine attacks (acute treatments), as well as those that reduce the frequency and severity of migraine attacks (preventive treatments).

The Migraine therapeutic area is comprised of three assets:
- **OnabotulinumtoxinA (Botox)** - approved for the preventive treatment of Chronic Migraine
- **Ubrogepant (Ubrelyv)** - approved for the acute treatment of Migraine with or without aura for adults in the US only
- **Atogepant (pending approval)** – NDA will be submitted for preventive treatment of Migraine in adults

**Proposals for the topics listed below will NOT be considered:**
For OnabotulinumtoxinA
- OnabotulinumtoxinA vs Placebo
- OnabotulinumtoxinA vs other toxin
- OnabotulinumtoxinA vs mAbs
- Pediatric DBPC trials

For Ubrogepant
- Ubrogepant vs Placebo
- Ubrogepant vs other acute treatments for migraine
- Consistency of ubrogepant effect
- Ubrogepant early treatment or treatment when pain is mild
- Ubrogepant treatment during premonitory/prodome phase
- Ubrogepant Pediatric studies

**OnabotulinumtoxinA - Chronic Migraine**

Priority will be given to proposals investigating the following areas:
- Investigation of combination migraine therapies (not including other toxins) with OnabotulinumtoxinA
- OnabotulinumtoxinA effect on co-morbidities (e.g. depression/anxiety)
- Pathophysiology/MOA
- OnabotulinumtoxinA effect on QoL and/or return to daily activities
- Impact on health care resource utilization
- Post-traumatic Headache (PTH) or primary headache (HA)
Ubrogepant (Ubrelyv) - Acute Treatment of Migraine

Priority will be given to proposals investigating the following areas (US only)

- Ubrogepant + other acute treatments for migraine
- Ubrogepant + CGRP preventive treatments for migraine
- Ubrogepant + onabotulinumtoxinA treatment
- Safety and efficacy of ubrogepant for acute treatment of migraine attacks

*Studies with ubrogepant can only be initiated following regulatory/market approvals for respective indications in the country of interest. Ubrogepant is currently only approved in the USA.

Atogepant - Migraine Prevention (Pending Approval)

Priority will be given to proposals investigating the following areas

- Safety and efficacy of atogepant for preventive treatment of migraine
- Atogepant + onabotulinumtoxinA migraine treatment
- Atogepant + other CGRP treatments for migraine
- Atogepant + any other combination treatments for migraine

*Studies with atogepant can only be initiated following regulatory/market approvals for respective indications in the country of interest.
Botox Therapeutic:  
Toxin Science, Spasticity and Movement Disorder, Urology

This document describes the IIS strategic priorities for Botox Therapeutic indications as listed below. For other therapeutic and cosmetic indications for Botox, please refer to the applicable documents.

- **Botox Toxin Science and New Indications**
- **Spasticity and Movement Disorders (SMD)**
- **Urology**

**Proposals will NOT be considered for the following:**
- Other BoNTs under evaluation by AbbVie
- Studies assessing novel/developmental BoNTs
- For Spasticity - Assessment of anticoagulants pre/post injection procedure
- For Spasticity and Cervical Dystonia (CD) - Imaging studies with no clear patient reported outcomes

**Things to consider:**
- Studies can only be initiated following regulatory/market approvals for respective indications in the country of interest.
- Limited funds may be available to support proposals

**Toxin Science and Novel Indications**

Priority will be given to proposals to investigate the following areas:

- Analyses of clinical and health economic outcomes of Botox utilization vs other BoNTs, including switch back to Botox from other BoNT use
- Botox utilization studies in multi-indication patients (in countries outside the US)
- Preclinical investigations of classical and non-classical mechanism of action
- Preclinical studies assessing Botox vs other BoNTs
- Botox effect on co-morbidities (e.g. depression/anxiety)

**Spasticity**

Priority will be given to proposals to investigate the following areas:

- Clinical and/or Pharmacoeconomic impact of early diagnosis of spasticity and intervention with Botox
- Impact of treatment adherence on Pharmacoeconomics and functional outcomes
- Real world safety and utilization studies
- Patient goal setting and satisfaction with Botox therapy
- Optimization of Botox therapy with utilization of new technologies, training tools and/or treatment paradigms
- Assessment of clinically meaningful duration of Botox effects (in countries outside the US)
- Botox effect on co-morbidities (e.g. depression/anxiety)

**Movement Disorder**

Priority will be given to proposals to investigate the following areas:

- Clinical and/or Pharmacoeconomic impact of early diagnosis of CD and intervention with Botox
- Assessment of novel approaches for early diagnosis of CD
- Assessment of clinically meaningful duration of Botox effects
- Optimization of Botox therapy with utilization of new technologies, training tools and/or treatment paradigms
- Botox effect on co-morbidities (e.g. depression/anxiety)

**Urology**

Priority will be given to proposals to investigate the following areas:

- Assessment of long-term real-world safety and effectiveness for Botox
- Identification of predictors that impact Botox efficacy, duration and safety response.
- Real world investigation of treatment procedure paradigms that impact Botox treatment adherence
- Studies to assess variables that impact treatment referral patterns of oral cycling
- Botox effect on co-morbidities (e.g. depression/anxiety)
CNS - Psychiatry - Vraylar (cariprazine):
Bipolar Disorder I, Schizophrenia

Vraylar (cariprazine) is an orally active atypical antipsychotic. It is a partial agonist at central dopamine D3/D2 and serotonin 5-HT1A receptors and has antagonist activity at serotonin 5-HT2A receptors.

VRAYLAR is approved in the US for adults with:
- Bipolar Disorder I (BP-I) - depressive, manic and mixed episodes
- Schizophrenia

Priority will be given to proposals to investigate the following areas
1. Investigation of disease states where the pharmacology of cariprazine matches well with the underlying biology of psychiatric illnesses, including but not limited to:
   - Attention Deficit and Hyperactive Disorder (ADHD)
   - Cognitive impairment associated with schizophrenia, bipolar-1 disorder, major depressive disorder (MDD) or ADHD
   - Substance use disorder (SUD) or dual diagnosis of SUD with BP-1
   - Bipolar Disorder II (BP-II)
   - Borderline Personality Disorder
   - Post-Traumatic Stress Disorder (PTSD)
   - Core symptoms in Autism Spectrum Disorder (ASD)
   - Combination therapy in Bipolar Disorder

2. Understanding the impact of cariprazine in patients with BP on the following:
   - Sexual functioning
   - Identifying predictors of cariprazine response
   - Functional outcomes / QoL / work productivity

Other factors to consider:
- Studies must be conducted in North America
- Limited funds may be available to support proposals
GI Care - IBS - Eluxadoline

AbbVie is interested in scientific study proposals that would address the following priority areas:

1. Burden of irritable bowel syndrome with predominant diarrhea (IBS-D) and impact of multi-symptom treatment on patient outcomes and resource utilization

2. Efficacy and continuing safety of eluxadoline to treat additional patient populations including, but not limited to:
   a. Functional diarrhea
   b. Fecal incontinence
   c. Microscopic colitis symptom control
   d. Persistent IBS-D symptoms in ulcerative colitis patients in inflammatory remission
   e. Persistent IBS-D symptoms in Crohn’s disease patients in inflammatory remission

3. Novel real-world clinical efficacy and continuing safety outcomes data in IBS-D patients

4. Eluxadoline pain relief mechanism of action

5. Novel clinical tools and/or biomarkers that:
   a. Increase the ease of confident diagnosis of IBS-D
   b. Improve patient clinical experience and/or adherence to treatment
   c. That assess novel outcomes of IBS-D treatment
AbbVie is interested in scientific study proposals that would address the following priority areas:

1. Burden of irritable bowel syndrome with predominant constipation (IBS-C or CIC) and impact of multi-symptom treatment on patient outcomes and resource utilization

2. Efficacy and safety of linaclotide to treat additional patient populations including, but not limited to:
   a. Parkinson’s disease
   b. Multiple sclerosis
   c. Functional abdominal pain
   d. Geriatric patients
   e. Colorectal cancer
   f. Diverticulitis
   g. Opioid-induced constipation
   h. Cystic fibrosis

3. Linaclotide MOA and investigating the link between gut/brain modulation of pain

4. Linaclotide impact on microbiome or gut permeability

5. Novel clinical tools and/or biomarkers that:
   a. Increase the ease of confident diagnosis of IBS-C and CIC
   b. Improve patient clinical experience and/or adherence to treatment
   c. Assess novel outcomes of IBS-C and CIC treatment
Anti-Infectives: Avycaz (ceftazidime/avibactam) Dalvance (dalbavancin), Teflaro (ceftaroline fosamil)

Key Focus Areas: Avycaz (ceftazidime/avibactam)
- Comparative clinical and/or microbiologic data in infections caused by carbapenem-resistant Enterobacterales (CRE), extended-spectrum beta lactamase (ESBL) producing bacteria, and multi-drug resistant (MDR) Pseudomonas aeruginosa
- Studies evaluating the impact of early appropriate therapy on clinical outcomes in high risk patients with suspected or documented resistant Gram-negative infections
- Studies (pre-clinical and clinical) evaluating emergence of resistance of Gram-negative bacteria, including prevalence of resistance, mechanisms of resistance, and strategies for prevention
- Clinical outcomes in patients with Gram-negative bacteremia
- Clinical outcomes in special populations (i.e. immune-compromised, CF patients, pediatrics, transplant)

Key Focus Areas: Dalvance (dalbavancin)
- Economic outcomes and patient centric data demonstrating the impact in reduced hospitalizations, expressed in reduced LOS or admission avoidance
- Clinical outcomes against Gram (+) infections in unique patient populations, such as immunocompromised patients or people who inject drugs
- Clinical outcomes in patients other than ABSSSI (i.e. infected implantable devices, persistent bacteremia, endocarditis, osteomyelitis (i.e. Prosthetic Joint Infections)
- Activity in unique organism (i.e. Mycobacterium sp., Bacillus anthracis, Clostridioides difficile, sexually transmitted infections)

Key Focus Areas: Teflaro (ceftaroline fosamil)
- Comparative time to clearance data of S. aureus bacteremia vs standard of care (vancomycin, daptomycin)
- Clinical and/or microbiological outcomes in hospitalized ABSSSI and CABP patients with significant co-morbidities (e.g. diabetes, obesity, immune-compromised), including evaluation of early and sustained clinical responses
- Dose optimization & outcomes in difficult to treat infections, including but not limited to MRSA bacteremia, MRSA pneumonia, osteomyelitis, diabetic foot infection, catheter-related infection
- Use in surgical prophylaxis