

SUPPLEMENTARY TABLES

Supplementary Table 1: Reports demonstrating the efficacy of dupilumab in prurigo nodularis.

S. No.	Authors/Year	Type of study	Patient details	History of atopy	Prior treatments	Latency period till improvement
1.	Chiricozzi <i>et al.</i> , ^[17] /2020	Retrospective multicentre trial on 27 patients.	<ul style="list-style-type: none"> • M:F=11:16. • Age range: 23–83 years. 	Yes (18) No (9)	<ul style="list-style-type: none"> • Systemic CS. • Cyclosporine. • Phototherapy. • Methotrexate. • Azathioprine. 	4 weeks for both itch and nodules.
2.	Calugareanu <i>et al.</i> , ^[16] /2020	Retrospective study on 16 patients.	<ul style="list-style-type: none"> • M:F=7:9 • Age: 56 years (median) 	Yes (7) No (9)	<ul style="list-style-type: none"> • TCS. • Phototherapy. • Methotrexate. • Cyclosporine. • Thalidomide. • Antihistamines. • Dapsone. • Retinoids. • MMF. • Azathioprine. • Nemolizumab. • Anti-IL-17 and TNFα agents. 	3 months for both itch and nodules.
3.	Ferrucci <i>et al.</i> , ^[18] /2021	Retrospective observational cohort study on 11 patients.	<ul style="list-style-type: none"> • M:F=6:5 • Age Range: 19–88 years. 	Yes	<ul style="list-style-type: none"> • TCS. • Topical Calcineurin antagonists. • Antihistamines. • Systemic CS. • Cyclosporine. • Methotrexate. 	4 weeks for both itch and nodules.
4.	Tilotta <i>et al.</i> , ^[19] /2021	Case series of 11 patients.	<ul style="list-style-type: none"> • M:F=7:4. • Age range: 62–78 years. 	Yes	<ul style="list-style-type: none"> • TCS. • Antihistamines. • Systemic CS. • Cyclosporine. 	4 weeks for both itch and nodules.
5.	Napolitano <i>et al.</i> , ^[20] /2020	Case series of 9 patients.	<ul style="list-style-type: none"> • 9 males. • Age range: 31–63 years. 	Yes	<ul style="list-style-type: none"> • TCS. • Antihistamines. • Phototherapy. • Cyclosporine. • Methotrexate. 	16 weeks for both itch and nodules.
6.	Tavecchio <i>et al.</i> , ^[21] /2020	Case series of 18 patients.	Age and gender not specified.	Yes	<ul style="list-style-type: none"> • TCS. • Topical Calcineurin antagonists. • Systemic CS. • Cyclosporine. • Azathioprine. • Methotrexate 	4 weeks for both itch and nodules.
7.	Reynolds <i>et al.</i> , ^[22] /2020	Case series of 4 patients.	<ul style="list-style-type: none"> • M:F=1:3. • Age range: 17–71 years. 	Not specified.	<ul style="list-style-type: none"> • Topical/intralesional steroids. • Topical calcineurin blockers. • Topical crisaborole. • Systemic CS. • Antihistamines. • Doxycycline. • Methotrexate. • Gabapentin. 	4 weeks for both itch and nodules.

(Contd...)

Supplementary Table 1: (Continued).

S. No.	Authors/Year	Type of study	Patient details	History of atopy	Prior treatments	Latency period till improvement
8.	Beck <i>et al.</i> , ^[23] /2019	Case series of 3 patients.	<ul style="list-style-type: none"> • M:F=2:1. • Age range: 50–70 years. 	Not specified.	<ul style="list-style-type: none"> • Systemic CS. • Antihistamines. • Doxepin. • Gabapentin. • Phototherapy. • Cryotherapy. • Mupirocin. • Cyclosporine. • Dronabinol. 	4–12 weeks for both itch and nodules.
9.	Holm <i>et al.</i> , ^[24] /2020	Case series of 3 patients.	<ul style="list-style-type: none"> • Age range: 42–57 years. • All females. 	No	<ul style="list-style-type: none"> • TCS. • Topical calcineurin inhibitors. • Phototherapy. • Cannabinol. • Antihistamines. • Systemic CS. • Methotrexate. • Azathioprine. • Tetracycline. • Metronidazole. • Thalidomide. 	Not specified.
10.	Almustafa <i>et al.</i> , ^[25] /2019	Case series of 3 patients.	<ul style="list-style-type: none"> • M:F=2:1. • Age range: 41–52 years. 	Yes	<ul style="list-style-type: none"> • TCS/intralesional steroids. • Topical calcineurin inhibitors. • Antihistamines. • Phototherapy. • Gabapentin. • Pregabalin. • Cyclosporine. 	2–8 weeks for itch followed by nodules.
11.	Calugareanu <i>et al.</i> , ^[26] /2019	Case report.	30-year-old female.	Yes	<ul style="list-style-type: none"> • Cyclosporine. • TCS. • Cryotherapy. • Antihistamines. • Phototherapy. • Dapsone. • Methotrexate. • Thalidomide. 	3 months (itch and nodules).
12.	Mitsuyama and Higuchi ^[27] /2023	Case series of 4 patients.	<ul style="list-style-type: none"> • M:F=3:1. • Age range: 65–84 years. 	Yes	<ul style="list-style-type: none"> • Cyclosporine. • TCS. • Phototherapy. • Antihistamines. • Systemic CS. • Cyclosporine. 	2–4 weeks (itch) 4–8 weeks (nodules).
13.	Giura <i>et al.</i> , ^[28] /2020	Case report.	85-year-old female.	No	<ul style="list-style-type: none"> • TCS and systemic CS. 	1 week (itch) 4 weeks (nodules).
14.	Romano ^[29] /2021	Case report.	61-year-old female.	No	<ul style="list-style-type: none"> • Not specified. 	4 weeks for both itch and nodules.
15.	Bloomsteain and Hawkes ^[30] /2021	Case report.	76-year-old man.	Yes	<ul style="list-style-type: none"> • TCS. • Antihistamines. 	4 weeks for both itch and nodules.
16.	Criado <i>et al.</i> , ^[31] /2020	Case report.	87-year-old male.	Yes	<ul style="list-style-type: none"> • Systemic CS. • Antihistamines. • Cyclosporine. • Methotrexate. • Pregabalin. • Mirtazapine. 	4 weeks for itch and 16 weeks for nodules.

(Contd...)

Supplementary Table 1: (Continued).

S. No.	Authors/Year	Type of study	Patient details	History of atopy	Prior treatments	Latency period till improvement
17.	Tanis <i>et al.</i> ^[32] /2019	Case report.	43-year-old female.	Not specified.	<ul style="list-style-type: none"> • TCS. • Cyclosporine. • Phototherapy. • Methotrexate. 	8 weeks for both itch and nodules.
18.	Fachler <i>et al.</i> ^[33] /2021	Case report.	9-year-old female.	No	<ul style="list-style-type: none"> • TCS. • Antihistamines. • Phototherapy. • Cyclosporine. • Methotrexate. 	2 weeks for itch and 4 weeks for nodules.
19.	Liu <i>et al.</i> ^[34] /2021	Case report.	85-year-old man.	No	<ul style="list-style-type: none"> • TCS. • Gabapentin. • Thalidomide. • Ketotifen. • Cetirizine. 	12 weeks for both itch and nodules.
20.	Wieser <i>et al.</i> ^[35] /2020	Case series of 3 patients.	<ul style="list-style-type: none"> • M:F=1:2. • Age range: 65 and 66 years. 	No	<ul style="list-style-type: none"> • TCS/intralesional steroids. • Topical calcineurin inhibitors. • Systemic CS. • Methotrexate. • Antihistamines. • Gabapentin. • Phototherapy. 	4–28 weeks for both itch and nodules.
21.	Kovács <i>et al.</i> ^[36] /2020	Case report.	80-year-old female.	Yes	<ul style="list-style-type: none"> • TCS. • Topical calcineurin inhibitors. • Mirtazapine. • Methotrexate. • Antihistamines. • Gabapentin. • Phototherapy. • Paroxetine. • Cyclosporine. • Naloxone. • Naltrexone. 	2 weeks for itch and 10 weeks for nodules.

TCS: Topical corticosteroid, CS: Corticosteroids

Supplementary Table 2: Reports elucidating the efficacy of dupilumab in chronic hand eczema.

S. No.	Author/Year	Study type	Patient details	Hand eczema type/duration	History of Atopy	Prior treatment	Response to dupilumab	Adverse effects
1.	Weins <i>et al.</i> ^[41] /2019	Case report	12-year-old male	DE/6 months	Yes	<ul style="list-style-type: none"> • TCS. • Topical antimicrobials. • Phototherapy. • Systemic prednisolone, Mtx, CsA, antimicrobials. 	Complete stable remission in 4 months.	None
2.	Gan <i>et al.</i> ^[42] /2022	Case report	29-year-old female	Occupational CHE/5 years	No	<ul style="list-style-type: none"> • TCS • Pimecrolimus • Systemic H1 blockers. 	<ul style="list-style-type: none"> • Improved in 4 weeks. • Almost healed by 16 weeks. 	None

(Contd...)

Supplementary Table 2: (Continued).

S. No.	Author/Year	Study type	Patient details	Hand eczema type/duration	History of Atopy	Prior treatment	Response to dupilumab	Adverse effects
3.	Zhu <i>et al.</i> , ^[43] /2020	Case report	43-year-old male	Chronic irritant hand dermatitis >10 years	No	TCS and systemic CS.	Improved by 1 month and cleared by 5 years.	None
4.	Nanda <i>et al.</i> , ^[44] /2019	Case Report	44-year-old female	DE >2 years	Yes	Antibiotics and systemic CS.	Pain disappeared by 6 weeks and lesions cleared within 8 weeks.	<ul style="list-style-type: none"> • Injection site pain. • Pruritic conjunctivitis.
5.	Oosterhaven <i>et al.</i> , ^[45] /2018	Case Report	50-year-old female	Chronic atopic hand eczema for 9–≥35 years	Yes	<ul style="list-style-type: none"> • Emollients. • Potent TCS. • PUVA. • Alitretinoin. • CsA. • Azathioprine. • Mtx. • Systemic CS. • MPA. • Tacrolimus. 	Almost clear at 16 weeks.	None
6.	Halling <i>et al.</i> , ^[46] /2020	Case Report	67-year-old male	Vesicular hand eczema ≥2.5 years	No	<ul style="list-style-type: none"> • Potent TCS. • Coal tar. • Condy compresses. • NB-UVB. • Mtx. • Azathioprine. • CsA. • Systemic CS. 	Improved in 2 weeks and cleared by 4 weeks.	None
7.	Zirwas <i>et al.</i> , ^[47] /2018	Case series of 3 patients	2 females (65, 72 years) 1 male (48 years)	Hand eczema without atopic dermatitis	No	<ul style="list-style-type: none"> • Potent TCS and tacrolimus. • Systemic CS. • Thalidomide. • Mtx. • MMF. • CsA. • Apremilast. • Ustekinumab. 	Clearance observed by 6 weeks in 2 patients. In another patient, 80% improvement seen by 3 months.	None
8.	Gall <i>et al.</i> , ^[48] /2021	Case series of 2 patients	2 males of age 38 years.	DE for >5 years	No	<ul style="list-style-type: none"> • TCS. • Phototherapy. • Systemic CS. • Acitretin. • Apremilast. 	Improved by 1–6 weeks.	None
9.	Weston <i>et al.</i> , ^[49] /2018	Case series of 2 patients.	2 males of 37 years and 63 years.	<ul style="list-style-type: none"> • DE ≥11 years in one patient. • In the other details were not available. 	Yes	<ul style="list-style-type: none"> • Highly potent TCS. • Emollients. • NB-UVB. • PUVB. • Excimer lasers. • Systemic CS. • Apremilast. • Mtx. • Efalizumab. • Etanercept. • Adalimumab. • Ixekizumab. 	<ul style="list-style-type: none"> • Improved by 8 weeks. • Completely free of disease by 4 months. 	None

(Contd...)

Supplementary Table 2: (Continued).

S. No.	Author/Year	Study type	Patient details	Hand eczema type/duration	History of Atopy	Prior treatment	Response to dupilumab	Adverse effects
10.	Loman <i>et al.</i> , [50]/2021	Case series of 3 patients.	3 males of age ranging from 47– 65 years.	Hyperkeratotic hand eczema	No	<ul style="list-style-type: none"> • Ultrapotent TCS. • Mtx. • Alitretinoin. • Acitretin. • CsA. • Azathioprine. 	<ul style="list-style-type: none"> • In 2 patients lesions cleared by 16 weeks. • In one patient minimal improvement at week 16. 	None
11.	Waldman <i>et al.</i> , ^[51] /2020	Case series of 15 patients	10 males and 5 females with mean age of 50 years. Range: 32–76 years.	DE.	No	<ul style="list-style-type: none"> • TCS. • Immunosuppressives. • Phototherapy. • Biologic drugs used in psoriasis. 	<ul style="list-style-type: none"> • In 40% of patients complete clearance. • Partial response in others. 	<ul style="list-style-type: none"> • Facial redness in 2 patients. • Ocular surface disease in 1 patient.
12.	Oosterhaven <i>et al.</i> , ^[52] /2019	Prospective observational study in 47 patients.	32 males/15 females Age range: 20–69 years.	<ul style="list-style-type: none"> • 35 patients had chronic fissured hand eczema and 12 patients had recurrent vesicular hand dermatitis. 	Yes	<ul style="list-style-type: none"> • Prednisolone. • CsA. • Mtx. • Azathioprine. • Alitretinoin • MMF. • MPA. • Tacrolimus. 	<ul style="list-style-type: none"> • At 16 weeks: HESCI 50: In 87% of patients; HECSI 75: In 60% of patients; and HECSI 90: In 32% of patients. 	None
13.	Voorberg <i>et al.</i> , ^[53] /2022	Prospective observational study on 72 patients.	48 males and 24 females. Mean age 45.2±13.0 years.	50 patients had chronic fissured hand eczema and 22 had recurrent vesicular hand disease.	Yes	<ul style="list-style-type: none"> • Prednisolone. • CsA. • Mtx. • Azathioprine. • Alitretinoin. • MPA. • MMF. • Tacrolimus. 	<ul style="list-style-type: none"> • At 52 weeks: HECSI 75: In 87.1% of patients and HECSI 90: In 62.9% of patients. 	Conjunctivitis, multiple filiform warts and blood eosinophilia.
14.	Lee <i>et al.</i> , ^[54] /2019	Retrospective review of 38 patients.	15 males and 23 females. Mean age: 42.2±18.4 years.	Presentations observed were DE and contact dermatitis	Yes	<ul style="list-style-type: none"> • Prednisolone. • CsA. • MMF. 	<ul style="list-style-type: none"> • At 4 months: Pruritus improved in 96.7% patients. • Pain improved in all patients. • Fissuring improved in 28.9% patients. 	None

TCS: Topical corticosteroid, CS: Corticosteroids, DE: Dyshidrotic eczema, Mtx: Methotrexate, CsA: Cyclosporine, MPA: Mycophenolic acid, MMF: Mycophenolate mofetil, NV-UVB: Narrow-band ultraviolet-B, HECSI: Hand eczema severity index

Supplementary Table 3: Summary of reports describing dupilumab's ability to remit and precipitate alopecia areata.

S. No.	Authors/Year	Type of study	Patient Details	Presence of coexistent atopic dermatitis	Previous treatments	Dupilumab therapy	Remarks
1.	Alotaibi <i>et al.</i> , ^[79] /2022	Case report	21-year-old female with AU	Yes	<ul style="list-style-type: none"> • UVB phototherapy. • Tofacitinib. 	300 mg SC given every 2 weeks (q2w)	<ul style="list-style-type: none"> • By 2 months hair regrowth was seen on the scalp, eyebrows and eye lashes. • Only one bald patch remained at 4 months.
2.	Kulkarni <i>et al.</i> , ^[73] /2022	Case report	16-year-old male with AT	Yes	NA	600 mg SC loading dose, followed by 300 mg q2w (label dosing)	<ul style="list-style-type: none"> • Within 8 months of starting dupilumab, patient had almost complete hair regrowth.
3.	Szekely <i>et al.</i> , ^[80] /2021	Case report	30-year-old male with AT	Yes	<ul style="list-style-type: none"> • TCS/Systemic CS. • Phototherapy. • Mtx. • CsA. 	Label dosing	<ul style="list-style-type: none"> • Complete re-growth of hair within 3 months.
4.	Babino <i>et al.</i> , ^[81] /2020	Case report	68-year-old female with AT	No	<ul style="list-style-type: none"> • TCS/Systemic CS. • Photodynamic therapy. • Squaric acid dibutyl ester. • CsA. 	Label dosing	<ul style="list-style-type: none"> • Complete regrowth of hair within 3 months.
5.	Flanagan <i>et al.</i> , ^[82] /2022	Case report	28-year-old female with AT	Yes	<ul style="list-style-type: none"> • TCS. • Phototherapy. 	Label dosing	<ul style="list-style-type: none"> • Nearly complete regrowth of hair at 2-3 months.
6.	Cho <i>et al.</i> , ^[83] /2021	Case series of 6 patients	3 males and 3 females with AA. Age range: 7-12 years.	Yes	<ul style="list-style-type: none"> • TCS/Systemic CS. • Topical/oral minoxidil. • Topical tacrolimus. 	Label dosing	<ul style="list-style-type: none"> • 4 patients had complete regrowth. • 1 patient had 73% improvement in the severity of alopecia tool score. • 1 patient did not have any hair growth despite being on dupilumab for 16 months.
7.	Fukuyama <i>et al.</i> , ^[75] /2023	Case series of 4 patients	<ul style="list-style-type: none"> • 4 females • Age range (40-54 years) • 3 had patchy alopecic lesions. • Fourth patient had no alopecia. 	Yes	<ul style="list-style-type: none"> • Intralesional CS (with minimal response). 	Label dosing	<ul style="list-style-type: none"> • The 3 patients with alopecia demonstrated full hair growth within 3 months of dupilumab therapy. • In patient 4, within 8 months of dupilumab therapy, acute and diffuse hair loss was seen that progressed to total hair loss.

(Contd...)

Supplementary Table 3: (Continued).

S. No.	Authors/Year	Type of study	Patient Details	Presence of coexistent atopic dermatitis	Previous treatments	Dupilumab therapy	Remarks
8.	Ludriksone <i>et al.</i> , ^[84] /2019	Case series of 2 patients	2 males of ages 38 and 32 years, with AA.	Yes	<ul style="list-style-type: none"> • Phototherapy. • Azathioprine. • CsA. 	Label Dosing	<ul style="list-style-type: none"> • Complete hair regrowth at week 21 and 22.
9.	Harada <i>et al.</i> , ^[85] /2020	Case series of 7 patients	5 males and 2 females. Age range: 33-52 years.	Yes	<ul style="list-style-type: none"> • TCS/Systemic CS. • Diphenylcyclopropenone. • Squaric acid dibutylester. • Phototherapy. 	Label dosing	<ul style="list-style-type: none"> • Complete regrowth in 2 patients. • Partial response in 4 patients. • No response in 1 patient.
10.	Ständer <i>et al.</i> , ^[78] /2020	Case report	53-year of male with recurrent AD.	-	-	Label dosing	<ul style="list-style-type: none"> • After 1 year of treatment with dupilumab AA developed.
11.	Kanda <i>et al.</i> , ^[86] /2019	Case report	35-year-old male with AD	-	-	Label dosing	<ul style="list-style-type: none"> • Development of AA following 6 weeks of dupilumab therapy involving 23% of whole scalp. • Methylprednisolone pulse was simultaneously instituted with 78% reduction of AA after 4 months.
12.	Flanagan <i>et al.</i> , ^[76] /2019	Case report	27-year-old male with AD	-	-	Label dosing	<ul style="list-style-type: none"> • Ill-defined areas of non-scarring alopecia was seen over the scalp after 18 weeks of dupilumab therapy. • This was reversed 8 weeks after discontinuation of dupilumab.
13.	Gallo <i>et al.</i> , ^[87] /2020	Case report	24-year-old male with AD	-	-	Label dosing	<ul style="list-style-type: none"> • After 8 weeks of starting dupilumab, abrupt shedding of scalp hair was noted with a SALT score of 71.6. • Following 3 months of dupilumab discontinuation, hair regrowth was complete.

(Contd...)

Supplementary Table 3: (Continued).

S. No.	Authors/Year	Type of study	Patient Details	Presence of coexistent atopic dermatitis	Previous treatments	Dupilumab therapy	Remarks
14.	Mitchell and Levit ^[88] /2018	Case report	29-year-old male with AD	-	-	Label dosing	<ul style="list-style-type: none"> • Development of AA on the posterior scalp 5 weeks after starting dupilumab. • Dupilumab was not discontinued. • Intralesional triamcinolone acetonide (5mg/ml) was administered every 4 weekly with gradual improvement of AA.
15.	Barroso-García <i>et al.</i> , ^[89] /2018	Case report	31-year-old male with severe AD	-	-	Label dosing	<ul style="list-style-type: none"> • Patches of hair loss involving the anterior scalp 6 weeks after initiation of dupilumab therapy was seen. • Dupilumab was continued along with intralesional triamcinolone acetonide on the alopecic patches. • Results of amelioration of AA with intralesional steroids was not reported.
16.	Guttman-Yassky <i>et al.</i> , ^[90] /2022	Randomized placebo-controlled trial	<ul style="list-style-type: none"> • Dupilumab group (40 patients) • Placebo group (20 patients). 	In 42.5% of the study subjects.	-	Label dosing	<ul style="list-style-type: none"> • 30% improvement in SALT score at week 48 in 32.5% vs. 20%. ($P=0.067$). • 50% improvement in SALT score at week 48 in 22.5% vs. 15%. ($P=0.02$).

AU: Alopecia universalis, AT: Alopecia totalis, AD: Atopic dermatitis, UVB: Ultraviolet-B, NA: Not available, CsA: Cyclosporine, TCS: Topical corticosteroid, CS: Corticosteroids, SALT: Severity of alopecia tool

Supplementary Table 4: Reports outlining the utility of dupilumab in chronic urticaria.

S. No.	Authors/Year	Type of study	Study details	Remarks
1.	Ferrucci <i>et al.</i> , ^[93] /2020	Case report.	<ul style="list-style-type: none">• 28-year-old man with chronic cold urticaria who also had AD from infancy.• Prior failed treatments included prednisolone, cyclosporine and omalizumab.• Dupilumab (label dosing) started.	<ul style="list-style-type: none">• Within 1 month of therapy• EASI score reduced by 85%.• DLQI plummeted to 0 from 12.• Ice cube test became negative.• Besides, prolonged exposure to low temperatures did not cause any problems.
2.	Sun <i>et al.</i> , ^[94] /2022	Case report.	<ul style="list-style-type: none">• 44-year-old male with chronic urticaria and angioedema unresponsive to anti-histamines, cyclosporine omalizumab and phototherapy.• Dupilumab (label dosing) started.	<ul style="list-style-type: none">• After the first dose of dupilumab the UAS7 score reduced to 0 from 42.• On subsequent laboratory investigation IgE levels normalised.• His condition remained stable for the next 24 months while on dupilumab maintenance therapy.
3.	Goodman and Jariwala ^[95] /2021	Case report.	<ul style="list-style-type: none">• 18-year-old man with adrenergic urticaria with associated postural orthostatic tachycardia syndrome.• Lesions were triggered by heat, stress and exercise.• Lesions were refractory to antihistamines, leukotriene antagonists, dapsone and omalizumab.• Dupilumab (300 mg) monthly injections were started, along with propranolol 20mg twice daily and an antihistaminic.	<ul style="list-style-type: none">• Patient had good control of symptoms initially.• However, during summer, lesions exacerbated, that was controlled with dupilumab and escalated dosing propranolol (60 mg twice daily).
4.	Zhu <i>et al.</i> , ^[96] /2022	Case report.	<ul style="list-style-type: none">• A 31-year-old male with 3-year history of CSU with no angioedema or systemic symptoms.• Patient was unresponsive to antihistaminics and omalizumab.• Dupilumab 600mg (first dose) followed by 300mg at weeks 3, 6, 10, 16 and 24 was given.	<ul style="list-style-type: none">• Within 2 weeks of dupilumab therapy, his wheals and pruritus significantly improved and after 4 months lesions had completely disappeared.• Owing to eosinophilia following dupilumab, it was stopped and prednisolone 60 mg/day with gradual taper began.• Even 16 weeks after stopping dupilumab, remission was maintained.
5.	Sirifo <i>et al.</i> , ^[97] /2022	Case report.	<ul style="list-style-type: none">• A 26-year-old male with cholinergic urticaria for 3 years and no history of atopy.• Lesions unresponsive to antihistamines, prednisolone, leukotriene antagonists and omalizumab.• Dupilumab (label dosing) initiated along with rupatadine 10 mg (Q6H) that was tapered and discontinued after 2 months of treatment.	<ul style="list-style-type: none">• After 2 doses of dupilumab, patient ceased to have episodes of cholinergic urticaria and there was marked improvement in patient's quality of life.
6.	Puxkandl <i>et al.</i> , ^[98] /2023	Case report.	<ul style="list-style-type: none">• 68-year-old woman with CSU and angioedema unresponsive to antihistamines, prednisolone and omalizumab.• Dupilumab (label dosing) along with antihistamines.	<ul style="list-style-type: none">• After the third injection of dupilumab, patient was symptom free.

(Contd...)

Supplementary Table 4: (Continued).

S. No.	Authors/Year	Type of study	Study details	Remarks
7.	Lee and Simpson ^[101] /2019	Case series of 6 patients.	<ul style="list-style-type: none">• 3 males and 3 females (average age of 36 years) refractory to antihistamines and omalizumab (300–600 mg monthly).• Dupilumab (label dosing) started.	<ul style="list-style-type: none">• Of the 6 patients:• 5 responded to dupilumab monotherapy within 3 months.• One responded with combination of dupilumab and omalizumab.• Of the responders, in 4 the UAS7 remained 0 at 14–22 months of follow up since treatment discontinuation.
8.	Marchal and Reguiat ^[102] /2023	Case report.	<ul style="list-style-type: none">• A 38-year-old woman with refractory cold urticaria evolving since 12 years and lack of therapeutic response with antihistamines and omalizumab (with even 300 mg fortnightly dosage.)• Dupilumab (label dosing) given for uncontrolled symptoms.	<ul style="list-style-type: none">• Rapid complete disappearance of her symptoms following dupilumab treatment without any flare up during cold exposure.• Even after 18 months with dupilumab maintenance, patient was in complete remission.• No side effects were encountered.

EASI: Eczema area severity index, AD: Atopic dermatitis, DLQI: Dermatology life quality index, IgE: Immunoglobulin E, CSU: Chronic spontaneous urticarial, UAS7: Urticaria activity score over 7 days