BOTOX® (onabotulinumtoxinA) Reconstitution Procedure[1]

The recommended dose is **200 Units** (U) of BOTOX®. The reconstitution procedure should result in three 10-cc syringes, with 10 cc of reconstituted BOTOX® solution per syringe, at a final concentration of ~6.7 U/mL.

BEFORE BEGINNING RECONSTITUTION, YOU WILL NEED:

- 200 U of BOTOX®
- 0.9% nonpreserved saline solution
- Three 10-cc syringes with attached 20 or 22 gauge needles (a different, smaller gauge needle will be used for the actual injection procedure)
- Protective gloves
- Protective eyewear

Note that the BOTOX® vial will appear to be empty prior to reconstitution because it contains a small amount of vacuum-dried BOTOX® that looks like clear crystals. To determine whether you're using BOTOX®, look for a holographic film on the vial label that contains the name "Allergan" within horizontal, rainbow-colored lines.

Detrusor Overactivity Associated With a Neurologic Condition
BOTOX® (onabotulinumtoxinA) for injection is indicated for the treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition (eg, SCI, MS) in adults who have an inadequate response to or are intolerant of an anticholinergic medication.

IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING

Distant Spread of Toxin Effect
Postmarketing reports indicate that the effects of BOTOX® and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening, and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity, but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have an underlying condition that would predispose them to these symptoms. In unapproved uses, including spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat cervical dystonia and at lower doses.

Please see additional Important Safety Information inside.

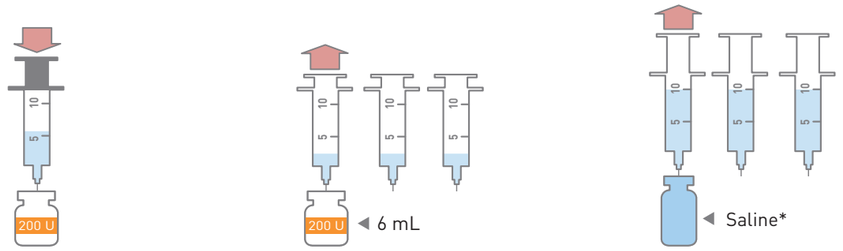
Reference: 1. BOTOX® Prescribing Information, August 2011.

BOTOX® onabotulinumtoxinA

BOTOX® (onabotulinumtoxinA) Reconstitution Procedure[1]

USING 1 X 200 U BOTOX® VIAL

1. Add 6 mL of 0.9% nonpreserved saline solution to the 200 U vial. **Mix gently.**
2. Draw 2 mL from the 200 U vial into each of three 10-cc syringes.
3. Add 8 mL of 0.9% nonpreserved saline solution into each of the 10 cc syringes. **Mix gently.**

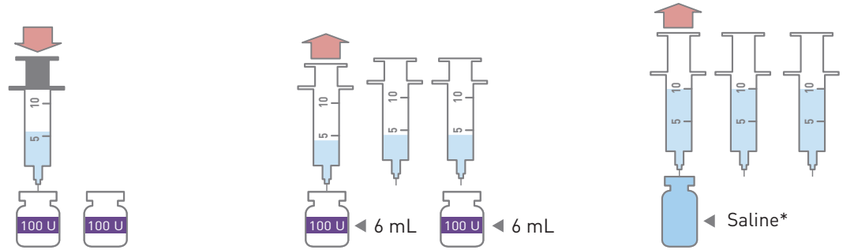


* Unused saline should be discarded after each reconstitution procedure.

The various types of botulinum toxins have different dosing regimens and potency Units. The dosing Units are not interchangeable. This information is for BOTOX® (onabotulinumtoxinA) only and cannot be applied to other botulinum toxins.

USING 2 X 100 U BOTOX® VIALS

1. Add 6 mL of 0.9% nonpreserved saline solution to each 100 U vial. **Mix gently.**
2. Draw 4 mL from each 100 U vial into each of two 10-cc syringes. Then draw the remaining 2 mL from each 100 U vial into a third 10 cc syringe.
3. Add 6 mL of 0.9% nonpreserved saline solution into each of the 10 cc syringes. **Mix gently.**



* Unused saline should be discarded after each reconstitution procedure.

- Either procedure (reconstitution of one 200 U vial or two 100 U vials) will result in 3 syringes
- The total dose is 200 U of BOTOX® at a concentration of ~6.7 U/mL
- Use immediately after reconstitution in the syringe. Dispose of any unused saline

IMPORTANT SAFETY INFORMATION (CONT.)

CONTRAINDICATIONS

BOTOX® is contraindicated in the presence of infection at the proposed injection site(s) and in individuals with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation.

Intradetrusor injection of BOTOX® is contraindicated in patients with detrusor overactivity associated with a neurologic condition who have acute urinary tract infection, and in patients with acute urinary retention who are not routinely performing clean intermittent self-catheterization (CIC).

WARNINGS AND PRECAUTIONS

Lack of Interchangeability Between Botulinum Toxin Products

The potency Units of BOTOX® are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products and, therefore, Units of biological activity of BOTOX® cannot be compared to nor converted into Units of any other botulinum toxin products assessed with any other specific assay method.

Spread of Toxin Effect

See Boxed Warning.

IMPORTANT SAFETY INFORMATION (CONT.)

WARNINGS AND PRECAUTIONS (CONT.)

Hypersensitivity Reactions

Serious and/or immediate hypersensitivity reactions have been reported. These reactions include anaphylaxis, serum sickness, urticaria, soft-tissue edema, and dyspnea. If such a reaction occurs, further injection of BOTOX® should be discontinued and appropriate medical therapy immediately instituted. One fatal case of anaphylaxis has been reported in which lidocaine was used as the diluent, and consequently the causal agent cannot be reliably determined.

Pre-Existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junctional disorders (eg, myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from therapeutic doses of BOTOX®.

Pulmonary Effects of BOTOX® in Patients With Compromised Respiratory Status Treated for Detrusor Overactivity Associated With a Neurologic Condition

Patients with compromised respiratory status treated with BOTOX® for detrusor overactivity associated with a neurologic condition should be monitored closely.

Please see additional Important Safety Information on back cover.

Reference: 1. BOTOX® Prescribing Information, August 2011.

BOTOX® onabotulinumtoxinA

Important Safety Information (cont.)

WARNINGS AND PRECAUTIONS (CONT.)

Autonomic Dysreflexia and Urinary Retention in Patients Treated for Detrusor Overactivity Associated With a Neurologic Condition

In clinical trials of BOTOX® for detrusor overactivity associated with a neurologic condition, the incidence of autonomic dysreflexia in patients treated with BOTOX® 200 Units was greater (1.5% versus 0.4%, respectively) compared with placebo. Autonomic dysreflexia may require prompt medical therapy.

Post-void residual volume should be monitored in patients not using CIC while being treated with BOTOX® for urinary incontinence due to a neurologic condition. Among patients not using CIC at baseline, those with MS were more likely to require CIC post-injection than those with SCI.

Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) is also considered extremely remote. No cases of transmission of viral diseases or CJD have ever been reported for albumin.

ADVERSE REACTIONS

The following adverse reactions to BOTOX® for injection are discussed in greater detail in the following sections: Spread of Toxin Effect (see Boxed Warning) and Hypersensitivity Reactions (see *Contraindications* and *Warnings and Precautions*).

Detrusor Overactivity Associated With a Neurologic Condition

The most frequently reported adverse reactions within 12 weeks of BOTOX® injection for detrusor overactivity associated with a neurologic condition include urinary tract infection (24%), urinary retention (17%), hematuria (4%), fatigue (4%), and insomnia (2%).

The following adverse event rates were reported at any time following initial injection and prior to reinjection or study exit (median duration of 44 weeks of exposure): urinary tract infections (49%), urinary retention (17%), fatigue (6%), constipation (4%), muscular weakness (4%), dysuria (4%), fall (3%), gait disturbance (3%), insomnia (3%), and muscle spasm (2%).

Post Marketing Experience

There have been spontaneous reports of death, sometimes associated with dysphagia, pneumonia, and/or other significant debility or anaphylaxis, after treatment with botulinum toxin. There have also been reports of adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, some with fatal outcomes. Some of these patients had risk factors including cardiovascular disease. The exact relationship of these events to the botulinum toxin injection has not been established.

Please see the accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

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BOTOX® onabotulinumtoxinA