BOTOX®
onabotulinumtoxinA injection

Control that's in another class.

Equipment and procedure guide

for BOTOX® OAB* and NDO†

*Overactive bladder.
†Neurogenic detrusor overactivity.

Indications
Bladder Dysfunction:
Overactive Bladder
BOTOX® for injection is indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication.

Detrusor Overactivity Associated With a Neurologic Condition
BOTOX® 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

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 and in approved indications, cases of spread of effect have been reported at doses comparable to those used to treat Cervical Dystonia and spasticity and at lower doses.

Please see additional Important Safety Information on following pages.

BOTOX® equipment

Order what you want, when you want it, with Allergan Direct

Enrolling in Allergan Direct provides you with online convenience, so you can manage your account, purchase products, pay your Allergan bills, and access valuable account reports around your schedule.

Set up an account with Allergan Direct today by calling Allergan customer service at **1-855-246-3728**. Once your account is established, you can order BOTOX® and other products through Allergan Direct at: **AllerganDirect.com**.

Ordering BOTOX®

When ordering BOTOX® by phone or online, please use the following National Drug Codes (NDCs):

BOTOX® 100-Unit vial:
NDC 0023-1145-01

BOTOX® 200-Unit vial:
NDC 0023-3921-02

Unopened vials of BOTOX® should be stored in a refrigerator (2°C – 8°C) for up to 36 months for the 100-Unit vial or up to 24 months for the 200-Unit vial.

IMPORTANT SAFETY INFORMATION (continued)

CONTRAINDICATIONS

BOTOX® is contraindicated in the presence of infection at the proposed injection site(s) and in patients who are hypersensitive to any botulinum toxin product or to any of the components in the formulation.

BOTOX® is contraindicated for intradetrusor injection in patients with a urinary tract infection; or in patients with urinary retention or post-void residual (PVR) urine volume > 200 mL who are not routinely performing clean intermittent self-catheterization (CIC).

WARNINGS AND PRECAUTIONS

Spread of Toxin Effect
See Boxed Warning.

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.

Please see additional Important Safety Information on following pages.

BOTOX® onabotulinumtoxinA injection

Flexible and rigid needle information

For your convenience, you can order some cystoscopic injection needles through Allergan

FLEXIBLE

Supplier	Name	Part Number	Gauge	French Size	Tip Length	Working Length	Product Description	Price*	Allergan Ordering	Needle Company Website
Laborie	*injeTAK*® Precision Cystoscopic Injection Needle†	96009	23G	4.8F	Adjustable depth of 0 mm, 2 mm, 3 mm, 4 mm, or 5 mm	70 cm	Disposable needle; 70-cm adjustable tip length	2 needles for $96.00	Online order: allergandirect.com Phone order: 1-800-377-7790	laborie.com

RIGID

Supplier	Name	Part Number	Gauge	French Size	Tip Length	Working Length	Product Description	Price*	Allergan Ordering	Needle Company Website
Coloplast	*BoNee*® Bladder Injection Needle†	94825	22G	5F	4 mm	35 cm	Rigid needle	1 needle for $36.00	Online order: allergandirect.com Phone order: 1-800-377-7790	coloplast.us
Laborie	*injeTAK*® Precision Cystoscopic Injection Needle	96031	23G	4.8F	Adjustable depth of 0 mm, 2 mm, 3 mm, 4 mm, or 5 mm	35 cm	Disposable needle; 35-cm adjustable tip length	2 needles for $74.00	Online order: allergandirect.com Phone order: 1-800-377-7790	laborie.com

For more detailed information on the abovementioned needles, please visit their respective websites: **coloplast.us** and **laborie.com**.
For concerns or nonmedical issues, call **1-800-442-6869**, option 2.

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)

Serious Adverse Reactions With Unapproved Use

Serious adverse reactions, including excessive weakness, dysphagia, and aspiration pneumonia, with some adverse reactions associated with fatal outcomes, have been reported in patients who received BOTOX® injections for unapproved uses. In these cases, the adverse reactions were not necessarily related to distant spread of toxin, but may have resulted from the administration of BOTOX® to the site of injection and/or adjacent structures. In several of the cases, patients had pre-existing dysphagia or other significant disabilities. There is insufficient information to identify factors associated with an increased risk for adverse reactions associated with the unapproved uses of BOTOX®. The safety and effectiveness of BOTOX® for unapproved uses have not been established.

Please see additional Important Safety Information on following pages.

* Price includes ground shipping. Prices are subject to change.

† These needles are just 2 of the options that can be used for flexible or rigid cystoscopes. The needles represented here were commonly used in clinical trials, but this is not an exhaustive list of all needle options. Contact your equipment representative for additional options.

Notwithstanding the above, this list should not be construed, in any way, as an endorsement or recommendation by Allergan as to the quality or appropriateness of any needle on this list. Allergan makes no guarantees that using a needle from this list will result in your desired outcome. It is wholly and solely your responsibility to assess the quality and appropriateness of the needles you use to perform the procedure.

Flexible needle information

Order these needles directly from the supplier

FLEXIBLE

Supplier	Name	Part Number	Gauge	French Size	Tip Length	Working Length	Product Description	List Price*	Customer Service Phone Number	Company Website
Coloplast	*BoNee*® Bladder Injection Needle	NBI070	22G	5F	4 mm	70 cm	Flexible and rigid needles	$74.00	1-800-533-0464	coloplast.us
Laborie	*injeTAK*® Precision Cystoscopic Injection Needle	DIS201	23G	4.8F	Adjustable depth of 0 mm, 2 mm, 3 mm, 4 mm, or 5 mm	70 cm	Disposable needle; 70-cm adjustable tip length	2 to a box 1–4: $137.00/box 5–9: $109.00/box 10+: $98.00/box	1-800-522-6743	laborie.com
Olympus	Flexcystoscope Injection Needle Set	NM-101C-0427	27G	6F	4 mm	105 cm	Contact Customer Service	$500.00	1-800-852-9361	olympus.com
	Flexcystoscope Needle Sheath	MAJ-655	N/A	6F	N/A	N/A		$225.00		
	Flexcystoscope Needle	MAJ-656	27G	N/A	4 mm	105 cm		$425.00		

*Prices are subject to change.

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)

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.

Please see additional Important Safety Information on following pages.

Rigid needle information

Order these needles directly from the supplier

RIGID

Supplier	Name	Part Number	Gauge	French Size	Tip Length	Working Length	Product Description	List Price*	Customer Service Phone Number	Company Website
Coloplast	*BoNee*® Bladder Injection Needle	NBI035	22G	5F	4 mm	35 cm	Rigid needle	$74.00	1-800-533-0464	coloplast.us
Cook	Williams Cystoscopic Injection Needles	G14220	23G	5F	8 mm	35 cm	Contact Customer Service	Contact Customer Service	1-800-457-4448	cookmedical.com
		G15296	23G	3.7F	8 mm	35 cm				
		G16112	23G	5F	8 mm	45 cm				
		G15276	25G	5F	8 mm	35 cm				
Laborie	*injeTAK*® Precision Cystoscopic Injection Needle	DIS199	23G	4.8F	Adjustable depth of 0 mm, 2 mm, 3 mm, 4 mm, or 5 mm	35 cm	Disposable needle; 35-cm adjustable tip length	2 to a box 1–4: $114.00/box 5–9: $87.00/box 10+: $76.00/box	1-800-522-6743	laborie.com
Olympus	Contact Customer Service	EAWE-N	N/A	3F	N/A	N/A	Reusable injection needle	$400.00	1-800-852-9361	olympus.com

*Prices are subject to change.

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)

Increased Risk of Clinically Significant Effects With Pre-existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis (ALS), or neuromuscular junction disorders (eg, myasthenia gravis or Lambert-Eaton syndrome) should be monitored when given botulinum toxin. Patients with known or unrecognized neuromuscular disorders or neuromuscular junction disorders may be at increased risk of clinically significant effects including generalized muscle weakness, diplopia, ptosis, dysphonia, dysarthria, severe dysphagia, and respiratory compromise from therapeutic doses of BOTOX® (see *Warnings and Precautions*).

Please see additional Important Safety Information on following pages.

BOTOX® onabotulinumtoxinA injection

Procedure setup/preference

The supplies and equipment needed to inject BOTOX® into the detrusor are similar to those required for cystoscopy and are commonly used in a Urology office.

Supplies for reconstitution and preparation

BOTOX® injection for OAB

- 11 mL of sterile, nonpreserved 0.9% saline (10 mL for reconstituting BOTOX® and 1 mL for final flush)
- One 10-mL syringe* and an additional syringe* for 1-mL flush
- 21-gauge needle (a different injection needle will be used during the injection procedure)
- Alcohol swabs
- Sterile gloves

BOTOX® injection for NDO

- 31 mL of sterile, nonpreserved 0.9% saline (30 mL for reconstituting BOTOX® and 1 mL for final flush)
- Three 10-mL syringes* and an additional syringe* for 1-mL flush
- 21-gauge needle (a different injection needle will be used during the injection procedure)
- Alcohol swabs
- Sterile gloves

*_Luer-Lok®_ syringes are recommended.

Local anesthesia and general supplies

- Lidocaine jelly or similar (for comfort during scope insertion)
- Lidocaine (50 cc)
  - 1% to 2% lidocaine or similar-acting agent for local anesthesia with or without sedation
- Catheter tip syringe (50 cc-60 cc)
- Straight catheter (14F-16F)
- Sterile gloves
- Standard office sedative (optional)

Equipment for BOTOX® injection

- Cysto set and tubing
- In addition to a rigid or flexible cystoscope with a working channel, equipment requirements may include:
  - Recommended sterile water
  - Vial of BOTOX®
  - Light cord and light source
  - Camera and video monitor† (optional)
  - Compatible cystoscopic injection needle†
  - Stopcock

†Speak to your Allergan Urology Medical Consultant about compatible cystoscopic needles and access to video equipment.

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)

Dysphagia and Breathing Difficulties

Treatment with BOTOX® and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or oropharyngeal muscles that control swallowing or breathing (see *Boxed Warning*).

Please see additional Important Safety Information on following pages.

BOTOX® onabotulinumtoxinA injection

Pretreatment counseling

Topics to cover using language your patient will understand

Discuss the risk of urinary tract infection (UTI) and how you will address it

- Explain how you will make efforts to reduce the risk of a UTI
  - "*To help prevent a urinary tract infection, we'll prescribe an antibiotic for you to take 1 to 3 days before your treatment, on the day of your treatment, and for 1 to 3 days after your treatment*"

Demystify retention and self-catheterization with these 3 key points:

1. Highlight the actual risk observed in clinical studies.
  - "*94 out of every 100 patients in clinical studies did not need to self-catheterize.*[1] *Also, remember that if it happens, it's temporary. We'll be here to help you*"

2. Share your personal experience in treating other patients.
  - Also, consider using "*temporary inability to empty your bladder*" or "*incomplete bladder emptying*" instead of the word "*retention*"[2]
  - "*I've had a small percentage of patients who had incomplete bladder emptying and needed to self-catheterize. For those who did, it was usually temporary and we helped them out along the way*"

3. If a patient expresses concern, show the self-catheter's ease of use.
  - "*This is very different from a catheter you see in the hospital. You can carry it in your purse or pocket. It is ready to use when it's needed*"
  - "*You can do it on your own, in private. The urine goes right into the toilet*"
  - "*If you ever needed to use one, we would show you how*"

Address discontinuation of anti-platelet therapy

- Explain the need to discontinue anti-platelet therapy at least 3 days before the procedure

Discuss patient comfort management

- "*One option is anesthesia, or if you want the ease of doing it in the office, we numb your bladder*"

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)

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.

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

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

Please see additional Important Safety Information on following pages.

Injection procedure

Using a flexible or rigid cystoscope, BOTOX® can be administered in the office, ambulatory surgical center, or outpatient operating room.

For rigid scopes:

- 30-degree lens preferred
- 17F-21F sheath

1 **Instill the bladder with enough saline to achieve adequate visualization (overdistension should be avoided).**[1]

Optional: Before reconstituting BOTOX®, perform cystoscopy to determine whether the patient has a condition that would prevent BOTOX® administration.

Please see *Warnings and Precautions* in the Important Safety Information on the risk of autonomic dysreflexia in patients treated for detrusor overactivity associated with a neurologic condition.

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)

Urinary Tract Infections in Patients With Overactive Bladder

BOTOX® increases the incidence of urinary tract infection. Clinical trials for overactive bladder excluded patients with more than 2 UTIs in the past 6 months and those taking antibiotics chronically due to recurrent UTIs. Use of BOTOX® for the treatment of overactive bladder in such patients and in patients with multiple recurrent UTIs during treatment should only be considered when the benefit is likely to outweigh the potential risk.

Urinary Retention in Patients Treated for Bladder Dysfunction

Due to the risk of urinary retention, treat only patients who are willing and able to initiate catheterization post treatment, if required, for urinary retention.

In patients who are not catheterizing, post-void residual (PVR) urine volume should be assessed within 2 weeks post treatment and periodically as medically appropriate up to 12 weeks, particularly in patients with multiple sclerosis or diabetes mellitus. Depending on patient symptoms, institute catheterization if PVR urine volume exceeds 200 mL and continue until PVR falls below 200 mL. Instruct patients to contact their physician if they experience difficulty in voiding as catheterization may be required.

Please see additional Important Safety Information on following pages.

Injection procedure (continued)

2 **Reconstitute BOTOX® per label.**[1]

Keep unopened vials of BOTOX® refrigerated (2°C–8°C) until ready to use.

DOSAGE INFORMATION

Usage	Overactive Bladder (OAB)	Neurogenic Detrusor Overactivity (NDO)
Dose	100 Units of reconstituted BOTOX® (5 Units per 0.5 mL)	200 Units of reconstituted BOTOX® (6.7 Units per 1 mL)
Reconstitution	100 Units BOTOX® in 10-mL sterile, nonpreserved 0.9% saline as well as 1-mL syringe of saline for final flush	200 Units BOTOX® in 30-mL sterile, nonpreserved 0.9% saline as well as 1-mL syringe of saline for final flush
Storage	Administer BOTOX® within 24 hours of reconstitution in the vial. During this time, reconstituted BOTOX® should be stored in a refrigerator (2°C–8°C).	Administer BOTOX® within 24 hours of reconstitution in the vial. During this time, reconstituted BOTOX® should be stored in a refrigerator (2°C–8°C).
Number of Injections	20 injections of 0.5 mL each	30 injections of 1 mL each

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)
Urinary Retention in Patients Treated for Bladder Dysfunction (continued)

Overactive Bladder

In clinical trials, 6.5% of patients (36/552) initiated clean intermittent catheterization for urinary retention following treatment with BOTOX® 100 Units as compared to 0.4% of patients (2/542) treated with placebo. The median duration of catheterization for patients treated with BOTOX® 100 Units was 63 days (minimum 1 day to maximum 214 days) as compared to a median duration of 11 days (minimum 3 days to maximum 18 days) for patients receiving placebo.

Patients with diabetes mellitus treated with BOTOX® were more likely to develop urinary retention than nondiabetics. In clinical trials, 12.3% of patients (10/81) with diabetes developed urinary retention following treatment with BOTOX® 100 Units vs 0% of patients (0/69) treated with placebo. In patients without diabetes, 6.3% of patients (33/526) developed urinary retention following treatment with BOTOX® 100 Units vs 0.6% of patients (3/516) treated with placebo.

Please see additional Important Safety Information on following pages.

Injection procedure (continued)

3 **Load the needle into the injection port.**

After removing the needle from its sterile packaging, load it through the working channel of the flexible or rigid cystoscope. You should not load the needle into a flexible cystoscope without taking precautions against damaging the working channel. The precautions you take will depend on the specific type or brand of needle (see Precautions for Flexible Cystoscopes below).

PRECAUTIONS FOR FLEXIBLE CYSTOSCOPES to help prevent damage to the working channel

In general, make sure your flexible cystoscope is in a neutral position (not flexed) when inserting the needle.

If the needle has a protective covering or cap: Leave the cap on as you pass the needle through the working channel. Once the covered tip of the needle is past the tip of the scope and is in view, the cap is removed and the needle is withdrawn so that the tip is just inside the end of the scope. This would be performed outside the bladder as the protective covering or cap must be removed before entering the bladder.

If the needle is inserted through a protective sheath: Place the protective sheath through the working port of the cystoscope; then pass the needle through the sheath. When you use a protective sheath, the needle can be inserted into the working channel either before or after the scope is passed into the bladder.

If the needle is retractable: Ensure that your needle is properly retracted before loading it through the working channel. Before removal, confirm that the needle is no longer retracted. Then pull the needle straight back out of the working channel with a consistent motion.

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)
Urinary Retention in Patients Treated for Bladder Dysfunction (continued)

Detrusor Overactivity Associated With a Neurologic Condition

In clinical trials, 30.6% of patients (33/108) who were not using clean intermittent catheterization (CIC) prior to injection, required catheterization for urinary retention following treatment with BOTOX® 200 Units as compared to 6.7% of patients (7/104) treated with placebo. The median duration of postinjection catheterization for these patients treated with BOTOX® 200 Units (n = 33) was 289 days (minimum 1 day to maximum 530 days) as compared to a median duration of 358 days (minimum 2 days to maximum 379 days) for patients receiving placebo (n = 7).

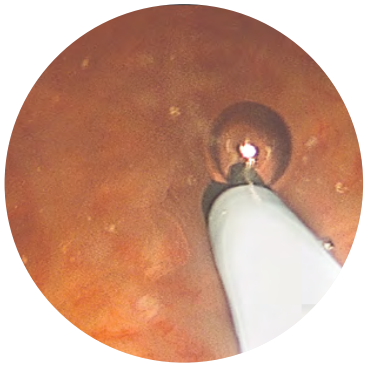
Among patients not using CIC at baseline, those with multiple sclerosis were more likely to require CIC post injection than those with spinal cord injury.

Please see additional Important Safety Information on following pages.

Injection procedure (continued)

4 **Prepare for injection into the detrusor.**

Lubricate patient's urethral meatus and insert flexible or rigid cystoscope. Attach the first syringe of reconstituted BOTOX® to the injection needle. Prime the needle with reconstituted BOTOX®. This will remove the air bubbles inside the needle.



IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)

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 and variant Creutzfeldt-Jakob disease (vCJD). There is a theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD), but if that risk actually exists, the risk of transmission would also be considered extremely remote. No cases of transmission of viral diseases, CJD, or vCJD have ever been identified for licensed albumin or albumin contained in other licensed products.

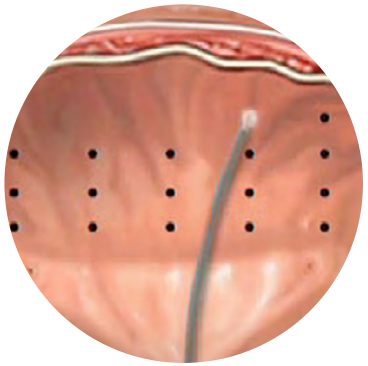
Please see additional Important Safety Information on following pages.

Injection procedure (continued)

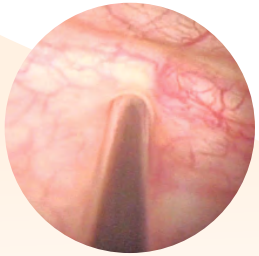
5 **Distribute the injections evenly across the detrusor walls.**

Under direct visualization, inject reconstituted BOTOX® (see **Step 2** for specific injection per indication) into the detrusor muscle, avoiding the trigone.[1,*]

- Insert the needle approximately 2 mm into the detrusor muscle[1]
- Space the injections approximately 1 cm apart[1]
- Distribute the injections evenly across the detrusor walls as far laterally as possible, ensuring injections are submucosal

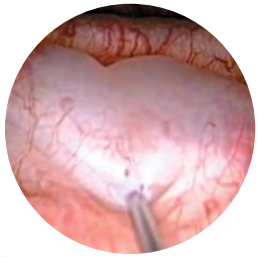


Look for a "bleb" in the bladder epithelium at each injection site



☑ **BLEB**

"Bleb," or subtle rise in the bladder epithelium, indicates proper needle insertion.



☒ **BLISTER**

Thin, transparent, blister-like rise in the bladder epithelium may indicate incorrect needle insertion.

*If you encounter a small amount of bleeding from an injection site, it should not interfere with the procedure. See Prescribing Information for more details.

IMPORTANT SAFETY INFORMATION (continued)
ADVERSE REACTIONS

Adverse reactions to BOTOX® for injection are discussed in greater detail in the following sections: *Boxed Warning*, *Contraindications*, and *Warnings and Precautions*.

Please see additional Important Safety Information on following pages.

Injection procedure (continued)

6 **For the final injection, approximately 1 mL of sterile normal saline should be injected so that the remaining BOTOX® in the needle is delivered to the bladder.**[1]

7 **Remove the cystoscope and drain.**

After the final injection, remove the cystoscope. The saline used for bladder visualization should be drained.

Instruct your patients to contact you if they experience a burning sensation upon voiding or difficulties in voiding as a post-void residual (PVR) urine volume check may be needed. Also, ensure your patients continue to take prophylactic antibiotics 1 to 3 days post injection to avoid UTI.

IMPORTANT SAFETY INFORMATION (continued)
ADVERSE REACTIONS (continued)

Overactive Bladder

The most frequently reported adverse reactions for overactive bladder occurring within 12 weeks of injection include urinary tract infection (BOTOX® 18%, placebo 6%), dysuria (BOTOX® 9%, placebo 7%), urinary retention (BOTOX® 6%, placebo 0%), bacteriuria (BOTOX® 4%, placebo 2%), and residual urine volume (BOTOX® 3%, placebo 0%).

Please see additional Important Safety Information on following pages.

Follow-up

8 Book re-treatment procedure appointment.

For OAB patients	For NDO patients
Re-treat at	**Re-treat at**
≈6 months[1]	**≈10 months**[1]

- Reinject upon diminishing clinical effect of the previous BOTOX® injection, but no sooner than 12 weeks from the prior bladder injection. Reinjection should be based on the physician's discretion and individual patient response[1,*,†]

*In OAB, median time until patients qualified for the second treatment of BOTOX® in double-blind, placebo-controlled clinical studies was 169 days (≈ 6 months), but no sooner than 12 weeks from the prior bladder injection.[1]

†In NDO, median time to qualification for re-treatment in the double-blind, placebo-controlled clinical studies was 295-337 days (10.5 months-12 months) for BOTOX® 200 Units, but no sooner than 12 weeks from the prior bladder injection.[1]

IMPORTANT SAFETY INFORMATION (continued)
ADVERSE REACTIONS (continued)
Overactive Bladder (continued)
A higher incidence of urinary tract infection was observed in patients with diabetes mellitus treated with BOTOX® 100 Units and placebo than nondiabetics.

The incidence of UTI increased in patients who experienced a maximum post-void residual (PVR) urine volume ≥ 200 mL following BOTOX® injection compared to those with a maximum PVR < 200 mL following BOTOX® injection, 44% vs 23%, respectively.

Please see additional Important Safety Information on following pages.

Notes

IMPORTANT SAFETY INFORMATION (continued)
ADVERSE REACTIONS (continued)

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 (BOTOX® 24%, placebo 17%), urinary retention (BOTOX® 17%, placebo 3%), and hematuria (BOTOX® 4%, placebo 3%).

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%), constipation (4%), muscular weakness (4%), dysuria (4%), fall (3%), gait disturbance (3%), and muscle spasm (2%).

Postmarketing Experience

Adverse reactions that have been identified during postapproval use of BOTOX® are discussed in greater detail in Postmarketing Experience (Section 6.3 of the Prescribing Information).

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 additional Important Safety Information on following page.

BOTOX®
onabotulinumtoxinA injection

Control that's in another class.

Equipment and procedure guide

for BOTOX® OAB* and NDO†

*Overactive bladder.
†Neurogenic detrusor overactivity.

IMPORTANT SAFETY INFORMATION (continued)
DRUG INTERACTIONS

Co-administration of BOTOX® and other agents interfering with neuromuscular transmission (eg, aminoglycosides, curare-like compounds) should only be performed with caution as the effect of the toxin may be potentiated. Use of anticholinergic drugs after administration of BOTOX® may potentiate systemic anticholinergic effects. The effect of administering different botulinum neurotoxin products at the same time or within several months of each other is unknown. Excessive neuromuscular weakness may be exacerbated by administration of another botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin. Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of BOTOX®.

Please see BOTOX® full Prescribing Information, including Boxed Warning and Medication Guide.

References: 1. BOTOX® Prescribing Information, October 2019. **2.** Data on file, Allergan.

Allergan

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