



CALMS BLADDER



Overactive Bladder (OAB) Treatment Information

Indication

BOTOX® is a prescription medicine approved to treat overactive bladder symptoms such as a strong need to urinate with leakage or wetting accidents, urgency, and frequency in adults when another type of medication (anticholinergic) does not work well enough or cannot be taken.

IMPORTANT SAFETY INFORMATION

 $BOTOX^{\circ}$ may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of $BOTOX^{\circ}$:

- Problems swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months
- Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, trouble swallowing

Please see additional Important Safety Information inside and on back cover.



Are you just coping with your OAB symptoms?

Coping with symptoms isn't the same as controlling them

Many with OAB still have symptoms such as leaking, going too often, and the strong and sudden need to go.

Signs that you're just coping with OAB include:



- Using multiple leakage pads per day
- Planning all your travel around bathroom locations
- Not doing things you like because of the fear of leakage
- · Worried about the problem every day

IMPORTANT SAFETY INFORMATION (continued)

Do not take BOTOX® for the treatment of urinary incontinence if you: have a urinary tract infection (UTI) or cannot empty your bladder on your own (and are not routinely catheterizing). Due to the risk of urinary retention (difficulty fully emptying the bladder), only patients who are willing and able to initiate self-catheterization post-treatment, if required, should be considered for treatment.

Have you already tried **OAB** medications?

Did you discover that oral medications:



Didn't work well enough



OR You couldn't handle the side effects

If this sounds familiar, you are not alone.

In 1 study of about 100,000 patients:



According to 2 separate surveys, the top reasons that OAB patients discontinued oral medications were side effects and/or lack of results.

reported that they stopped taking their OAB oral therapy within 6 months.

If you feel like you're just coping with your OAB symptoms, there are other options. Keep reading to learn more.

IMPORTANT SAFETY INFORMATION (continued)

Do not take BOTOX® for the treatment of urinary incontinence if you (continued): Patients with diabetes mellitus treated with BOTOX® were more likely to develop urinary retention than non-diabetics.

Please see additional Important Safety Information on following pages.

Calm your bladder with BOTOX®

BOTOX® is different from other treatments. BOTOX® is placed in the bladder muscle to target the source of your OAB.

- In your body, certain chemicals travel from nerve cells to muscle cells to make your bladder contract so that you can urinate
- For people who have OAB, these muscles contract uncontrollably, creating leakage, the strong sudden need to go, and going too often

BOTOX® is placed in the bladder muscle, where it helps block the nerve signals that trigger OAB



Reduces daily leakage episodes by half or more



Treats the strong need to urinate right away



Reduces the number of times you need to empty your bladder each day

▶ If you want OAB symptom relief, BOTOX® can help. Individual results may vary.

IMPORTANT SAFETY INFORMATION (continued)

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence. Symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever; have problems emptying your bladder on your own and are being treated for urinary incontinence; are pregnant or plan to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to (it is not known if BOTOX® passes into breast milk).

Please see additional Important Safety Information on following pages.

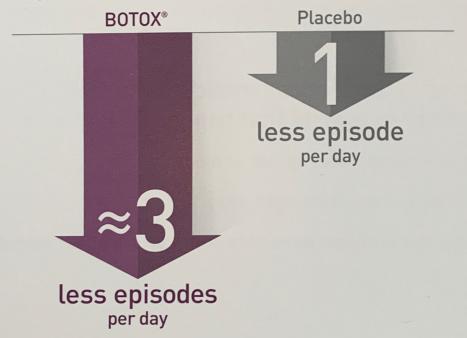


OAB control for people who have already tried oral therapy

In 3 clinical trials, 3 months after treatment, compared to placebo

BOTOX® was proven to significantly reduce daily leakage episodes

Average decrease in leakage episodes in clinical studies



If oral medication isn't working or you can't take it because of side effects, you may be ready for BOTOX®.

IMPORTANT SAFETY INFORMATION (continued)

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal products. Using BOTOX® with certain other medicines may cause serious side effects. Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.

BOTOX® reduced daily leakage episodes by half or more

At week 12 in clinical trials:



The majority of patients receiving BOTOX® had at least 50% reduction of daily leakage episodes.



Many of these patients reduced their leakage episodes by **75%**.



Approximately 1 in 4 patients reported leakage episodes stopped completely.

Reduction of Urinary Incontinence (UI) episodes in 3 clinical trials:

Study 1: BOTOX® n = 280, placebo n = 277; **Study 2:** BOTOX® n = 277, placebo n = 271; **Study 3:** BOTOX® n = 145, placebo n = 60

- Patients with \geq 50% reduction: BOTOX® 57.5%, 63.5%, and 77.2%; placebo 28.9%, 33.2%, and 33.3% (P < .001)
- Patients with \geq 75% reduction: BOTOX* 44.6%, 47.3%, and 55.2%; placebo 15.2%, 20.3%, and 21.7% (P < .001)
- Patients with 100% reduction: BOTOX® 22.9%, 31.4%, and 33.8%; placebo 6.5%, 10.3%, and 11.7% (P < .001)

IMPORTANT SAFETY INFORMATION (continued)

Tell your doctor if you have received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as *Myobloc*, *Dysport*, or *Xeomin* in the past (tell your doctor exactly which product you received); have received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take aspirin-like products or blood thinners.

Please see additional Important Safety Information on following pages.



What to expect with treatment



You may see results after just 2 weeks (you'll have a week-2 follow-up visit)



Symptom check around 4 months (by phone or office visit)



BOTOX® may last up to 6 months In clinical trials, BOTOX® provided up to 6 months of OAB symptom improvement.



Plan BOTOX® re-treatment as few as 2 times a year When your first BOTOX® treatment begins to wear off, discuss re-treatment and setting up a regular re-treatment schedule with your doctor. Wait at least 3 months between treatments.

► Your BOTOX® treatment schedule may be discussed with your doctor.

IMPORTANT SAFETY INFORMATION (continued)

Serious and/or immediate allergic reactions have been reported. They include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Get medical help right away if you experience symptoms;



BOTOX® is covered by most insurance plans, including Medicare*

Medicare

out-of-pocket cost

For most people who have supplemental insurance

Commercial insurance

out-of-pocket cost

- With the BOTOX® Savings Card, cost should never be a barrier to starting treatment^{1,8}
- The card helps with your out-of-pocket cost for BOTOX® treatment
- Enroll today at BOTOXSavingsCard.com or call 1-800-44-BOTOX, Option 4



IMPORTANT SAFETY INFORMATION (continued)

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence. Symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever; have problems emptying your bladder on your own and are being treated for urinary incontinence; are pregnant or plants become problems. to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to (it is not known if BOTOX® passes into breast milk).

^{*}Based on 2016 data.

[†]Average cost for Medicare patients without supplemental insurance is \$171.

[‡]Coverage and out-of-pocket costs vary. Average out-of-pocket cost for commercially insured patients is \$190 (before Savings Card refund). Eligibility and Terms and Conditions apply. Visit BOTOXSavingsCard.com for full program details. The card may be used for up to 4 treatments in a 12-month period. The amount you receive on the card will not be higher than your out-of-pocket costs for BOTOX® treatment. [§]Please see Terms and Conditions on back cover.



Join the thousands of others who have taken the next step in treatment



It may be time to ask your Urologist or Urogynecologist for BOTOX®

• If you don't have a Urologist or Urogynecologist yet, visit **BOTOXforOAB.com** and click Find a BOTOX® Urology Specialist

► Take full advantage of BOTOX® support resources. Enroll in My Answers. My Support®.

Where the BOTOX® Savings Card can be used

The BOTOX® Savings Card can be used for future out-of-pocket costs of BOTOX® treatment, or anywhere Visa® Debit cards are accepted, including supermarkets, pharmacies, clothing stores, and online retailers.

The BOTOX® Savings Card is issued by Metropolitan Commercial Bank, member FDIC, pursuant to a license from Visa U.S.A., Inc. "Metropolitan" and "Metropolitan Commercial Bank" are registered trademarks of Metropolitan Commercial Bank © 2014. Use of the Card is subject to the terms and conditions of the applicable Cardholder Agreement and fee schedule, if any.

Terms and Conditions

By participating, the user understands and agrees to comply with the Program rules as set forth below.

Offer is valid only for BOTOX® and BOTOX® treatment-related costs not covered by insurance. The BOTOX® Savings Card will be funded upon approval of a claim. The claim must be submitted with an Explanation of Benefits [EOB] or a Specialty Pharmacy Provider (SPP) receipt. (If the BOTOX® prescription was filled by a Specialty Pharmacy Provider, both an EDB and SPP receipt must be sent.)

All claims must be submitted within 90 days of the date of service listed on the EOB. BOTOX® Savings Card may not be combined with any other offer or discount. This BOTOX® Savings Card is not health insurance.

Offer not valid for patients participating in Medicare, Medicaid, or any similar federal or state healthcare program, including any state medical or pharmaceutical assistance programs. If patients are eligible for drug benefits under such program, they cannot use this BOTOX® Savings Card.

Offer void where prohibited by law, taxed, or restricted. Offer good only in the United States. Allergan reserves the right to rescind, revoke, and amend this offer without notice.

IMPORTANT SAFETY INFORMATION (continued)

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see accompanying Summary of Information about BOTOX®.



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