

TRUST BOTOX®

(Botulinum Toxin Type A)

BOTOX® COULD HAVE A POSITIVE IMPACT ON ALI'S LIFE, AND ON HER FUTURE OUTLOOK¹⁻³

“ After decades of missing family events, work and social functions, I finally have the opportunity to do these things everyone else takes for granted.”³

IMPROVED PRODUCTIVITY

Patients miss work on average **4x fewer days** per month after initiating BOTOX® treatment^{1,2}

FAMILY LIFE

Significant reduction in headache days from 22 per month at baseline²
-7.4 at Week 24
(p<0.0001; n=585)
-10.7 at Week 108
(p<0.0001; n=373)

IMPROVED COMORBID DEPRESSION AND ANXIETY SYMPTOMS

Clinically meaningful improvement in comorbid depression symptoms and anxiety scores from baseline:¹⁴
61.8% and 69.3%
at Week 12 (n=471)
78.0% and 81.5%
at Week 108 (n=254)

BOTOX® (Botulinum toxin type A) Abridged Prescribing Information © Clostridium botulinum toxin type A, E: Treatment of blepharospasm associated with dystonia including benign essential blepharospasm, hemifacial spasm & VIIth nerve disorder in patients >12 yr; correction of strabismus in patients >12 yr; spasmoid torticollis (cervical dystonia) in adults; dynamic equinus foot deformity due to spasticity in paed cerebral palsy >2 yr. Management of focal spasticity including wrist & hand disability due to upper limb spasticity associated with stroke in adults; severe hyperhidrosis of the axillae not responding to topical treatment with antiperspirant or antihistamines. Prophylaxis of headaches in adults with chronic migraine (headaches on at least 15 days/mth of which at least 8 days are with migraine). Treatment of urinary incontinence due to neurogenic detrusor overactivity (NDO) assoc. with multiple sclerosis or spinal cord injury in adults with inadequate response or intolerance of anticholinergic medication. Treatment of overactive bladder (OAB) with symptoms of urinary incontinence, urgency, and frequency, in adult patients who have an inadequate response to or are intolerant of an anticholinergic medication. Temporary improvement in the appearance of upper facial rhytides (glabellar lines, crows feet and forehead lines) in adults. Temporary treatment of glabellar lines associated with corrugator &/or procerus muscle activity in adults <65 yr. D: Blepharospasm Initially, inj 1.25-2.5u into the medial & lateral orbicularis oculi of the upp lid & into the lateral pre-tarsal orbicularis oculi of the lower lid. Max: 100 u/13 wk. Hemifacial spasm or VIIth nerve disorders As for unilateral blepharospasm. Max: 200u/2 mth. Strabismus Vertical muscles & horizontal strabismus of >20 prism dioptres: 1.25-2.5u in any 1 muscle. Horizontal strabismus of 20-50 prism dioptres: 2.5-5u in any 1 muscle. Persistent VIIth nerve palsy of >1 mth: 1.25-2.5u in the medial rectus muscle. Max: 25u as single inj for any 1 muscle. Cervical dystonia 95-300u. Initial dosing should begin at lowest effective dose. Max: 6u/kg/2mth. Equinus foot deformity due to spasticity in ped cerebral palsy 4-6u/kg into each medial & lateral heads of the gastrocnemius muscle. Max: 200u at any single site/session. Focal spasticity in adults: Biceps brachii: 100-200u up to 4 sites; flexor digitorum profundus & flexor digitorum sublimis: 15-50u 1-2 sites; flexor carpi radialis: 15-60u 1-2 sites; flexor carpi ulnaris: 10-50u 1-2 sites; adductor pollicis & flexor pollicis longus: 20u 1-2 sites; gastrocnemius medial head: 75 units divided in 3 sites; gastrocnemius lateral head: 75 units divided in 3 sites; soleus: 75 units divided in 3 sites; tibialis posterior: 75 units divided in 3 sites; flexor hallucis longus: 50 units divided in 2 sites; flexor digitorum longus: 50 units divided in 2 sites; flexor digitorum brevis: 25 units in 1 site. Hyperhidrosis of the axilla: 50u intradermally to each axilla, evenly distributed in multiple sites 1-2 cm apart. Chronic migraine 155u to 195u administered intramuscularly with 5u inj/ site. Inj should be divided across 7 specific headache muscle areas as specified in the PND. DO NOT 200u inj into detrusor muscle. OAB: 100 u inj into the detrusor muscle by cystoscopy. Glabellar lines 4u (0.1 mL) administered in each of 5 inj sites, 2 in each corrugator muscle & 1 in procerus muscle. Total dose: 20u. Crow's feet 2-6u/inj site bilaterally at 3 sites in the lateral aspect of orbicularis oculi. Total dose for crow's feet 6-18 units per side. Forehead lines 2-6u/inj site IM at 4 sites in frontalis muscle. Total dose: 8-24u. CT: Myasthenia gravis or Eaton-Lambert syndrome, infection at proposed inj site. For treatment of bladder dysfunction: Acute UTI, acute urinary retention not routinely performing clean intermittent self-catheterization. SP: Inflammation at proposed inj site, excessive weakness or atrophy in the target muscles. Amyotrophic lateral sclerosis, disorders causing peripheral neuromuscular dysfunction, patient at risk of angle-closure glaucoma. Carefully perform cystoscopy (for bladder treatment). Pregnancy, lactation, Children <12 yr. Oldery: AR: Localized pain, tenderness &/or bruising; local weakness. UTI & urinary retention in bladder dysfunction patients. Rarely, skin rash (including erythema multiforme, urticaria & pruritis/urticaria), pruritis, allergic reaction. OT: Effects poteniated by aminoglycosides or other drugs that interfere with neuromuscular transmission; other muscle relaxants. PIP: Val 50u x 1/10; 100u x 1%. Please see BOTOX® full prescribing information before prescribing. Further information is available upon request.

REFERENCES: 1. Khalil M, et al. J Headache Pain. 2014;15:54. 2. Stark C, et al. J Headache Pain. 2010;20:81. <https://doi.org/10.11606/s10194-019-1030-z>. 3. Blumenthal AM, et al. J Headache Pain. 2010;10(1):13. 4. Blumenthal AM, et al. J Neurol Neurosurg Psychiatry. 2010;80(3):353-360.

¹ Based on COMPETE, a 2-year open-label study demonstrating a significant reduction in headache days compared to baseline.¹

² Mixed work days were reduced from 4 days to 1 day per month (n=58); or from 11.5 days to 2 days per month (n=59).²

³ PHQ-9 score for depression and GAD-7 score for anxiety.

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Allergan Singapore Pte Ltd
20 Puan Parping Road, Mapletree Business City, West Building, #09-25, Singapore 117439.

Tel: +65 6747 7077 Fax: +65 6276 8157

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