NOTHING BUT CONFIDENCE

I need a treatment I can trust

XEOMIN®
Botulinum neurotoxin type A
Free from complexing proteins

Approved by FDA

Glabellar Frown Lines
Blepharospasm
Cervical Dystonia
Upper Limb Spasticity

MERZ

Live better

Feel better

Look better

KEY ADVANTAGES OF XEOMIN®

1. Truly effective treatment performance
2. Very well tolerated by patients
3. **XEOMIN®** safety has been well documented in thousands of patients
4. The only neurotoxin free from complexing proteins
5. With minimum risk for antibody formation
6. Superior stability allows for storage at room temprature
7. High levels of physicians and patients satisfaction

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THE ONLY PURE NEUROTOXIN FREE FROM COMPLEXING PROTEINS

1. Fermentation of *Clostridium botulinum*
2. Precipitation of bacterial biomass
3. Removal of bacterial components

Botulinum neurotoxin type A plus complexing proteins

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PURE BEAUTY

NOTHING ELSE

4 **Purification by chromatography to remove the complexing proteins**

5 **Lyophilisation process**

XEOMIN®

The pure neurotoxin free from complexing proteins

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SATISFACTION
ACHIEVED

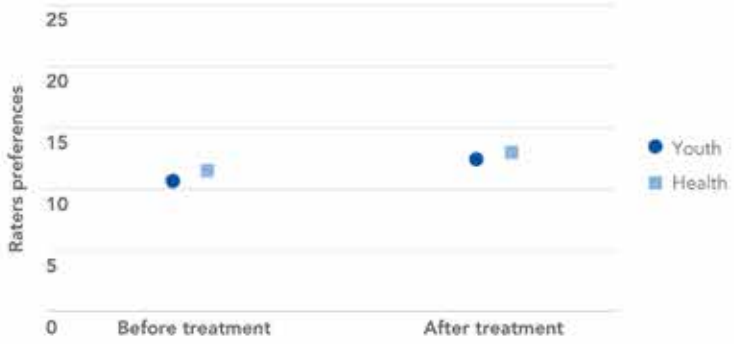
Given the choice,

XEOMIN®: For a more youthful and healthier appearance

New data on the results of XEOMIN®

- 150 randomly selected consumers assessed treatment results based on digital images before and after treatment with XEOMIN®

Mean perceptions of age and health with XEOMIN® treatment



- Following treatment with XEOMIN®, patients were perceived to look significantly younger and healthier

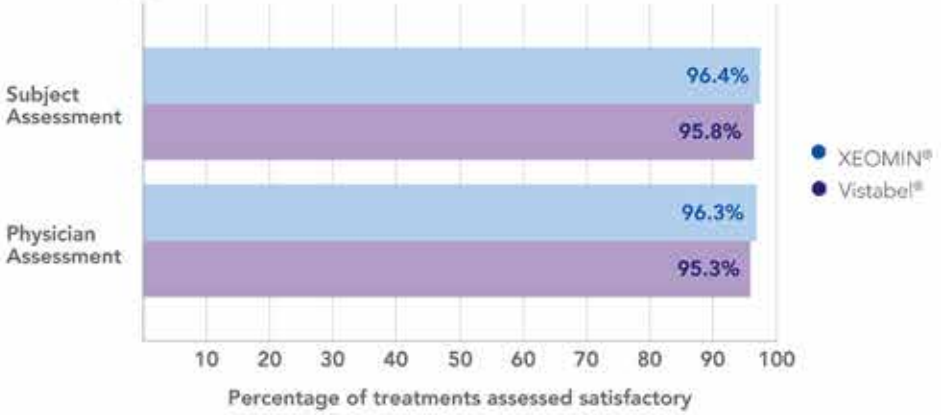
Adapted from: Fink B. and Prager M., The effect of incobotulinumtoxinA and dermal fillers on perception of age, health, and attractiveness of female faces. *J Clin Aesthet Dermatol.* 2014; 7(1): 36-40.

XEOMIN®: High patient and physician satisfaction

Satisfaction with XEOMIN®: A retrospective analysis

- Large retrospective analysis with 1256 patients demonstrated a high level of patient and physician satisfaction with the use of XEOMIN® in daily practice

Patient and physician satisfaction with XEOMIN® treatment



- High levels of physician and patient satisfaction were reported following treatment of glabellar frown lines, crow's feet lines and forehead lines with XEOMIN®

Adpated from: Prager W., et al. Botulinum toxin type A treatment to the upper face: Retrospective analysis of daily practice. *Clin Cosmet Investig Dermatol.* 2012; 5: 53-58.

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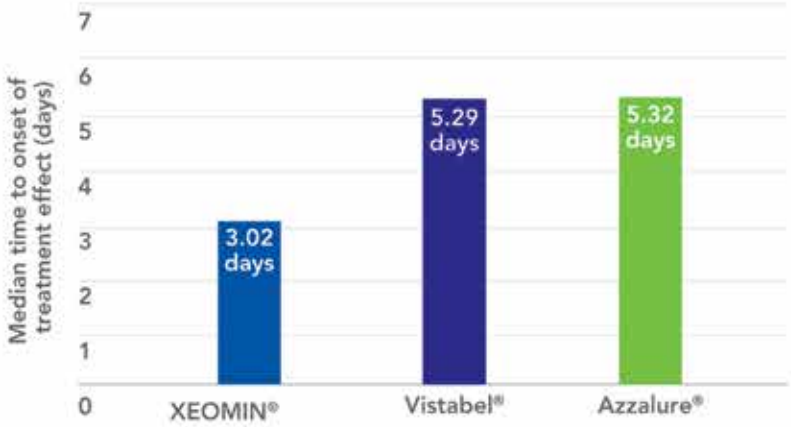
ONSET
OF ACTION

XEOMIN®: Faster acting than Vistabel® or Azzalure® in glabellar frown lines*

- 180 patients randomised to 21 U XEOMIN®, 21 U Vistabel® or 63 U Azzalure®[1]

Time to onset of effect with XEOMIN®, Vistabel® and Azzalure®



- A significantly faster onset of action was observed with XEOMIN® treatment, compared to Vistabel® and Azzalure®[1]
- This study shows a median onset for XEOMIN® at 3.02 days post-treatment[1]

*Indication: For temporary improvement in the appearance of moderate to severe vertical lines between the eyebrows seen at frown (glabellar frown lines) in adults below 65 years when the severity of these lines has an important psychological impact for the patient. Please see full XEOMIN® Summary of Product Characteristics, July 2014, for more information.

1. Adapted from: Rappl T., et al. Onset and duration of effect of incobotulinumtoxinA, onabotulinumtoxinA and abobotulinumtoxinA in the treatment of glabellar frown lines: A randomized, double-blind study. *Clin Cosmet Investig Dermatol.* 2013; 6: 1-9.

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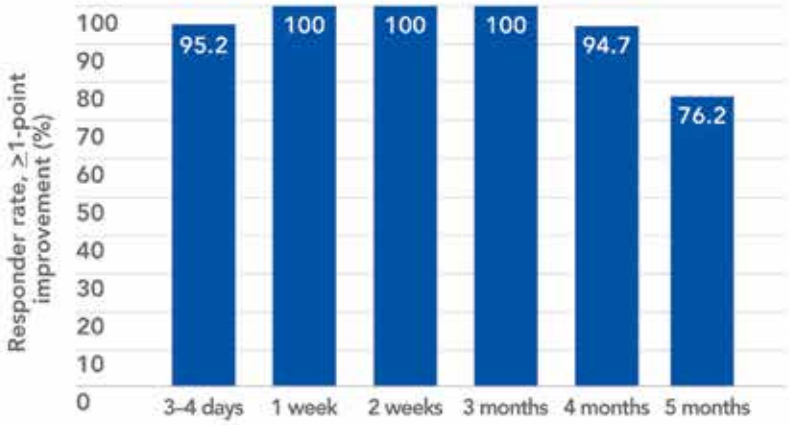
DURATION
OF EFFECT

XEOMIN®: Long duration of effect in glabellar frown lines*

Percentage of responders with ≥1 point improvement on Merz 5-point scale at maximum contraction[1]



- In this study, the maximum effect following treatment with XEOMIN®, was sustained over 5 months[1]
- At 5 months, 76.2% of patients maintained the effects of treatment[1]

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1. Adapted from: Prager W., et al. Onset, longevity, and patient satisfaction with incobotulinumtoxinA for the treatment of glabellar frown lines: A single arm, prospective clinical study. Clin Interv Aging. 2013; 8: 449-456.

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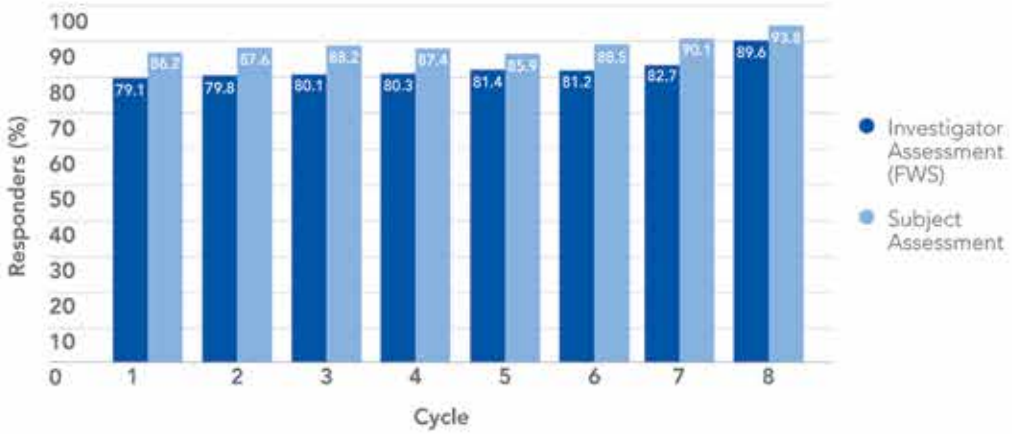
PREDICTABILITY
OF RESULTS

XEOMIN®: Repeated dosing is effective with a tendency for increased response rates over 2 years in glabellar frown lines*

- 796 patients consistently responded to XEOMIN® at maximum frown

Percentage of responders with >1 point improvement on the Facial Wrinkle Scale



Results shown in this study:

- Following treatment with XEOMIN®, high response rates were consistently observed at each treatment cycle[1]
- A slight trend to higher response with increasing treatment cycle numbers[1]
- No tolerability and safety concerns were observed during the study

*Indication: For temporary improvement in the appearance of moderate to severe vertical lines between the eyebrows seen at frown (glabellar frown lines) in adults below 65 years when the severity of these lines has an important psychological impact for the patient. Please see full XEOMIN® Summary of Product Characteristics, July 2014, for more information.

1. Adapted from: Rzany B., et al. Long-term results for incobotulinumtoxinA in the treatment of glabellar frown lines. *Dermatol Surg.* 2013; 39: 95-103.

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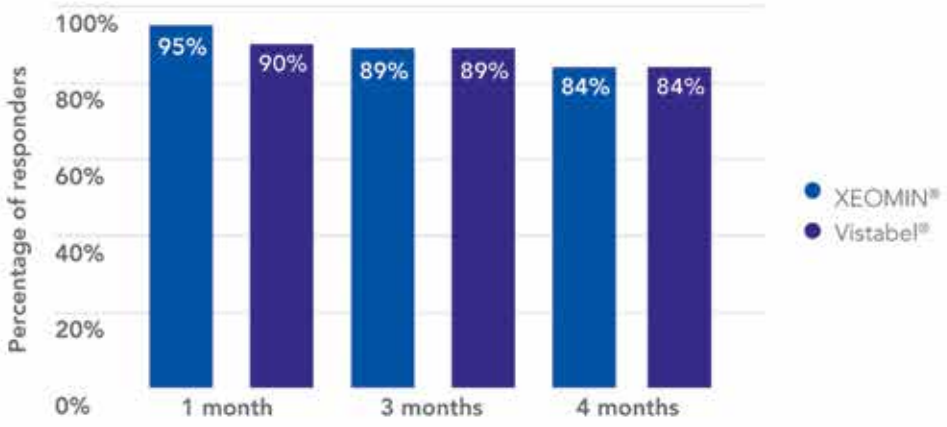
CROW'S FEET
LINES

XEOMIN®: As effective as Vistabel® in the treatment of crow's feet lines*

Percentage of responders with ≥1 point improvement on FWS† at maximum contraction[1]



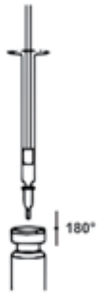
- In this study, at 1 month, 95% of patients showed a response to XEOMIN®, vs. 90% of patients treated with Vistabel®[1]
- In this study, similar response rates were observed for XEOMIN® and Vistabel® at 3 and 4 months (89% and 84%, respectively)[1]

*Indication: For temporary improvement in the appearance of moderate to severe lateral periorbital lines seen at maximum smile (crow's feet lines) in adults below 65 years when the severity of these lines has an important psychological impact for the patient. Please see full XEOMIN® Summary of Product Characteristics, July 2014, for more information.

†FWS: Facial Wrinkle Scale

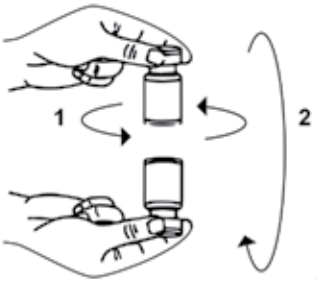
1. Prager W., *et al.* Comparison of two botulinum toxin type A preparations for treating crow's feet: A split-face, double-blind, proof-of-concept study. *Dermatol Surg.* 2010; 36(Suppl. 4):2155-2160.

XEOMIN®: Reconstitution in 5 Steps



1. Remove lid and clean the exposed part of the rubber stopper with alcohol (70%)

2. Draw up a preservative-free sterile physiological 0.9% NaCl solution for injection into a suitable syringe (20-27 G short bevel needle). The amount of solvent depends on the instructions of injector



3. Insert the needle vertically into the **XEOMIN®** vial. The partial vacuum pulls the solution into the vial

4. Remove the syringe from the vial and mix the **XEOMIN®** powder with the solvent by carefully swirling and inverting the vial – do not shake vigorously to avoid foam formation. The ready-to-use solution is clear, colorless and free of particles

5. Draw up the required amount of solution with a new sterile syringe suitable for injection

Please note:

If air gets into the unopened vial, e. g. by inserting a needle, the vacuum release will blow the powder around in the vial. It will settle on the glass and the rubber stopper. This can lead to **incomplete reconstitution of the powder and reduced biological activity. The instructions should be followed precisely, otherwise desired results would not be achieved.** **XEOMIN®** should be utilized by physicians' prescription.

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SUPERIOR
STABILITY

XEOMIN® :
A highly stable neurotoxin

ICH* compliant stability studies with **XEOMIN®** demonstrate long-term stability[1]:

- Unopened **XEOMIN®** can be stored at room temperature **(<25°C)** for up to 3 years and does not need to be refrigerated[2]

  Therefore, the risk of therapy failure due to disruption in the cold chain is not an issue with **XEOMIN®**

- After reconstitution **XEOMIN®** can be stored for up to 24 hours at **(2-8°C)**[1]

Storage conditions[2]
Up to 25°C

Thermostability[2]
High Stability at 60°C

*ICH: The International Conference on Harmonisation of Technical Requirements for registration of Pharmaceuticals for Human Use.

1. Grein S., *et al.* **XEOMIN®** is stable without refrigeration and is not affected by short-term temperature stress. *Mov Disord.* 2008;23(Suppl.1):24.**2.** Grein S., *et al.* Stability of botulinium neurotoxin type A, devoid of complexing proteins. The *botulinum J.*2011;2:45-57.

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Dilution Method

Solvent added (sodium chloride 9 mg/ml (0.9 %) solution for injection)		Resulting dose (in units per 0.1 ml)
50 units	**100 units**	
1 ml	2 ml	**5 units**
1.25 ml	2.5 ml	**4 units**

Insuline Syringe Type	0-10	0-2
100 units (1 ml)	5 units	1 unit

Insuline Syringe Type	0-10	0-2
100 units (1 ml)	4 units	0.8 unit

Dilution of **XEOMIN®** 50 Units with 1 ml sodium chloride 0.9% Dilution of **XEOMIN®** 50 Units with 1.25 ml sodium chloride 0.9%
Dilution of **XEOMIN®** 100 Units with 2 ml sodium chloride 0.9% Dilution of **XEOMIN®** 100 Units with 2.5 ml sodium chloride 0.9%

Insuline Syringe Type	0-5	0-1
50 units (0.5 ml)	2.5 units	0.5 unit

Insuline Syringe Type	0-5	0-1
50 units (0.5 ml)	2 units	0.4 unit

Dilution of **XEOMIN®** 50 Units with 1 ml sodium chloride 0.9% Dilution of **XEOMIN®** 50 Units with 1.25 ml sodium chloride 0.9%
Dilution of **XEOMIN®** 100 Units with 2 ml sodium chloride 0.9% Dilution of **XEOMIN®** 100 Units with 2.5 ml sodium chloride 0.9%

Insuline Syringe Type	0-5	0-1
30 units (0.3 ml)	2.5 units	0.5 unit

Insuline Syringe Type	0-5	0-1
30 units (0.3 ml)	2 units	0.4 unit

Dilution of **XEOMIN®** 50 Units with 1 ml sodium chloride 0.9% Dilution of **XEOMIN®** 50 Units with 1.25 ml sodium chloride 0.9%
Dilution of **XEOMIN®** 100 Units with 2 ml sodium chloride 0.9% Dilution of **XEOMIN®** 100 Units with 2.5 ml sodium chloride 0.9%

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Glabellar Frown Lines

- **Dose per injection point:** 4-6 units into each injection point
- **Total dose:** 20 to 30 units may be given according to the individual needs of the patient
- **Injection Technique**: Two injections in each corrugators muscle and one injection in the procerus muscle
- **Improvement in lines:** Usually within 2 to 3 days
- **Maximum effect:** Usually on day 30
- **Duration of effect:** Up to 4 months after the injection, however, it may last longer or shorter in individual patients

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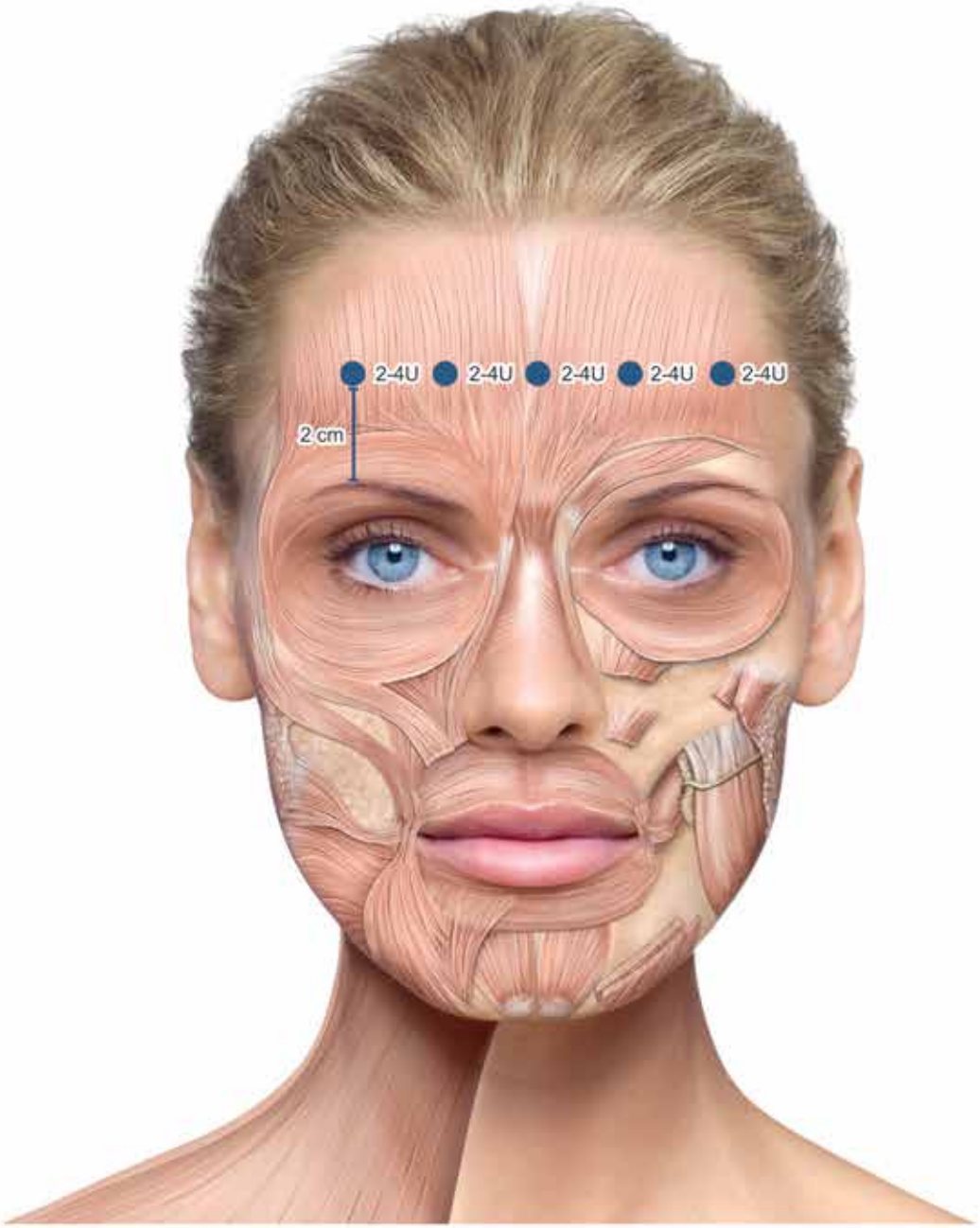

Horizontal Forehead Lines

- **Dose per injection point:** 2-4 units into each injection point
- **Total dose:** 10 to 20 units may be given according to the individual needs of the patients
- **Injection Technique**: Should be at least 2 cm above the orbital rim
- **Improvement in lines:** Usually within 7 days
- **Maximum effect**: Usually on day 30
- **Duration of effect:** Up to 4 months after injection, however, it may last longer or shorter in individual patients

Crow's Feet

- **Dose per injection point:** 3-4 units bilaterally into each of the 3 injection sites
- **Total dose:** 18-24 units (9-12 units per side) may be given
- **InjectionTechnique:** One injection approximately 1 cm lateral from the bony orbital rim, two injections approximately 1 cm above and below the area of the first injection
- **Improvement in lines:** Usually within 6 days
- **Maximum effect:** Usually on day 30
- **Duration of effect:** Up to 3 months after the injection, however, it may last longer or shorter in individual patients

Bunny Lines

- **Dose per injection point:** 2-4 units per injection point
- **Total dose:** 4 to 8 units may be given according to the individual needs of the patients
- **Injection technique**: Directly next to the nose in the upper part of the muscle
- **Improvement in lines:** Usually within 7 days
- **Maximum effect**: Usually on day 30
- **Duration of effect:** Up to 3 months after injection, however it may last longer or shorter in individual patients

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Gummy Smile

- **Dose per injection point:** 1.25-5 units per injection point
- **Total dose:** 2.5 to 10 units may be given according to the individual needs of the patients
- **Injection technique:** The injection is made slightly tangential into each muscle, not too close to the upper lip
- **Improvement in lines:** Usually within 7 days
- **Maximum effect:** Usually on day 30
- **Duration of effect:** Up to 3 months after injection, however it may last longer or shorter in individual patients

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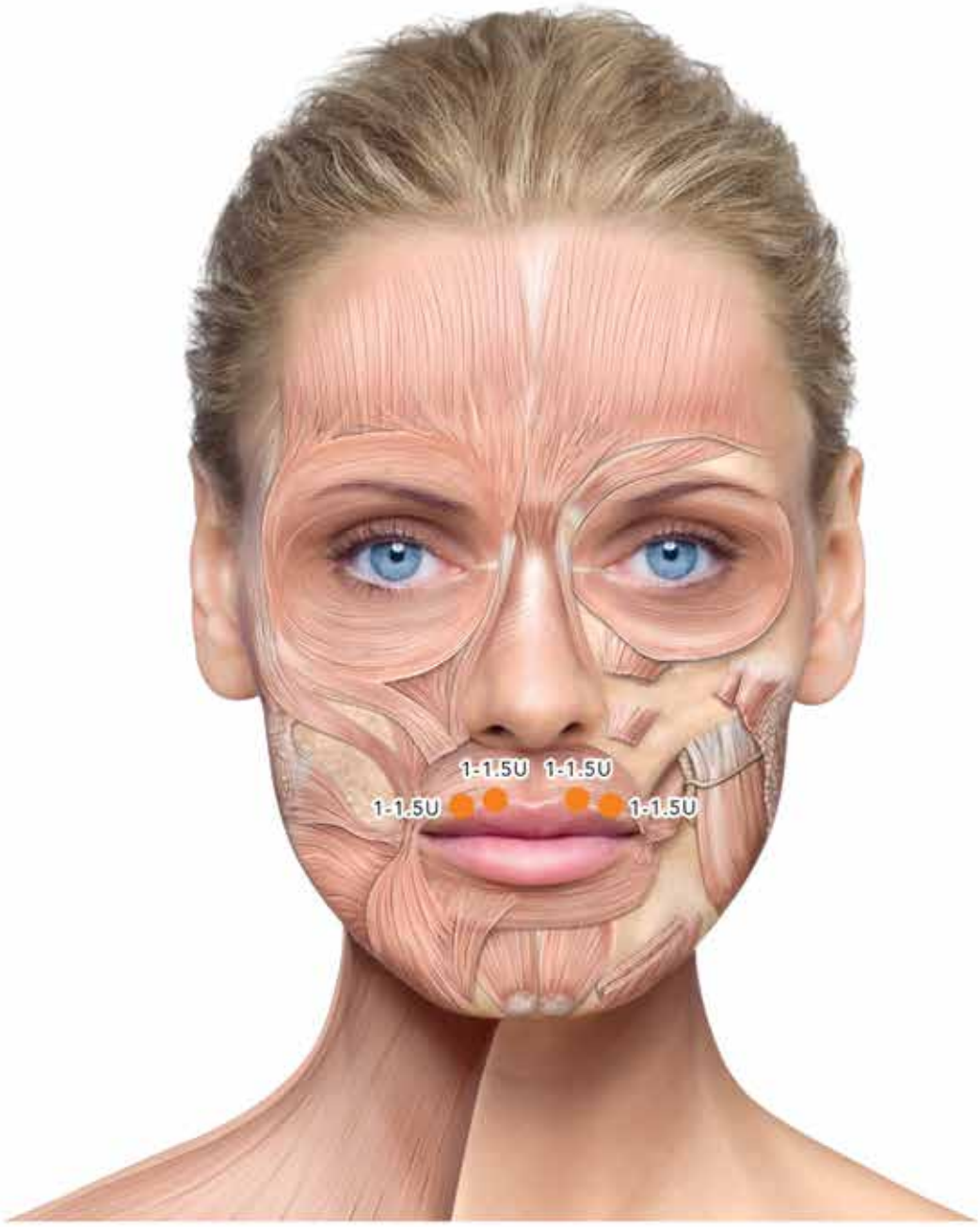

Smoking Lines

- **Dose per injection point:** 1-1.5 units per injection point
- **Total dose:** 4 to 6 units may be given according to the individual needs of the patients
- **Injection technique:** Injections should be positioned on the vermillion border of the upper lip at least 1cm from the mouth corner, avoiding the philtrum column area. The needle should be injected parallel to the skin surface.
- **Improvement in lines:** Usually within 7 days
- **Maximum effect**: Usually on day 30
- **Duration of effect:** Patients should be advised to expect a shorter treatment duration in the lower face than the upper face

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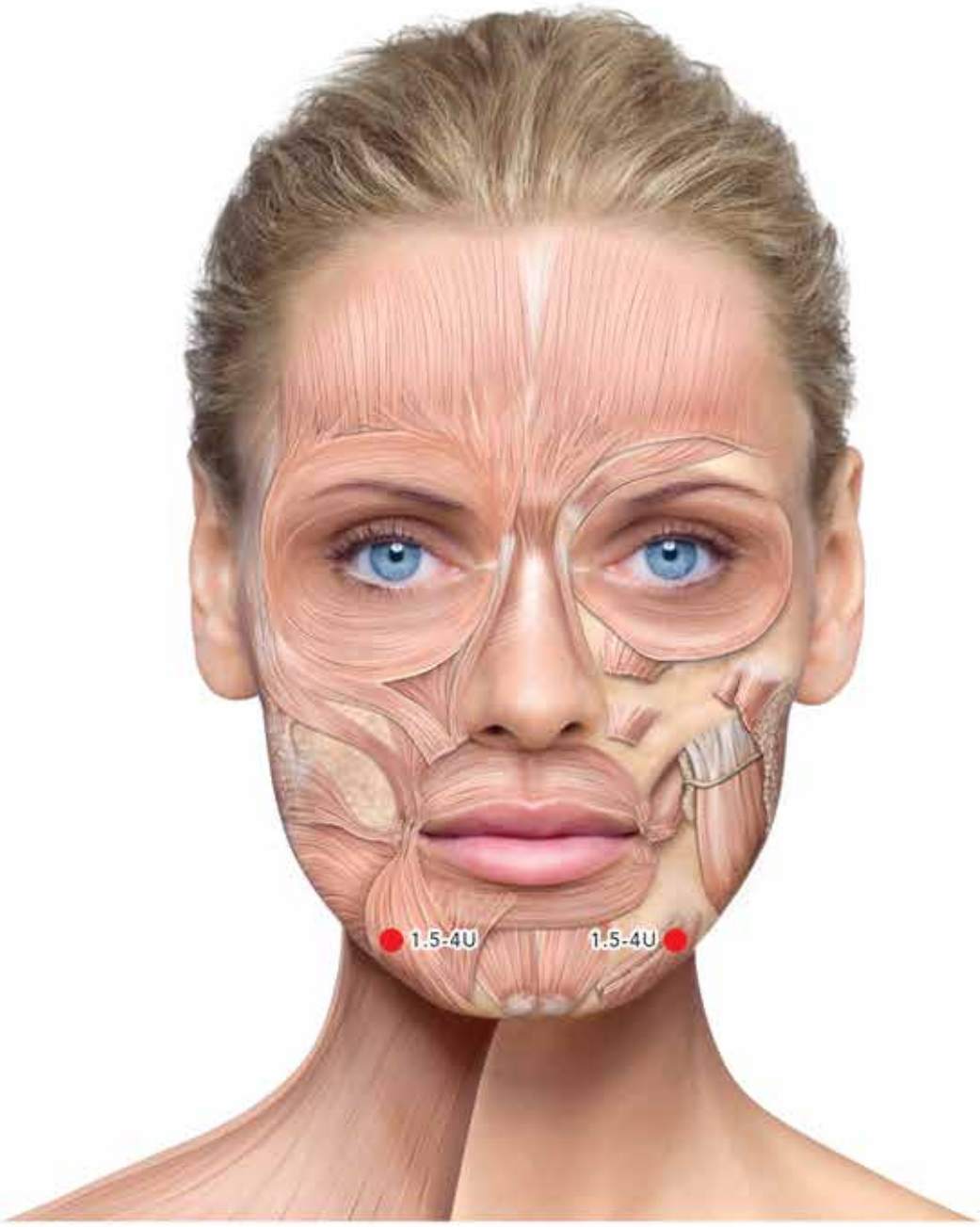
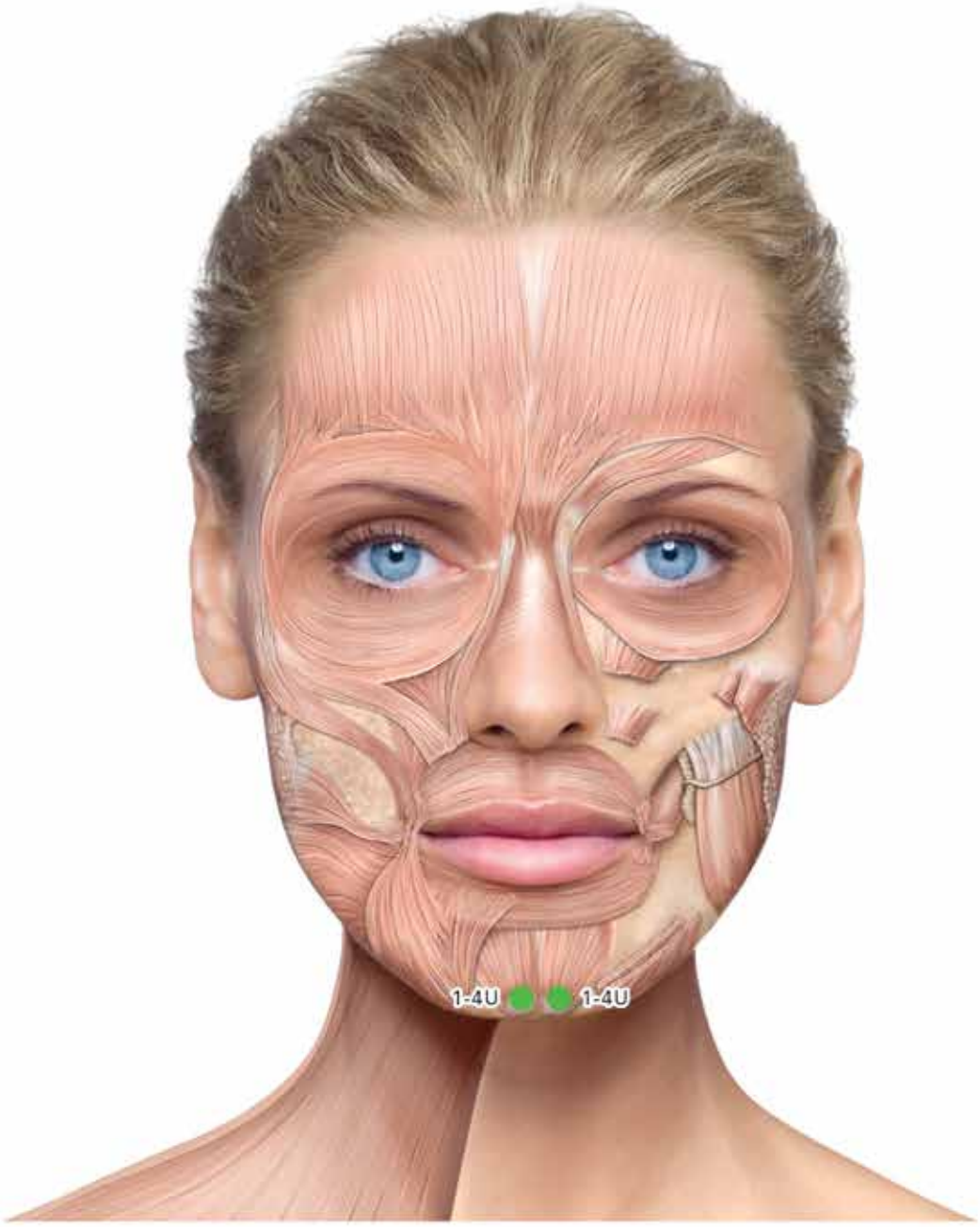


Lip Corner Uplift

- **Dose per injection point:** 1.5-4 units per injection point in both sides
- **Total dose:** 3 to 8 units may be given according to the individual needs of the patients
- **Injection technique:** Superficial intramascular injections are recommended in the lower third of the Depressor Anguli Oris muscle, with the needle directed laterally. According to the picture, the injection points are located in the projection of the muscle, 1cm lateral and 1.5 cm below the oral commissure.
- **Improvement in lines:** Usually within 7 days
- **Maximum effect:** Usually on day 30
- **Duration of effect:** Patients should be advised to expect a shorter treatment duration in the lower face than the upper face.



Moderate Chin Rhytides

- **Dose per injection point:** 1- 4 units per injection point
- **Total dose:** 2 to 8 units may be given according to the individual needs of the patients
- **Injection technique:** Deep intramascular injections are recommended at 2 symmetrical points located 1cm above the jawline, close to the chin midline. The experts recommend that the needle be held at a perpendicular angle, with one-third of the needle inserted into the mentalis.
- **Improvement in lines:** Usually within 7 days
- **Maximum effect**: Usually on day 30
- **Duration of effect:** Patients should be advised to expect a shorter treatment duration in the lower face than the upper face.

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Platysmal Bands

- **Dose per injection point:** 2-5 units per injection point in both sides
- **Total dose:** The recommended total treatment dose is 50 units, but this depends on how many bands there are to treat.
- **Injection technique:** Briefly four injections are recommended in the medial bands, with the needle directed outward. A further two injection sites on each side are on lateral bands, with the needle directed inward. The sites are located 2 cm apart, and the needle should be directed parallel to the skin surface.
- **Improvement in lines:** Usually within 7 days
- **Maximum effect:** Usually on day 30
- **Duration of effect:** Patients should be advised to expect a shorter treatment duration in the lower face than the upper face.

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تهران، میدان ونک، خیابان ملاصدرا، خیابان شاد، کوچه جویبار
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تلفن: ۴۱۷۳۵ ، ۸۶۰۸۵۲۲۹ فکس: ۸۶۰۸۱۸۳۹

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