

BOTOX[®]
onabotulinumtoxinA injection

When OAB* due to MS†
makes matters worse...

A sign
it's time for
BOTOX[®]

Ask your patients if they still have leakage
or can't tolerate their current OAB medication

*Overactive bladder.

†Multiple sclerosis.

Indication

Detrusor Overactivity Associated With a Neurologic Condition

BOTOX[®] 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

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 inside.

Dig deeper to assess the impact of urinary incontinence on your MS patients with OAB



85% find OAB symptoms to be as or **more bothersome than MS symptoms**^{1,*}

ASK: *“Can you describe how your OAB symptoms, such as leakage, are bothering you?”*



60% are **frustrated** trying to manage their **OAB symptoms** and 43% are **embarrassed**^{1,*}

ASK: *“Tell me how you feel about your OAB symptoms and if your current treatment is doing what you hoped for?”*



¹*Based on a 2018 market research survey of 60 patients with OAB due to MS.

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](#).

OAB due to a neurologic condition is common

	Multiple Sclerosis (MS)	Spinal Cord Injury (SCI)	Parkinson's Disease	Stroke
Patients with neurologic condition in the US²⁻⁵	400K	282K	1M	7.2M
Estimated prevalence of detrusor overactivity^{6,*}	58%	50%	59%	65%

*Based on a meta-analysis of 52 studies (39 out of the 52 trials included less than 100 patients).⁶

In BOTOX[®] clinical trials, patients had SCI (T1 or below) or MS and an inadequate response to or were intolerant of at least 1 anticholinergic medication.⁷

Urinary incontinence often takes a “back seat” to other problems caused by the patient’s neurologic condition⁸

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.

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.

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.

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*).

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*).

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).

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.

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.

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.

ADVERSE REACTIONS

Adverse reactions to BOTOX[®] for injection are discussed in greater detail in the following sections: *Boxed Warning*, *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 (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 back.