INDICATION
SINUVA Sinus Implant is a corticosteroid-eluting (mometasone furoate) implant indicated for the treatment of nasal polyps, in patients ≥ 18 years of age who have had ethmoid sinus surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
Patients with known hypersensitivity to mometasone furoate and any of the ingredients of the SINUVA Sinus Implant.

Please see additional Important Safety Information on the next page.
SINUVA is administered as an in-office, non-surgical procedure that requires local anesthesia

An example of an anesthesia protocol for SINUVA sinus implant from RESOLVE II Investigators:
(This example is based on observations from clinical investigators from the RESOLVE II study and is not intended as instructions for the physician)

1. **Step 1** Pre-treatment with decongestant/oral anxiolytics/oral analgesics to decongest and manage patient anxiety (as necessary) (~90 minutes prior to the office visit)
2. **Step 2** Decongest & anesthetize nasal cavity with topical spray/atomizer (~5 minutes)
3. **Step 3** Place pre-soaked cotton pledgets (~10-15 minutes)
4. **Step 4** Inject middle turbinate, lateral nasal wall, polyps and septum (if needed) (~5 minutes)
5. **Step 5** Implant SINUVA

SINUVA sinus implant is designed to gradually release mometasone furoate directly to the nasal polyps over a period of 90 days.

IMPORTANT SAFETY INFORMATION (continued)

**WARNINGS AND PRECAUTIONS**

**Local Effects:** Monitor nasal mucosa adjacent to the SINUVA Sinus Implant for any signs of bleeding (epistaxis), irritation, infection, or perforation. Avoid use in patients with nasal ulcers or trauma.

**Ocular Effects:** Monitor patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts closely.

**Hypersensitivity Reactions:** Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids.

**Immunosuppression:** Persons who are using drugs that suppress the immune system are more susceptible to infections than healthy individuals. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

**Hypercorticism and Adrenal Suppression:** If corticosteroid effects such as hypercorticism and adrenal suppression appear in patients, consider sinus implant removal.

**ADVERSE REACTIONS**

The most common adverse reactions observed (> 1% of subjects and that occurred more frequently in the treatment group compared to control) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

**POSTMARKETING EXPERIENCE**

The following adverse reactions have been identified during post-approval use of the SINUVA sinus implant. These events include implant migration, lack of efficacy, nasal pain, headache, epistaxis.

Rx only. Please see accompanying Full Prescribing Information for SINUVA or at SINUVA.com/hcp.


For more information, visit SINUVA.com/hcp

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