



choose a **different** path

Nasal polyp reduction following the **SINUVA** Way

Your patients may benefit from a different path to nasal polyp reduction

Challenges of recommended treatment options for patients with nasal polyps:

topical intranasal corticosteroids	saline nasal rinses	oral corticosteroids
<p>~60% of the active drug in a metered dose of nasal steroid spray is removed by mucociliary clearance within 15 minutes¹</p> <p>Only 32.7% of patients use intranasal corticosteroids as directed²</p>	<p>Compared directly with topical nasal steroids, the benefits of saline irrigation alone are less pronounced³</p>	<p>Regardless of dosage and length of treatment, oral corticosteroids carry known safety concerns associated with chronic systemic exposure⁴</p>

Patients who fail to achieve nasal polyp symptom relief with medical management turn to endoscopic sinus surgery

- Patients with nasal polyps require revision endoscopic sinus surgery more frequently than patients with chronic sinusitis who do not have polyps^{5,6}
 - Despite surgery, polyp recurrence was 35% at 6 months and 40% at 18 months⁷

Choosing an alternative path to current nasal polyp treatment options with SINUVA

Which of your patients may benefit from SINUVA?⁸ Patients ≥ 18 years of age who:

- Had previous ethmoid sinus surgery
- Have nasal polyps

SINUVA may be considered in patients with nasal polyps who experience the following after ethmoid sinus surgery⁸:

- Recalcitrant nasal polyps
- Postsurgical nasal polyps
- Reduction, impaired, or loss of smell
- Polypoid edema
- Asthma, allergic rhinitis
- Surgery fatigue



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 treats nasal polyps with targeted delivery of corticosteroids for up to 90 days after implantation and may help patients on the road to symptom relief⁸

Key benefits of SINUVA

SINUVA is a novel implant with a **2-in-1** mechanism that offers patients with nasal polyps symptom relief via:

- ✓ Targeted delivery of 1350 µg of mometasone furoate to the ethmoid nasal polyps⁹
- ✓ Self-expanding, bioabsorbable design that softens over time⁹
- ✓ Continuous delivery of mometasone furoate over the course of 90 days⁹
- ✓ Localized drug delivery that minimizes reliance on patient compliance⁹
- ✓ A non-surgical, in-office procedure with local anesthesia⁹

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.

References: 1. Shah SA, Berger RL, McDermott J, et al. Regional deposition of mometasone furoate nasal spray suspension in humans. *Allergy Asthma Proc.* 2015;36(1):48-57. 2. Bender BG. Motivating patient adherence to allergic rhinitis treatments. *Curr Allergy Asthma Rep.* 2015;15(3):10. 3. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et al. Clinical practice guideline (update): adult sinusitis. *Otolaryngol Head Neck Surg.* 2015;152(2 Suppl):S1-S39. 4. Campbell RG. Risks and management of long-term corticosteroid use in chronic rhinosinusitis. *Curr Opin Otolaryngol Head Neck Surg.* 2018;26(1):1-7. 5. Hull BP, Chandra RK. Refractory chronic rhinosinusitis with nasal polyposis. *Otolaryngol Clin North Am.* 2017;50(1):61-81. 6. Stein NR, Jafari A, DeConde AS. Revision rates and time to revision following endoscopic sinus surgery: A large database analysis. *Laryngoscope.* 2018;128(1):31-36. 7. DeConde AS, Mace JC, Levy JM, et al. Prevalence of polyp recurrence after endoscopic sinus surgery for chronic rhinosinusitis with nasal polyposis. *Laryngoscope.* 2017;127(3):550-555. 8. Kern RC, Stolovitzky JP, Silvers SL, et al. A phase 3 trial of mometasone furoate sinus implants for chronic sinusitis with recurrent nasal polyps. *Int Forum Allergy Rhinol.* 2018;8(4):471-481. 9. SINUVA [Prescribing Information]. Menlo Park, CA: Intersect ENT; 2020.

For more information, visit SINUVA.com/hcp

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