

INJECTION INSTRUCTIONS

Maximize success with your upper facial lines' injection technique

XEOMIN is known for its distinctive precise formulation, so you might find modifying your usual injection style gets the best results. Remember, **every patient is unique, and customizing your approach to their anatomy is key.**¹



GLABELLAR LINES

Time to smooth those 11's with up to **20 units** to this treatment area.¹

Assessment at a Glance:

- **Static vs. Dynamic:** Observe your patient at rest and with max contraction to see both types of lines²
- **Line Decoding:** Remember, wrinkles typically form perpendicular to muscle fibers. This helps you identify which muscles are involved²:
 - Horizontal forehead lines: Caused by the contraction of the frontalis muscle, which can also affect eyebrow shape and height
 - Vertical lines between the eyebrows (in the glabellar area): Often related to the contraction of the corrugator supercilii and procerus muscles, which are brow depressors

Treatment Tip: You'll use **20 Units**, split evenly into five **4-Unit** intramuscular injections. Think 2 injections in each corrugator muscle and 1 in the procerus muscle.¹

Ptosis Prevention Pro-Tips: Avoid the levator palpebrae superioris. Place corrugator injections at least 1 cm above the bony supraorbital ridge.¹

LATERAL CANTHAL LINES (LCL)

Smooth crow's feet with precise injecting—up to **24 total units** in this treatment area.¹

Assessment at a Glance:

- **Muscle Strength & Wrinkles:** The stronger the muscle, the more units per injection point. Observe the number and depth of the wrinkles²
- **Brow Watch:** Consider how treating LCL might affect brow height and angle
- **Asymmetry Alert:** If you spot it, discuss it with your patient before treatment²
- **Zygomaticus Major:** Be aware of its movement to avoid issues that could affect the lip²

Treatment Tip: You'll inject **4 Units** into 3 points on each side (that's 6 total injection sites) in the lateral orbicularis oculi muscle, for **12 Units** per side (**24 Units** total).²

- Place one injection about 1 cm lateral from the bony orbital rim, in the horizontal extension of the lateral canthus
- Place the other two injections roughly 1 cm above and below that first injection

Injection Etiquette: Bevel tip up, pointed away from the eye.

Ptosis Prevention Pro-Tip: To avoid lip ptosis, avoid the zygomaticus major muscle.

HORIZONTAL FOREHEAD (HFL)

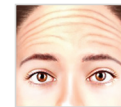
Think of HFL treatment as a duet with GL. It's best to treat them together to keep a harmonized appearance and avoid ptosis. The total recommended max dose for both combined is **40 Units**.

Assessment at a Glance:

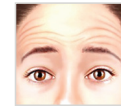
- **Know your anatomy:** Muscles, origin and insertion points—it all matters²
- **Study those expressions:** Observe the forehead at rest and max contraction. Note the unique anatomy and shape of your patient's forehead and brow position³
- **Injection strategy:** When injecting the area accounting for 60% of the forehead height directly above the brows, stay conservative to avoid brow ptosis³
- **Consider the forehead height:** This helps decide where to distribute XEOMIN injection points²
- **Always factor in:** Gender, ethnicity, age, and what your patient hopes to achieve with their XEOMIN treatment

Treatment Tip: Distribute **20 Units** across the frontalis muscle, taking into account an individual assessment of the patient's anatomy, expression, and muscle strength. Make sure you're at least 2 cm above the orbital rim.¹

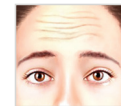
HFL Injection Pattern Will Change Based on Frontalis Muscle Anatomy and Dynamics³:



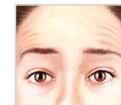
Type I – Full Form
Large rectangle



Type II – V-shaped
Double triangle



Type III – Central form
Central triangle or rectangle



Type IV – Lateral form
Rectangles over the eyebrows

Abraham et al. *Aesth Plast Surg* (2016) 40:962–971
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Get step-by-step injection instructions through the Merz Aesthetics Exchange (MAX) portal.

XEOMIN[®]
incobotulinumtoxinA

PRECISION WITH EVERY TREATMENT

Instructions for precise reconstitution, dosing, and injection



INDICATIONS AND USAGE
XEOMIN[®] (incobotulinumtoxinA) for injection, for intramuscular use is indicated for the temporary improvement in the appearance of moderate to severe upper facial lines in adults (glabellar lines with corrugator and/or procerus muscle activity [GL], horizontal forehead lines associated with frontalis muscle activity [HFL], and lateral canthal lines associated with orbicularis oculi activity [LCL]).

IMPORTANT SAFETY INFORMATION

WARNING: DISTANT SPREAD OF TOXIN EFFECT
See full prescribing information for complete BOXED WARNING.

The effects of XEOMIN and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. 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, particularly in those patients who have underlying conditions that would predispose them to these symptoms.

Please see Important Safety Information including BOXED WARNING throughout, and Full Prescribing Information and Medication Guide at XeominAesthetic.com.


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RECONSTITUTION INSTRUCTIONS

Let's get XEOMIN ready for use¹:

Always double-check whether you have the 50 or 100 Unit vial before you start diluting.¹
And remember to use sterile, preservative-free 0.9% Sodium Chloride Injection, USP.¹

1  **STEP 1: PREP YOUR VIAL**
Give the rubber stopper a quick swipe with an alcohol wipe (70%).

2  **STEP 2: ADD SALINE**
Gently push the needle straight through the stopper and ease the saline into the vial (aim for a smooth pour here—no bubbles or foam, please). If the vacuum doesn't pull the saline in, play it safe and don't use that vial.

3  **STEP 3: GENTLY FLIP AND SWIRL**
Remember to invert and swirl the vial. The powder should be fully dissolved and the solution should be perfectly clear and colorless if done properly. If it looks cloudy or has visible particles, it's a no-go. Let it sit 3-5 minutes before using.



Scan to Log In. Find XEOMIN Reconstitution Guidelines Under 'Master Our Products.'

Unopened vials of XEOMIN should be stored at or below 25°C (77°F). Reconstituted XEOMIN solution should be administered within 24 hours after dilution. During this time period, reconstituted XEOMIN should be stored in a refrigerator at 2-8°C (36-46°F) [see *How Supplied/Storage and Handling* Section in Full Prescribing Information at XeominAesthetic.com].

IMPORTANT SAFETY INFORMATION (cont)

CONTRAINDICATIONS

Hypersensitivity reactions have been reported with botulinum toxin products (anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea). If serious and/or immediate hypersensitivity reactions occur further injection of XEOMIN should be discontinued and appropriate medical therapy immediately instituted. XEOMIN is contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation.

Use in patients with an infection at the injection site could lead to severe local or disseminated infection. XEOMIN is contraindicated in the presence of infection at the proposed injection site(s).

WARNINGS AND PRECAUTIONS

- Treatment with XEOMIN 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. When distant effects occur, additional respiratory muscles may be involved. Patients may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. Dysphagia may persist for several months, which may require use of a feeding tube. Aspiration may result from severe dysphagia [See BOXED WARNING].
- The potency Units and Units of biological activity of XEOMIN are specific to their respective preparation and assay method utilized, and thus cannot be compared or converted into Units of any other botulinum toxin products.
- Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junctional disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of XEOMIN.
- **Upper Facial Lines:** Do not exceed the recommended dosage and frequency of administration of XEOMIN.
 - **GL:** To reduce the complication of ptosis avoid injection near the levator palpebrae superioris, particularly in patients with larger brow depressor complexes. Corrugator injections should be placed at least 1 cm above the bony supraorbital ridge.
 - **HFL:** Treat HFL in conjunction with GL to minimize the potential for brow ptosis.
 - **LCL:** Avoid injections too close to the zygomaticus major muscle to prevent lip ptosis.
- Use caution when XEOMIN is used in patients who have marked facial asymmetry, with surgical alterations to the facial anatomy, pre-existing eyelid or eyebrow ptosis, when excessive weakness or atrophy is present in the target muscles, excessive dermatochloasis, deep dermal scarring, thick sebaceous skin (e.g., the inability to substantially lessen glabellar lines even by physically spreading them apart).
- Caution should be taken when XEOMIN is used where the targeted muscle shows excessive weakness or atrophy.

- XEOMIN contains human serum albumin. 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 reported for albumin.

ADVERSE REACTIONS

Upper Facial Lines (Glabellar Lines, Horizontal Forehead Lines, and Lateral Canthal Lines): The most commonly observed adverse reaction (incidence \geq 1% of patients and greater than placebo) for XEOMIN was injection site bruising (2%).

DRUG INTERACTIONS

Co-administration of XEOMIN and aminoglycoside or other agents interfering with neuromuscular transmission, (e.g., muscle relaxants), should only be performed with caution as these agents may potentiate the effect of the toxin.

Use of anticholinergic drugs after administration of XEOMIN may potentiate systemic anticholinergic effects. The effect of administering different botulinum toxin 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.

USE IN PREGNANCY

There are no adequate data on the developmental risk associated with the use of XEOMIN in pregnant women. XEOMIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

PEDIATRIC USE

Safety and effectiveness of XEOMIN for upper facial lines in patients less than 18 years of age have not been established.

References: **1.** Xeomin [Prescribing Information]. Franksville, WI: Merz North America, Inc; 2024. **2.** Anido J, et al. *Clin Cosmet Investig Dermatol.* 2017;10:413-421. **3.** de Sanctis Pecora C. *Clin Cosmet Investig Dermatol.* 2020;13:127-136.

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