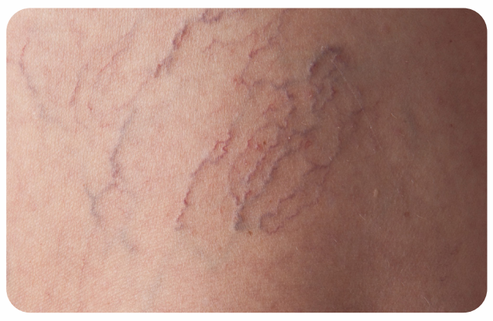
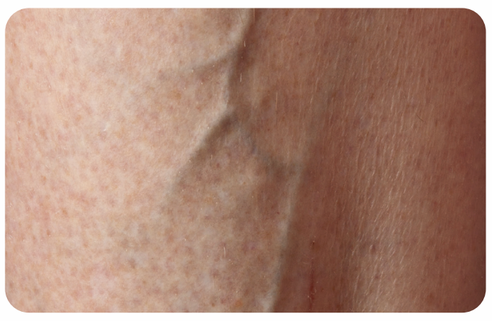
Do these look familiar?

Asclera® may be able to help!



Spider veins
- Very small, fine, red or blue veins (≤ 1 mm in diameter)
- May cover small or large areas



Small varicose (or reticular) veins
- Small blood vessels (1-3 mm in diameter)
- Can appear alone or with spider veins

What is Asclera® (polidocanol)?

Asclera® Injection is a prescription medication approved by the FDA for the treatment of uncomplicated spider veins (≤ 1 mm in diameter) and reticular (small varicose) veins (1-3 mm in diameter) in the lower extremities.

How does Asclera® work?

During treatment, Asclera® is injected into the affected vein, causing it to seal shut, eventually reabsorb into the body, and fade from view over time

- Typically requires 1 or more injection sessions depending on the extent of recommended vein treatment
- Sessions are usually spaced 1 to 2 weeks apart

What are potential side effects after treatment?

Temporary side effects may occur at the site of the injection, such as:

- Bruising
- Itching
- Swelling
- Skin discoloration
- Appearance of tiny red blood vessels

These side effects usually go away within a few days to several weeks. Some side effects may take months or years to resolve.

Is there any reason why I shouldn't receive Asclera® treatment?

You shouldn't receive Asclera® if you:[2]

- Have a known allergy to polidocanol
- Have an acute vein or blood clotting (thromboembolic) disease
- Are pregnant or nursing

Be sure to tell your healthcare provider about all the medicines you are taking, including prescription and nonprescription medicines, vitamins, and herbal products. Together, we can ensure that Asclera® is right for you.

88% of patients were satisfied or very satisfied with their Asclera® treatment after 12 weeks[2,*]

Improvement 18 weeks after last treatment

Uncomplicated spider vein treatment (≤ 1 mm)
Patient treated with 0.5% Asclera®

Before | After

Uncomplicated reticular vein treatment (1-3 mm)
Patient treated with 1.0% Asclera®

Before | After

Individual results may vary.

*At 12 and 26 weeks after last injection, patients were given digital images of their baseline spider and reticular (small varicose) veins and asked to rate their satisfaction using a verbal rating scale (1 = very unsatisfied, 2 = somewhat unsatisfied, 3 = slightly satisfied, 4 = satisfied, and 5 = very satisfied).

Scan here to see more photos of actual results with Asclera®

REFERENCES
1. Rabe E, Schliephake D, Otto J, Breu F, Pannier F. Sclerotherapy of telangiectases and reticular veins: a double-blind, randomized, comparative clinical trial of polidocanol, sodium tetradecyl sulphateand isotoicsaline (EASI study). *Phlebology*. Jun 2010;25(3):124-131. **2.** Asclera® Full Prescribing Information. Merz Aesthetics, 2019.

ASCLERA® (polidocanol) Injection

Ask us whether FDA-approved Asclera® can help improve the appearance of your spider and small varicose veins.

Asclera® (polidocanol) Injection Rx Only

INDICATIONS:
Asclera® (polidocanol) is indicated to sclerose uncomplicated spider veins (varicose veins ≤1 mm in diameter) and uncomplicated reticular veins (varicose veins 1 to 3 mm in diameter) in the lower extremity. Asclera has not been studied in varicose veins more than 3 mm in diameter.

IMPORTANT SAFETY INFORMATION:
For intravenous use only.

CONTRAINDICATIONS:
Asclera is contraindicated for patients with known allergy to polidocanol and patients with acute thromboembolic diseases.

WARNINGS AND PRECAUTIONS:
Severe allergic reactions have been reported following polidocanol use, including anaphylactic reactions, some of them fatal. Severe reactions are more frequent with use of larger volumes (> 3 mL). Minimize the dose of polidocanol. Be prepared to treat anaphylaxis appropriately.
Venous Thrombosis and Pulmonary Embolism: Asclera can cause venous thrombosis and subsequent pulmonary embolism or other thrombotic events. Follow administration instructions closely and monitor for signs of venous thrombosis after treatment. Patients with reduced mobility, history of deep vein thrombosis or pulmonary embolism, or recent (within 3 months) major surgery, prolonged hospitalization or pregnancy are at increased risk for developing thrombosis.
Arterial Embolism: Stroke, transient ischemic attack, myocardial infarction, and impaired cardiac function have been reported in close temporal relationship with polidocanol administration. These events may be caused by air embolism when using the product foamed with room air (high nitrogen concentration) or thromboembolism. The safety and efficacy of polidocanol foamed with room air has not been established and its use should be avoided.
Tissue Ischemia and Necrosis: Intra-arterial injection or extravasation of polidocanol can cause severe necrosis, ischemia or gangrene. Take care in intravenous needle placement and use the smallest effective volume at each injection site. After the injection session is completed, apply compression with a stocking or bandage and have patients walk for 15-20 minutes. If intra-arterial injection of polidocanol occurs, consult a vascular surgeon immediately.

Maintain compression for 2 to 3 days after treatment of spider veins and for 5 to 7 days for reticular veins. For extensive varicosities, longer compression treatment with compression bandages or a gradient compression stocking of a higher compression class is recommended. Post-treatment compression is necessary to reduce the risk of deep vein thrombosis.

ADVERSE REACTIONS:
In clinical studies, the following adverse reactions were observed after using Asclera and were more common with Asclera than placebo: injection site hematoma, injection site irritation, injection site discoloration, injection site pain, injection site pruritus, injection site warmth, neovascularization, injection site thrombosis.

POST-MARKETING SAFETY EXPERIENCE:
The following adverse reactions have been reported during use of polidocanol in world-wide experience. Because these reactions are reported voluntarily from a population of uncertain size and without a control group, it is not possible to estimate their frequency reliably or to establish a causal relationship to drug exposure.
Immune system disorders: Anaphylactic shock, angioedema, urticaria generalized, asthma
Nervous system disorders: Cerebrovascular accident, migraine, paresthesia (local), loss of consciousness, confusional state, dizziness
Cardiac disorders: Cardiac arrest, palpitations
Vascular disorders: Deep vein thrombosis, pulmonary embolism, syncope vasovagal, circulatory collapse, vasculitis
Respiratory, thoracic, and mediastinal disorders: Dyspnea
Skin and subcutaneous tissue disorders: Skin hyperpigmentation, dermatitis allergic, hypertrichosis (in the area of sclerotherapy)
General disorders and injection site conditions: Injection site necrosis, pyrexia, hot flush
Injury, poisoning, and procedural complications: Nerve injury
You are encouraged to report any suspected adverse events. To report SUSPECTED ADVERSE REACTIONS, contact Merz North America at 1-866-862-1211 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

MERZ AESTHETICS® | confidence to be

Scan here for Full Prescribing Information at **www.asclera.com**.