

TRUST.

4M+ implantations¹

EVIDENCE.

> 1,000 publications²

EXPERIENCE.

30 years³

It's what **AlloDerm™** is made of.

PRODUCT PORTFOLIO BROCHURE

INDICATIONS

ALLODERM SELECT™ Regenerative Tissue Matrix (ALLODERM SELECT™ RTM refers to both ALLODERM SELECT™ RTM and ALLODERM SELECT RESTORE™ RTM products) is intended to be used for repair or replacement of damaged or inadequate integumental tissue or for other homologous uses of human integument. ALLODERM SELECT™ RTM is intended for use in post-mastectomy breast reconstruction surgical procedures where the use of the acellular dermal matrix (ADM) is considered homologous, such as managing a potential skin defect created from harvesting tissue for use in autologous tissue reconstruction. Examples of uses in post-mastectomy breast reconstruction not considered homologous include use of an ADM to form an extension of the submuscular pocket for placement of a breast implant or tissue expander, and use to prevent expander or implant extrusion, or to constrain the expander or implant in the correct position. This product is intended for use in one patient, on a single occasion. ALLODERM SELECT™ RTM is not indicated for use as a dural substitute or intended for use in veterinary applications.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

ALLODERM SELECT™ RTM should not be used in patients with a known sensitivity to any of the antibiotics listed on the package and/or Polysorbate 20.

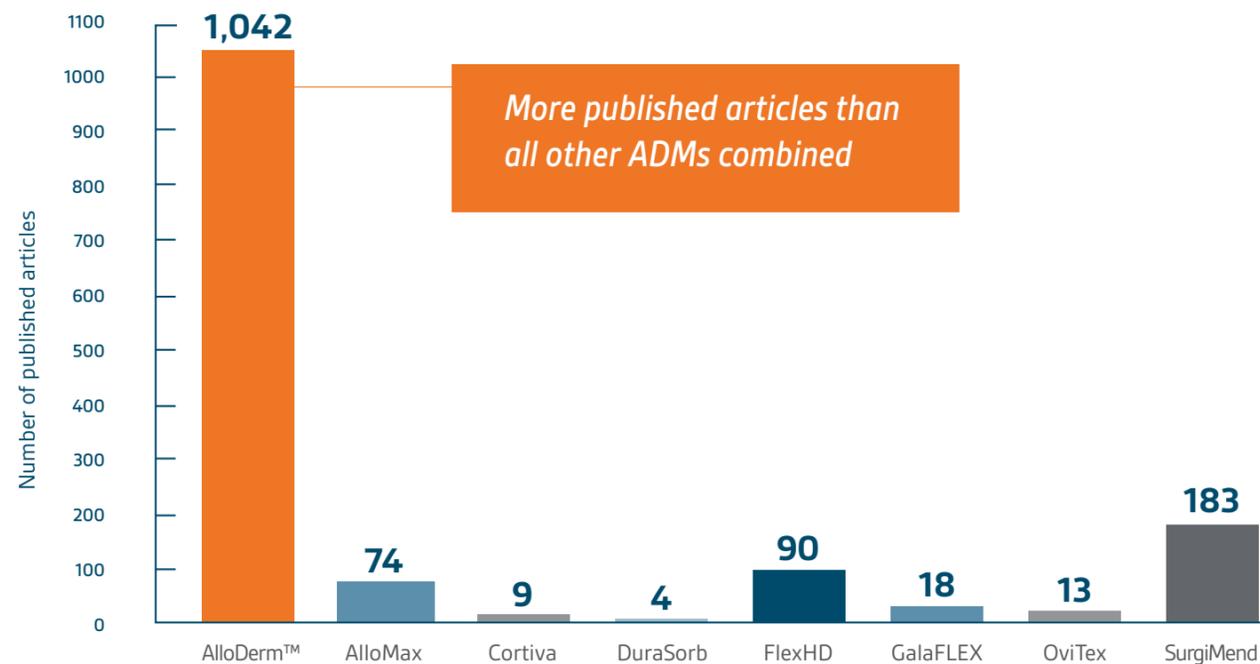
Please see additional Important Safety Information throughout this brochure.

Trusted by plastic surgeons,^{4*}

ALLODERM™ RTM IS THE LEADING ADM^{1-3,5}

 Proprietary tissue processing	 Proven tissue regeneration^{6†}
 Most-used ADM^{5‡}	 Over 4 million implantations¹
 Extensive coding, coverage, and reimbursement⁷	 Comprehensive portfolio with ongoing innovation

Most-studied ADM, with over 1,000 scientific[†] and clinical articles^{2§}



*According to surgeon survey data (n = 75), July 2023.

†Correlation of these results, based on animal studies, to results in humans has not been established.

‡Data MedSKU Hospital Purchasing, data ending January 2023.

§Based on multiple database searches from May 2024.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS

Processing of the tissue, laboratory testing, and careful donor screening minimize the risk of the donor tissue transmitting disease to the recipient patient. As with any processed donor tissue, ALLODERM SELECT™ RTM is not guaranteed to be free of all pathogens. No long-term studies have been conducted to evaluate the carcinogenic or mutagenic potential or reproductive impact of the clinical application of ALLODERM SELECT™ RTM.

2 Please see additional Important Safety Information throughout this brochure.

Committed to providing the HIGHEST-QUALITY SCAFFOLDS

At Allergan Aesthetics, our strict donor-screening protocols, proprietary tissue processing, and comprehensive release-testing requirements meet the highest industry standards to give you a safe, intact acellular dermal matrix (ADM) of high quality.^{6,8,9} **Over 4 million implants have been used overall, with no documented disease transmissions.^{1,10}**



The LifeCell Tissue Process 3-phase approach



The end result: AlloDerm™ RTM

- Undamaged, intact, and decellularized tissue matrix^{6,9}
- Critical biochemical components are preserved⁸
- Designed to support a positive immunologic response and regeneration, as seen in primate models^{6,9*}
- No evidence of microbial pathogens detected^{8,11}

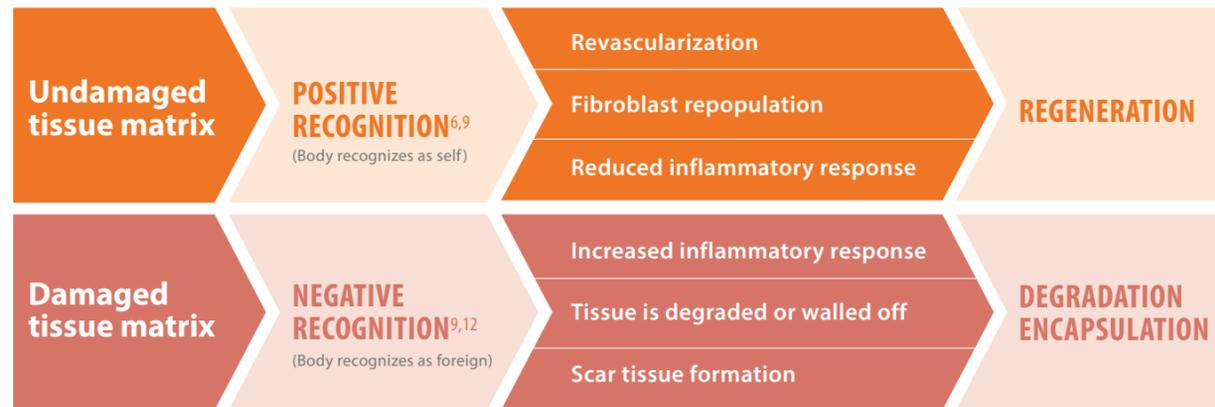


*Correlation of these results, based on animal studies, to results in humans has not been established.

When it comes to ADM processing, TISSUE INTEGRITY MATTERS

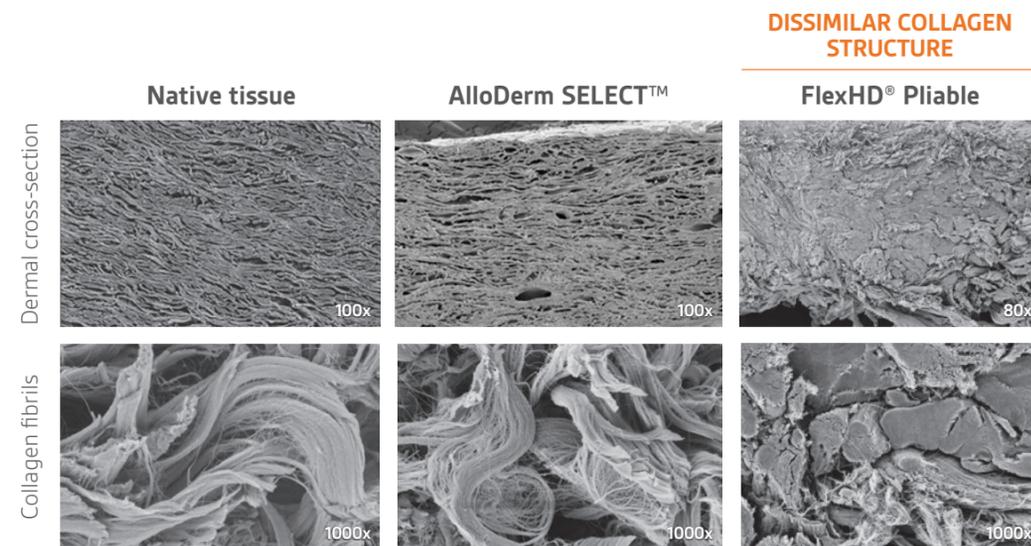
An ADM is recognized either positively or negatively*

Harnessing the body's natural processes is essential to restoring and maintaining the structure, function, and physiology of tissue. Upon tissue injury, the body will begin the repair or regeneration process, based on its recognition of the material used.



AlloDerm™ RTM has a similar structure to native dermis¹³

AlloDerm™ RTM is minimally manipulated and gently processed to ensure it retains components critical to maintaining the biochemical and biomechanical integrity of the native tissue⁹



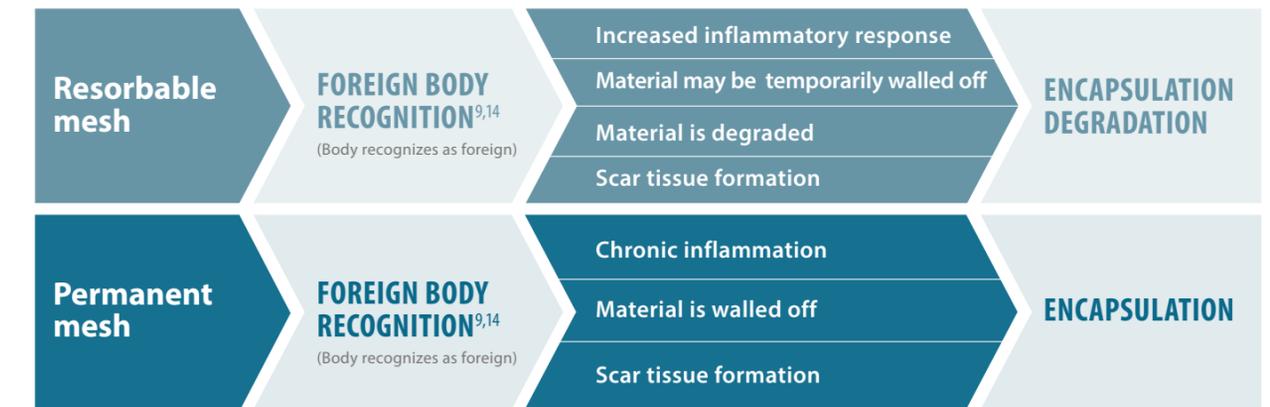
Ultrastructural out-of-package morphology of surgical scaffolds as compared with native human dermis revealed that AlloDerm SELECT™ RTM had a similar structure to native dermis.

*Correlation of these results, based on animal studies, to results in humans has not been established.

As shown in preclinical animal studies, NOT ALL SCAFFOLDS ARE THE SAME

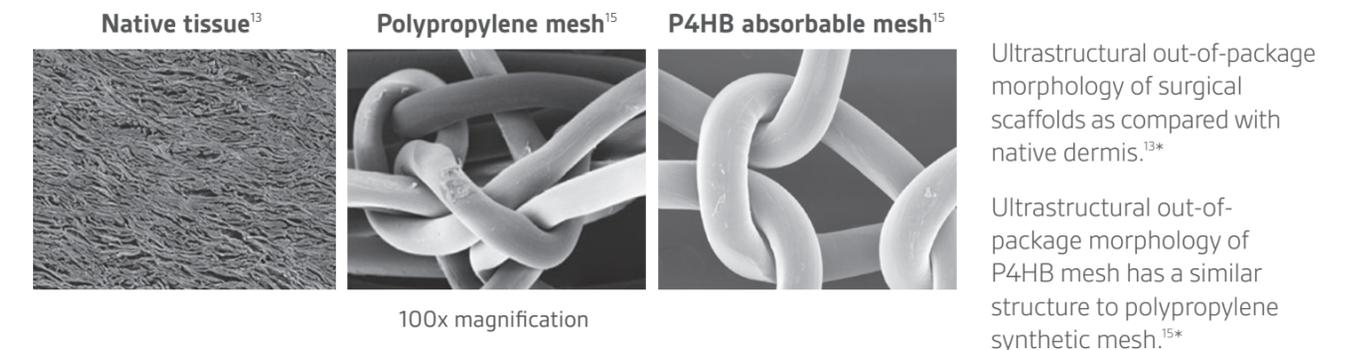
A synthetic surgical scaffold can be recognized negatively*

If the body recognizes an implant as foreign, it will begin a reparative process, not a regenerative one. This can lead to encapsulation, degradation, and scar formation.^{9,14}



*Correlation of these results, based on animal studies, to results in humans has not been established.

Compare out-of-package morphologies



*Correlation of these results, based on animal studies, to results in humans has not been established. Clinical significance has not been established.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS (continued)

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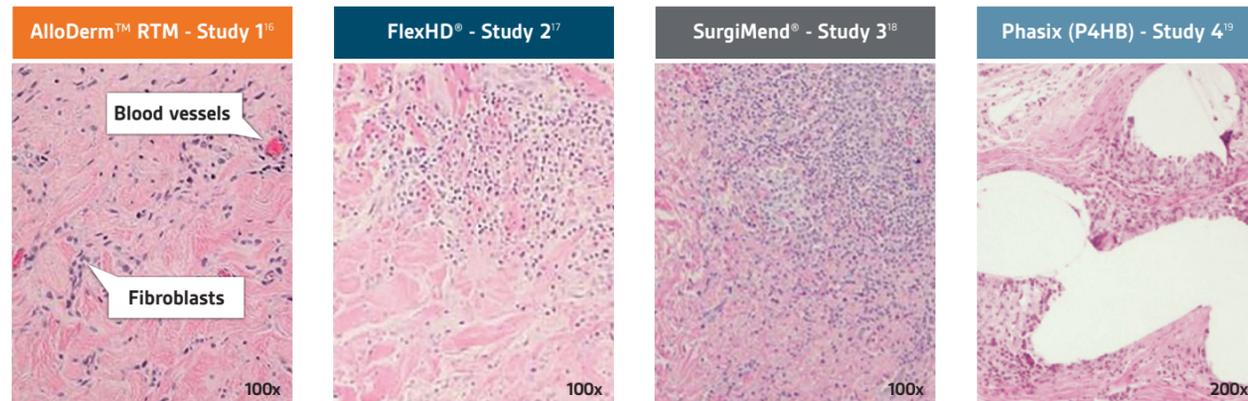
Please see additional Important Safety Information throughout this brochure.

As shown in preclinical animal studies, NOT ALL SCAFFOLDS ARE THE SAME...

AlloDerm™ RTM supported rapid revascularization, fibroblast repopulation, and remodeling in a preclinical model

Damaged matrices and synthetic meshes experience delayed revascularization, which impedes white blood cell migration and fibroblast formation.^{6,9,12*}

Widespread fibroblast & blood vessel formation



All samples are from 1-month implantation in nonhuman primate abdominal wall repair (NHP-AWR) models in 4 different studies. These studies followed the same protocol and were performed at the same institution at different times. Images for AlloDerm™ RTM, FlexHD®, and SurgiMend® are shown stained with Hematoxylin & Eosin (H&E) at 200x magnification. The Phasix (P4HB) image is shown stained at 100x magnification. H&E stains collagen fibers pink and cell nuclei blue-purple. Nuclei of lymphocytes are round, fibroblasts are elongated, and macrophages are round and diffuse.

*Correlation of these results, based on animal studies, to results in humans has not been established.

The importance of cell repopulation and revascularization

Supports remodeling
Without vascular supply, there is no pathway for cells to remodel the tissue.²⁰

Resists infection
Formation of intact vascular channels allows white blood cells to migrate to the site of an infection to minimize risk.²¹

Prevents necrosis
Cellularized tissue matrices that do not revascularize will necrose.²²

IMPORTANT SAFETY INFORMATION (continued)

PRECAUTIONS

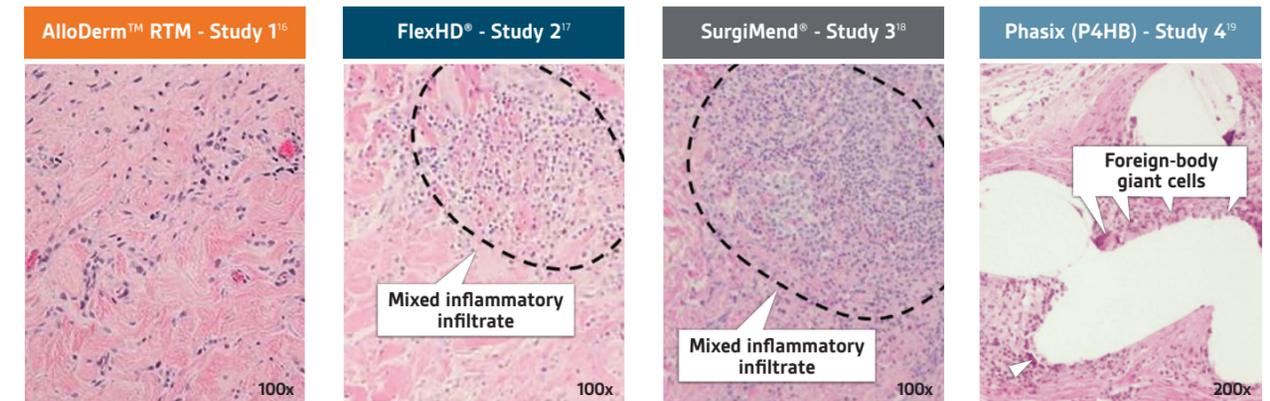
Poor general medical condition or any pathology that would limit the blood supply and compromise healing should be considered when selecting patients for implanting ALLODERM SELECT™ RTM as such conditions may compromise successful clinical outcome. Whenever clinical circumstances require implantation in a site that is contaminated or infected, appropriate local and/or systemic anti-infective measures should be taken.

...REGENERATION IS KEY

AlloDerm™ RTM demonstrated minimal inflammation in a preclinical model

Damaged matrices and synthetic meshes are viewed by the body as foreign and trigger a chronic inflammatory response that leads to matrix degradation or encapsulation, which may impede regeneration (noted by dashed circle).^{6,9,12*}

Minimal inflammatory response



All samples are from 1-month implantation in NHP-AWR models in 4 different studies. Images for AlloDerm™ RTM, FlexHD®, and SurgiMend® are shown stained with Hematoxylin & Eosin (H&E) at 200x magnification. The Phasix (P4HB) image is shown stained at 100x magnification. H&E stains collagen fibers pink and cell nuclei blue-purple. Nuclei of lymphocytes are round, fibroblasts are elongated, and macrophages are round and diffuse.

*Correlation of these results, based on animal studies, to results in humans has not been established.

The negative effects of chronic inflammation

Prevents remodeling
The body perceives a damaged tissue matrix as foreign, which may cause inflammation that impedes regeneration.^{6,9†}

Provokes scar formation
Chronic inflammation results in the formation of scar tissue. As inflammation increases, the rate of scar tissue formation is exacerbated.^{23,24}

Inhibits the ability to fight infection
Chronic inflammation may delay revascularization, which may impede fibroblast integration, blood vessel formation, and the ability to fight infection.^{25,26}

†Correlation of these results, based on animal studies, to results in humans has not been established.

IMPORTANT SAFETY INFORMATION (continued)

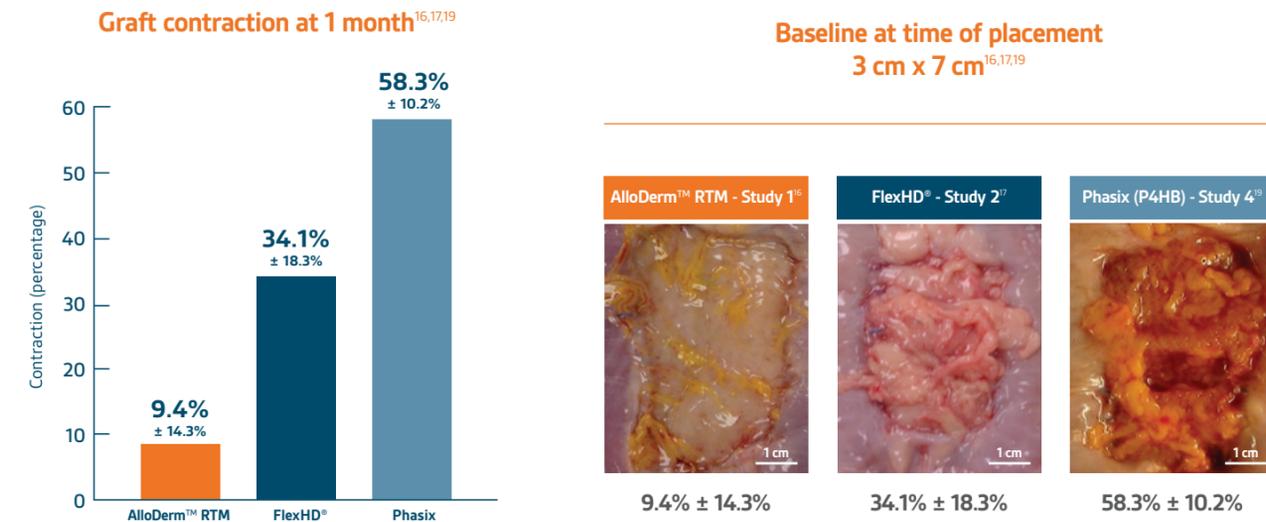
PRECAUTIONS (continued)

ALLODERM SELECT™ RTM has a distinct basement membrane (upper) and dermal surface (lower). When applied as an implant, it is recommended that the dermal side be placed against the most vascular tissue. Soak the tissue for a minimum of 2 minutes using a sterile basin and room temperature sterile saline or room temperature sterile lactated Ringer's solution to cover the tissue. If any hair is visible, remove using aseptic technique before implantation.

POSITIVE RECOGNITION LEADS TO REGENERATION

AlloDerm™ RTM did not demonstrate resorption in a preclinical model

AlloDerm™ RTM showed minimal change in size 1 month after implantation, with no resorption and minimal contracture of surrounding tissue. Damaged matrices have altered structure and therefore are viewed by the body as foreign, which leads to contraction and resorption of the graft.^{6,9,12,13,16*}



Representative gross photographs of tissue matrices evaluated following 1-month implantation in NHP-AWR models. Samples are taken from 3 different studies that followed the same protocol and were performed at the same institution at different times. All scaffolds were fixated to the edges of a 3 x 7 cm full-thickness defect in the abdominal wall of an NHP in an interpositional bridging configuration.

*Correlation of these results, based on animal studies, to results in humans has not been established.

The consequences of resorption

Loss of strength
Damaged ADMs demonstrated a loss of graft strength due to resorption.¹²

Loss of support
Damaged ADMs have demonstrated decreased biomechanical healing strength and diminished graft integrity.²⁷

Replaced with scar
A damaged tissue matrix may lead to degradation, resulting in partial or complete resorption and replacement of collagen matrix fibers with scar tissue.^{6,12,28}

IMPORTANT SAFETY INFORMATION (continued)

PRECAUTIONS (continued)

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8 Please see additional Important Safety Information throughout this brochure.

NEGATIVE RECOGNITION LEADS TO SCARRING

Scar tissue formation is a suboptimal response

When the body sees the implant as a foreign material, it triggers an excessive inflammatory response that can lead to degradation and resorption or encapsulation. Each of these may result in scar tissue.⁹

Compared with native tissue, scar tissue:

Is weaker^{9,29}

Has less stretch²³

Contracts²³

Has poor vascularity⁹

Is painful²³

Causes visual deformities²³

If it is not regeneration, it is scar tissue formation

AlloDerm™ RTM is an undamaged, acellular dermal matrix that enables positive recognition and supports regeneration vs scar tissue, as demonstrated in preclinical models.^{6,8,9}*

*Correlation of these results, based on animal studies, to results in humans has not been established.

IMPORTANT SAFETY INFORMATION

ADVERSE EVENTS

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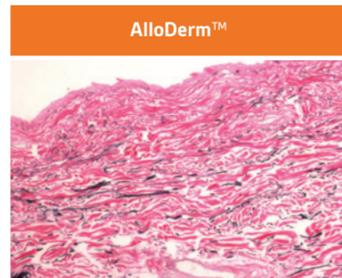
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Please see additional Important Safety Information throughout this brochure.

SEE THE ALLODERM™ RTM DIFFERENCE

AlloDerm™ RTM offers desired pliability and handling^{4,30}



Out-of-package Verhoeff-Van Gieson staining for elastin, 100x. Elastin stains black.

AlloDerm™ RTM retains elastin, which functions with collagen, helping to provide elasticity and shape retention^{6,9,31}

By maintaining graft integrity, including intact elastin microfibrils and collagen fibers, AlloDerm™ RTM provides appropriate mechanical properties, including tensile strength and elasticity, both out-of-package and following implantation.^{9,13*}

*Correlation of these results, based on animal studies, to results in humans has not been established.



The importance of pliability

<p>Conforms to defect An undamaged tissue matrix retains characteristics of native tissue and is pliable and able to conform to a defect.^{13,32}</p>	<p>Tissue apposition Tissue needs to conform to the defect to have appropriate apposition to the vascular surface to revascularize.³³</p>	<p>Ideal handling Tissue processed using certain damaging reagents can affect tissue characteristics and collagen structure.^{8,13}</p>
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IMPORTANT SAFETY INFORMATION

INDICATIONS

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COMPREHENSIVE SERVICES AND SUPPORT

behind every piece of AlloDerm™ RTM

Reimbursement for AlloDerm™ RTM

<p>Q4116 AlloDerm™ RTM has its own product-specific HCPCS code: Q4116</p>	<p>Extensive commercial insurance coverage</p>	<p>AlloDerm™ RTM may qualify for incremental reimbursement to the facility for outpatient cases</p>
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Reimbursement support includes:

- Appeals assistance
- Coding (physician, facility)
- Coverage and payment assistance
- Reimbursement
- Education and health policy
- Prior authorization
- Processing support

Contact your local reimbursement representative today or access our Reimbursement Hotline

1.888.543.3656
Monday to Friday 8:30 AM - 6:00 PM ET
(Closed on major observed holidays)

1.877.499.2986

AllerganPRM@thepinnaclehealthgroup.com

Medical Support Team

<p>Medical Information</p>	<p>Medical Affairs</p>
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If you have any medically related product inquiries, please call us at 1.800.678.1605, option 2, or visit <https://www.abbvimedinfo.com/> for help from our medical support team.



Backed by a 100% Guarantee

The AlloDerm™ RTM Guarantee Program offers facility customers a replacement of any piece of AlloDerm™ RTM that is explanted.

- To be eligible for the guarantee, facilities must comply with all terms and conditions
- For more information, contact your local Allergan Aesthetics representative today, or call Allergan Customer Service at 1.800.367.5737

IMPORTANT SAFETY INFORMATION (continued)

CONTRAINDICATIONS

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AlloDerm™ RTM offers

A WIDE RANGE OF PRODUCTS...

AlloDerm™ RTM offers an extensive portfolio that aligns with the evolving clinical needs of surgeons and their patients



Sterile⁸



Ready to use with a minimum 2-minute soak⁸



Zero documented disease transmissions¹⁰



Able to be stored without refrigeration⁸



Thickness offerings for different applications

X-Thin: 0.55 ± 0.25 mm
Thin: 1.0 ± 0.2 mm
Medium: 1.6 ± 0.4 mm
Thick: 2.4 ± 0.4 mm
X-Thick: 3.4 ± 0.6 mm

Perforated options facilitate regeneration*



FLUID COMMUNICATION

• Designed to allow fluid to move through the matrix at time of implantation^{34*}



INTEGRATION

• Perforations designed to facilitate tissue ingrowth^{34*}



STRENGTH

• Perforation pattern designed to maintain similar strength to nonperforated AlloDerm SELECT™ RTM¹



PROPRIETARY DESIGN

• 3 mm in diameter, covers < 3% of matrix. Tissue perimeter designed to accommodate suturing³⁵

AlloDerm™ 16 x 20



...TO MEET YOUR NEEDS

Shapes designed to facilitate placement



AVAILABLE IN 3 DISTINCT SHAPES

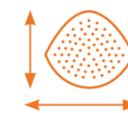
- May help reduce time required for product trimming
- May make intraoperative placement easier



PERFORATIONS AVAILABLE

- All AlloDerm™ shapes and sizes are available perforated and nonperforated

AlloDerm™ RESTORE



LARGE DESIGN

- Offers 327 cm² of coverage
- 20.1 x 23.6 cm²



2-CM RIM

- Allows for fixation and trimming without impacting the perforation pattern

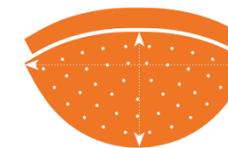


AlloDerm™ Contour



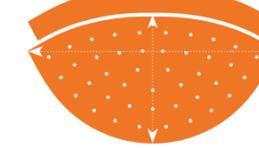
CONTOUR SMALL

7.3 x 14.7 cm
Coverage: 77 cm²



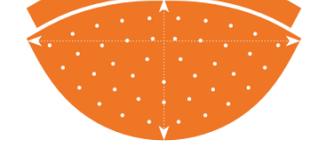
CONTOUR MEDIUM

9.6 x 19.3 cm
Coverage: 132 cm²



CONTOUR LARGE

10.7 x 21.5 cm
Coverage: 164 cm²



CONTOUR X-LARGE

11.8 x 23.7 cm
Coverage: 200 cm²

IMPORTANT SAFETY INFORMATION (continued)

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IMPORTANT SAFETY INFORMATION (continued)

WARNINGS (continued)

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References: 1. Data on file, Allergan Aesthetics, AlloDerm Global Product Sales 2023. 2. Data on file, Allergan Aesthetics, LIS Publication Search performed May 2024. 3. LifeCell Corporation reports second quarter results. News release. LifeCell Corporation; August 3, 1994. 4. Data on file, Allergan Aesthetics, ADM/AlloDerm Perception (AU), July 2023. 5. Data on file, Allergan Aesthetics; iData MedSKU Hospital Purchasing Data. Q1'17-Q4'23. 6. Xu H, Wan H, Sandor M, et al. Host response to human acellular dermal matrix transplantation in a primate model of abdominal wall repair. *Tissue Eng Part A*. 2008;14(12):2009-2019. 7. Data on file, Allergan Aesthetics, October 2022; Payor Covered Lives. 8. AlloDerm Regenerative Tissue Matrix (RTM) Instructions for Use, August 2020. 9. Harper JR, McQuillan DJ. Extracellular wound matrices: a novel regenerative tissue matrix (RTM) technology for connective tissue reconstruction. *Wounds*. 2007;19(6):163-168. 10. Data on file, Allergan Aesthetics, October 2022. 11. Data on file, Allergan, December 2016. HIV Viral Safety Profile of AlloDerm RTM. 12. Sandor M, Xu H, Connor J, et al. Host response to implanted porcine-derived biologic materials in a primate model of abdominal wall repair. *Tissue Eng Part A*. 2008;14(12):2021-2031. 13. Data on file, Allergan; Study Report LRD2016-08-014. 14. Sandor M, Scott N, Edwards M, Qi S, De Deyne PG. In vitro and in vivo characteristics of a fully resorbable and composite surgical mesh. *J Bioactive Compat Polymers*. 2014. DOI: 10.1177/0883911513520382. 15. Data on file, Allergan; Study Report LRD2014-04-008. 16. Data on file, Allergan; Study Report LRD2010-04-005. 17. Data on file, Allergan; Study Report LRD2006-10-012. 18. Data on file, Allergan; Study Report LRD2006-02-004. 19. Data on file, Allergan; Study Report LRD2014-10-011. 20. Orenstein SB, Qiao Y, Kaur M, Klueh U, Kreutzer DL, Novitsky YW. Human monocyte activation by biologic and biodegradable meshes in vitro. *Surg Endosc*. 2010;24(4):805-811. 21. Holton LH, Chung T, Silverman P, et al. Comparison of acellular dermal matrix and synthetic mesh for lateral chest wall reconstruction in a rabbit model. *Plast Reconstr Surg*. 2007;119(4):1238-1246. 22. Rademakers T, Horvath JM, van Blitterswijk CA, LaPointe VLS. Oxygen and nutrient delivery in tissue engineering: approaches to graft revascularization. *J Tissue Eng Regen Med*. 2019;13(10):1815-1829. 23. Xue M, Jackson CJ. Extracellular matrix reorganization during wound healing and its impact on abnormal scarring. *Adv Wound Care*;2015(4):3:119-136. 24. Keane T, Horejs C-M, Stevens MM. Scarring vs. functional healing: matrix-based strategies to regulate tissue repair. *Adv Drug Deliv Rev*. 2018;129:407-419. 25. Buchanan E, Yoo D. Use of biologic extracellular matrix in two ways to reduce cardiac electronic device infection. *Cureus*. 2021;13(1):e13037. 26. Bellows CF, Alder A, Helton WS. Abdominal wall reconstruction using biological tissue grafts: present status and future opportunities. *Expert Rev Med Devices*. 2006;3(5):657-675. 27. Sun WQ; Xu H, Sandor M, Lombardi J. Process-induced extracellular matrix alterations affect the mechanisms of soft tissue repair and regeneration. *J Tissue Engineering*. 2013;4:2041731413505305. 28. Data on file, Allergan; Study Report LRD2010-05-002. 29. Hollinsky C, Sandberg S. Measurement of the tensile strength of the ventral abdominal wall in comparison with scar tissue. *Clin Biomech (Bristol, Avon)*. 2007;22(1):88-92. 30. Data on file, Allergan; Study Report LRD2017-06-009. 31. Frantz C, Steward KM, Weaver VM. The extracellular matrix at a glance. *J Cell Sci*. 2010;123(pt24):4195-4200. 32. Sherris DA, Oriol BS. Human acellular dermal matrix grafts for rhinoplasty. *Aesthetic Surg J*. 2011;31(7S):95S-100S. 33. Khansa I, Janis JE. Modern reconstructive techniques for abdominal wall defects after oncologic resection. *J Surg Oncol*. 2014;11-12. 34. Data on file, Allergan; Study Report LRD2015-05-002. 35. Data on file, Allergan; Study Report LRD2012-10-015.