PROCEDURE CHECKLIST

	PROCEDURE	REMINDER
EVALUATE	Evaluate and define treatment area: ☐ Identify the marginal mandibular nerve area (see Figure 1)	To avoid injury to the marginal mandibular nerve: • Do not inject above the inferior border of the mandible. • Do not inject within a region defined by a 1-1.5 cm line below the inferior border (from the angle of the mandible to the submentum). • Inject BELKYRA only within the target submental fat treatment area.
	☐ Identify the platysma	Prior to each treatment session, palpate the submental area to ensure sufficient submental fat and to identify subcutaneous fat between the dermis and platysma (pre-platysmal fat) within the target treatment area. See Figure 5.
	☐ Plan and outline the treatment area	Outline the planned treatment area with a surgical pen and apply a 1 cm^2 injection grid to mark the injection sites (see Figure 4). **Do not inject BELKYRA outside the defined parameters.**
APPLY	☐ Mark treatment area landmarks, including the **" No treatment zone"**	Landmarks are as follows (see Figures 2, 3, and 4): • Inferior border of mandible, anterior borders of sternocleidomastoid muscles, and thyroid notch • Anterior, posterior, and lateral borders of submental fat compartment • **"No treatment zone"** to avoid risk of injury and injection site infection to the marginal mandibular branch of the facial nerve, avoid injection into the salivary glands, the thyroid gland and the lymph nodes.
	☐ Apply skin marking grid*	Refer to the detailed skin grid instructions for use provided in the grid packaging. Do not inject BELKYRA outside the defined parameters. See Figures 4 and 6.
SELECT	☐ Determine the number of 1 mL syringes needed	Injections should consist of 0.2 mL (2 mg) per injection site, 1 cm apart. The maximum dose of 10 mL (100 mg equivalent to 50 injections) should not be exceeded in one treatment session. Check visually vial integrity. If the vial, seal, or flip-off cap is damaged, do not use. Check visually the solution. Only clear, colourless solutions free of visible particles should be used. Each vial is for single patient use only. Use a large bore needle to draw the solution, then a 30 guage (or smaller) 0.5 inch needle to inject. After use, discard any unused product
	☐ Prepare the syringes	
INJECT	☐ Consider use of the pinch and pull technique. Within the target treatment area, inject perpendicularly to the skin until the needle is midway into the pre-platysmal subcutaneous fat tissues.	• DO NOT inject into post-platysmal fat and muscles. • DO NOT inject intradermally to avoid risk of skin ulceration. • DO NOT inject in the **"No treatment zone"** to avoid injury to the marginal mandibular branch of the facial nerve, salivary glands, the thyroid gland and the lymph nodes. • DO NOT inject into or in close proximity (1-1.5 cm) to thyroid gland, salivary gland, lymph nodes. See Figures 3, 4, and 5. • DO NOT inject through the transferred grid markings. • DO NOT withdraw the needle from the subcutaneous fat during the injection.
	Post-treatment: ☐ Assess smiling and swelling for nerve injury or dysphagia	Injection site nerve injury (motor neuropraxia) manifests as an asymmetric smile or facial muscle weakness.
	Post-treatment: ☐ Remind patient to contact immediately his/her doctor in case of symptoms evoking temporary facial nerve injury or symptoms of injection site injury including ulceration and necrosis	In clinical trials, nerve injury occurred in 3.6% of patients and was temporary and in all cases resolved with a mean time to resolution of 53 days (range 1 to 334 days). In clinical trials, skin ulceration occurred in 1 patient (0.1%) and resolved in 23 days. Cases of injection site necrosis and injection site infection requiring additional treatment have been reported in post-marketing experience.
	Post-treatment: ☐ Remember to report adverse drug reactions	All healthcare professionals and patients should report suspected adverse drug reactions via the national adverse event reporting system.

* In the same shipper box, each BELKYRA pack (containing 4 vials per pack) will be delivered with 2 packs of skin marking grids (each pack contains 2 grids)

INJECTOR'S GUIDE FOR THE SAFE USE OF BELKYRA®

IMPORTANT SAFETY INFORMATION

This guide provides important information on the safe and effective use of BELKYRA (deoxycholic acid) in order to minimise the risk of injection site injuries in patients such as injection site nerve injury and associated motor neuropraxia, injection site skin ulceration and injection site necrosis including injection site artery necrosis, and injection site infection.

Please read this guide carefully and refer to the Summary of Product Characteristics for further information (available on www.medicines.ie in Ireland, and on http://medicinesauthority.gov.mt/home in Malta).

The active ingredient of BELKYRA is deoxycholic acid which is a cytolytic drug. When injected into localized subcutaneous fat, it can physically disrupt the cell membrane of adipocytes.

BELKYRA is indicated for the treatment of moderate to severe convexity or fullness associated with submental fat in adults when the presence of submental fat has an important psychological impact for the patient.

To administer BELKYRA, you must be a physician with appropriate qualifications, expertise in the treatment and knowledge of the submental anatomy. Where national guidance permits, BELKYRA may be administered by appropriately qualified healthcare professionals, under the supervision of a physician.

The safe and effective use of BELKYRA outside the submental fat area or at higher than recommended doses has not been established. BELKYRA should not be used in patients who are obese (BMI ≥ 30) or in patients who have body dysmorphic disorder. Safe and effective use of BELKYRA depends on appropriate patient selection, which includes knowledge of patient history of prior interventions and their potential to alter superficial cervical anatomy.

INJECTION SITE NERVE INJURY

To avoid the potential for injection site nerve injury, BELKYRA should not be injected into or in close proximity to the marginal mandibular branch of the facial nerve (see Figures 1and 4). Motor neuropraxia related to facial nerve injury could manifest as an asymmetric smile or facial muscle weakness. In clinical trials, nerve injury occurred in 3.6% of patients and was temporary and in all cases resolved with a mean time to resolution of 53 days (range 1to 334 days).

INJECTION SITE SKIN ULCERATION AND INJECTION SITE NECROSIS

Care should be taken to avoid inadvertent intradermal or intramuscular injection. BELKYRA should be injected mid-way into the preplatysmal subcutaneous fat tissue in the submental area (see Figure 5). ***Inappropriate injection techniques such as superficial injections, injections into blood vessels and injections without the skin marking grid,*** may result in skin ulceration and necrosis as well as scarring. During injection do not withdraw the needle from the subcutaneous fat, as this could increase the risk of intradermal exposure and potential skin ulceration, as well as injection site necrosis including necrosis of the artery. In clinical trials, skin ulceration occurred in 1 patient (0.1%) and resolved in 23 days. Injection site necrosis, including necrosis of the artery, and injection site infection have been reported from post-marketing exposure. BELKYRA should never be re-administered if injection site ulceration or injection site necrosis occurs. Injection site scarring has been reported as a result of skin ulceration or necrosis and as post-injection scar tissue.

Adverse reactions related to injection site necrosis were reported as fat necrosis, necrosis, skin necrosis and soft tissue necrosis.These events occurred around the treatment area with affected area ranging between 0.5cm and 3cm. In rare cases, the entire submental area was affected.

Please remind/inform patients about the risk of injection site skin ulceration and injection site necrosis.

INJECTION SITE INJURY MANAGEMENT

If injection site injury occurs, the patient should stop receiving additional treatment of BELKYRA. Appropriate medical treatment and monitoring for the injection site injury should be provided.

REPORTING OF SUSPECTED ADVERSE DRUG REACTIONS

Reporting suspected adverse reactions including injection site injuries after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Physicians and other healthcare professionals are asked to report any suspected adverse drug reactions via:

IRELAND:
HPRA Pharmacovigilance
Website: www.hrpa.ie

Adverse events and product complaints can also be reported to AbbVie at +353 1 4287900

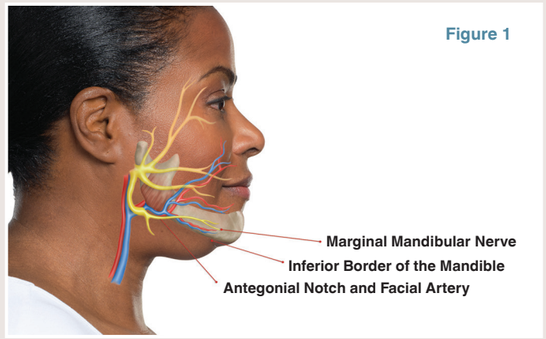
ANATOMICAL STRUCTURES OF THE NECK

Posterior to the facial artery
The marginal mandibular nerve runs along the inferior border of the mandible at a level which is deep to the platysma muscle; however, relative to the mandibular border, it:

- Is 1 – 2 cm below in most cases
- Has been described up to 4 cm below

Anterior to the facial artery
The marginal mandibular nerve passes above the mandibular border in 100% of cases.

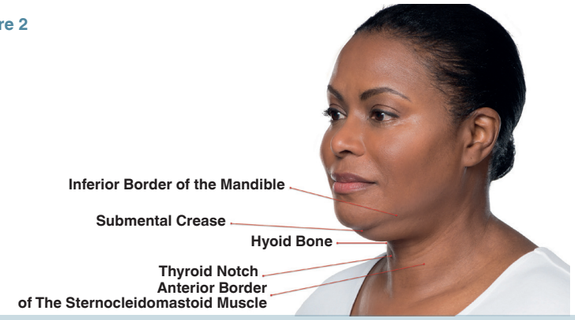
Figure 1



Dingman RO, Grabb WC. *Plast Reconstr Surg Transplant Bull.*1962;29:266-272
Baker DC, Conley J. *Plast Reconstr Surg.* 1979;64:781-795.

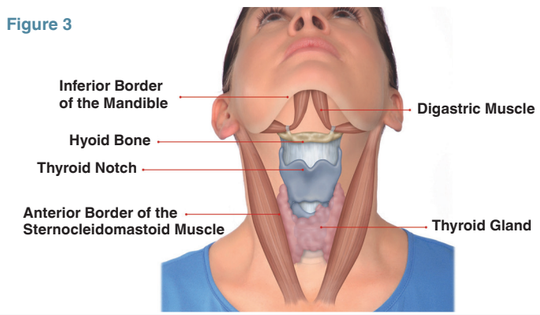
The Cervicomental Region Defined

Figure 2



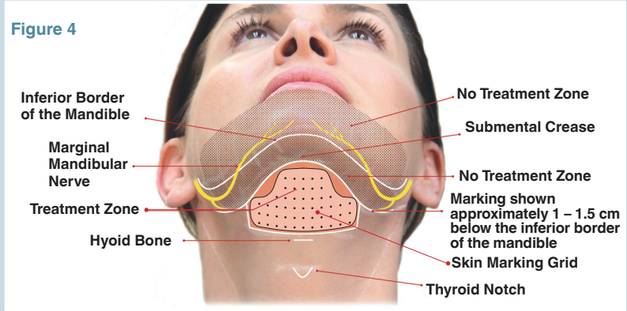
Key Anatomic Landmarks of the Cervicomental Region

Figure 3



Key Anatomic Landmarks of the Cervicomental Region

Figure 4



Hatef DA, et al. *Semin Plast Surg.* 2009;23:288-291.

Figure 5

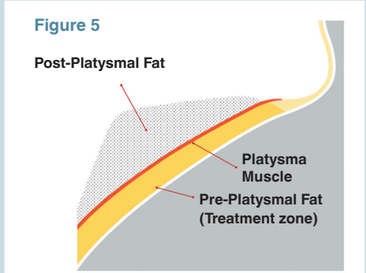
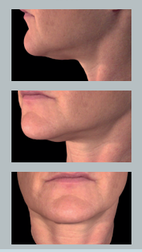
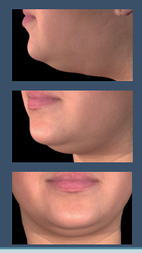
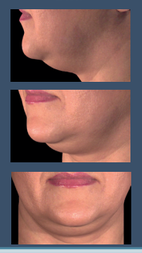


Figure on submental fullness scale

Figure 6

Scale	0	1	Indicated for Treatment 2	Indicated for Treatment 3	4
Submental convexity	Absent	Mild	Moderate	Severe	Extreme
Description	No localised SMF evident	Minimal localised SMF	Prominent Localised SMF	Marked, localised SMF	Extreme submental convexity
Representative photographs for Each score					

Adapted from McDiarmid et al. 2014.11. McDiarmid J, et al. Aesthetic Plast Surg 2014;38:849–60.CR-SMFRS, clinician-rated submental fat rating scale; SMF, .submental fat

Checklist for BELKYRA® (deoxycholic acid injection)

Patient Name:	Patient Date of Birth:
Date of Treatment:	Person Administering Treatment and Credentials:
Treatment Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 *Note: A maximum of 6 treatments may be performed.*	

PATIENT SELECTION

CHECKLIST		REMINDER
Does the patient have moderate to severe convexity or fullness associated with submental fat?	Yes ☐ No ☐	BELKYRA is only indicated for the treatment of moderate to severe convexity or fullness associated with submental fat in adults when the presence of submental fat has an important psychological impact on the patient.
Is the patient an adult (≥ 18 years)?	Yes ☐ No ☐	
Does the presence of submental fat have an important psychological effect on the patient?	Yes ☐ No ☐	
Is the patient aged 65 or above?	Yes ☐ No ☐	The clinical studies of BELKYRA did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently than younger patients. Therefore, caution should be exercised in patients aged 65 years or above as it is not known whether they respond differently than younger patients.
Does the patient have any infection at the injection site?	Yes ☐ No ☐	Presence of infection at the injection site is a contraindication.
Does the patient have excessive skin laxity, prominent platysmal bands or other conditions for which reduction in submental fat may result in an undesirable outcome?	Yes ☐ No ☐	Careful consideration should be given to the use of BELKYRA in these patients.
Has the patient been screened for other potential causes of submental convexity/fullness (e.g. thyromegaly and cervical lymphadenopathy)?	Yes ☐ No ☐	Patient should be screened prior to BELKYRA treatment.
Is the patient obese with a BMI ≥ 30?	Yes ☐ No ☐	BELKYRA should not be used in obese patients with a BMI ≥ 30.
Does the patient have body dysmorphic disorder?	Yes ☐ No ☐	BELKYRA should not be used in patients with body dysmorphic disorder.
Does the patient have inflammation or induration at the proposed injection site?	Yes ☐ No ☐	Caution should be exercised in these patients.
Does the patient have any symptoms of dysphagia?	Yes ☐ No ☐	Caution should be exercised in these patients.
Does the patient have hypersensitivity to deoxycholic acid or to any of the excipients?	Yes ☐ No ☐	Presence of hypersensitivity to deoxycholic acid or to any of the excipients is a contraindication.
Has the patient had prior surgical or aesthetic treatment of the submental area?	Yes ☐ No ☐	Changes in anatomy/landmarks or the presence of scar tissue may impact the ability to safely administer BELKYRA or to obtain the desired result.
Has the patient been informed about the risks of BELKYRA?	Yes ☐ No ☐	Ensure patients are informed about the potential risks associated with BELKYRA injection including injection site skin ulceration and injection site necrosis.
Have at least 4 weeks lapsed since previous treatment with BELKYRA?	Yes ☐ No ☐ 1st Exposure ☐	At least 4 weeks should lapse between treatments.