RHA® Redensity™

CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN OR LICENSED PRACTITIONER.

BEFORE USING RHA® Redensity™, PLEASE READ THE FOLLOWING INFORMATION THOROUGHLY

DEVICE DESCRIPTION

RHA® Redensity™ is a viscoelastic, sterile, non-pyrogenic, clear, colorless, homogeneous and biodegradable gel implant of both crosslinked and non-crosslinked hyaluronic acid. It is produced with sodium Hyaluronic Acid (NaHA) with a concentration of 15 mg/g obtained from bacterial fermentation using the *streptococcus equi* bacterial strain, crosslinked with 1,4-butanediol diglycidyl ether (BDDE) and reconstituted in a physiological buffer (pH 7.3). RHA® Redensity™ also contains 0.3% lidocaine hydrochloride to reduce pain on injection.

INTENDED USE / INDICATIONS

RHA® Redensity™ is indicated for injection into the dermis and superficial dermis of the face, for the correction of moderate to severe dynamic perioral rhytids, in adults aged 22 years or older.

CONTRAINDICATIONS

- RHA® Redensity™ is contraindicated for patients with severe allergies manifested by a history of anaphylaxis or history or presence of multiple severe allergies.
- RHA® Redensity™ contains trace amounts of gram positive bacterial proteins, and is contraindicated for patients with a history of allergies to such material.
- RHA® Redensity™ should not be used in patients with previous hypersensitivity to local anesthetics of the amide type, such as lidocaine.
- RHA® Redensity™ should not be used in patients with bleeding disorders.

WARNINGS

- RHA® Redensity™ must not be injected into blood vessels. Introduction of product into the vasculature may lead to embolization, occlusion of the vessels, ischemia, or infarction. Take extra care when injecting soft tissue fillers, for example, inject the product slowly and apply the least amount of pressure necessary. Rare but serious adverse events associated with the intravascular injection of soft tissue fillers in the face have been reported and include temporary or permanent vision impairment or blindness, cerebral ischemia or cerebral hemorrhage leading to stroke, skin necrosis, and damage to underlying facial structures. Immediately stop the injection if a patient exhibits any of the following symptoms: changes in vision, signs of a stroke, blanching of the skin, or unusual pain during or shortly after the procedure. Patients should receive prompt medical attention and possibly evaluation by an appropriate health care practitioner specialist should an intravascular injection occur.
- Product use at specific sites in which an active inflammatory process (skin eruptions such as cysts, pimples, rashes, or hives), infection or skin injury is present should be deferred until the underlying process has been controlled.
- Treatment site reactions consist mainly of short-term inflammatory symptoms (e.g., swelling, redness, tenderness, or pain) and generally resolve within 14 days. Refer to the ADVERSE EXPERIENCES section for details.
- Inflammatory reaction, anaphylactic reaction, edema, implant migration, acne, blisters, scarring, papules and delayed onset of granulomas have been reported following the use of dermal fillers.

PRECAUTIONS

- In order to minimize the risks of potential complications, this product should only be used by experienced health care practitioners who have appropriate training in filler injection techniques, and who are knowledgeable about the anatomy at and around the site of injection.
- Health care practitioners are encouraged to discuss all potential risks of soft tissue injection with their patients prior to treatment and ensure that patients are aware of signs and symptoms of potential complications.
- The safety and effectiveness for the treatment of anatomic regions other than those described in the INTENDED USE / INDICATIONS section have not been established in controlled clinical studies.
- As with all transcutaneous procedures, dermal filler implantation carries a risk of infection. Standard precautions associated with injectable materials should be followed.
- The safety in patients with known susceptibility to keloid formation, hypertrophic scarring, and pigmentation disorders has not been studied.
- The safety for use in sites in the presence of other implants (including permanent implants) has not been studied.
- The safety for use during pregnancy, in breastfeeding females, and in patients under 22 years of age has not been established.
- RHA® Redensity™ should be used with caution in patients on immunosuppressive therapy.
- Bruising or bleeding may occur at RHA® Redensity™ injection sites. RHA® Redensity™ should be used with caution in patients who are using substances that can prolong bleeding (such as thrombolytics, anticoagulants, or inhibitors of platelet aggregation).
- Injection of RHA® Redensity™ into patients with a history of previous herpetic eruption may be associated with reactivation of the herpes.
- If laser treatment, chemical peeling or any other procedure based on active dermal response is considered after treatment with RHA®1, there is a possible risk of eliciting an inflammatory reaction at the implant site. This also applies if RHA® Redensity™ is administered before the skin has healed completely after such a procedure.
- RHA® Redensity™ is to be used as supplied. Modification or use of the product outside the Instructions for Use may adversely impact the sterility, safety, homogeneity, or performance of the product.
- RHA® Redensity™ is packaged for single-use. Do not reuse a syringe after treatment. Do not re-sterilize.
- Do not use if package is opened or damaged. The sterility of the product is not guaranteed in the case of failure to comply with this precaution. Failure to comply with the needle attachment instructions could result in needle disengagement and/or product leakage at the Luer-lock and needle hub connection.
- RHA® Redensity™ is a clear, colorless gel without particulates. In the event the contents of a syringe show signs of separation and/or appears cloudy, do not use the syringe; contact Revance Therapeutics, Inc. 877-3REVNOW (877-373-8669).

ADVERSE EXPERIENCES

1. Clinical Evaluation of RHA® Redensity™

A multicenter, controlled, randomized, blinded, No-Treatment control, prospective clinical study compared the safety and effectiveness of RHA® Redensity™ versus a No-Treatment control for the treatment of moderate to severe dynamic perioral rhytids. The expected signs and symptoms that occur following the injection of a hyaluronic acid-based dermal filler (i.e., Common Treatment Responses; CTR) were individually assessed by subjects in a preprinted 14-day diary after each injection.

CTRs are commonly expected injection site responses which are temporally associated with injection of a dermal filler. Events like redness, swelling, pain, bruising, tenderness, and lumps and bumps are examples of expected CTRs. Severe CTRs, or those lasting longer than 14 days or present on the last day of the subject diary, were evaluated for conversion to an adverse event.

Subjects were asked to rate each CTR as None, Mild, Moderate or Severe:

- Mild: Little discomfort, no effect on daily activities, no medication or make-up required
- Moderate: some discomfort, some effect on daily activities, possibly medication or make-up required
- Severe: Great discomfort, daily activities compromised, very likely medication or make-up required

CTRs by severity and duration are presented respectively, in Table 1 and Table 2.

- The most frequent CTRs were bruising, swelling, redness, firmness, lumps/bumps and tenderness.
- More than 76% of the CTRs had resolved by Day 7.
- Nearly 90% of CTRs had resolved by Day 14 without treatment.
- Other than lumps/bumps, each type of CTR that was present on the last day of the 14-Day diary was present in less than 10% of subjects.
- For nearly all CTRs (more than 92%), the maximal severity reported was “Mild” or “Moderate”.
- Less than 6% of each CTR was reported as “Severe” by the subjects except for bruising (12%).
- When bruising persisted to the last day of the diary, all were deemed “Mild” by the treating investigator except 3 that were rated at “Moderate”. None were “Severe”. More than 90% of Bruises had resolved by end of 14-day diary.

Table 1. Common Treatment Responses by maximum severity after initial treatment with RHA® Redensity™ (pooled analysis)– Safety Population

Common Treatment Responses	RHA® Redensity™ (N[a]=199)				
	# of subjects with ≥1 CTR n %	Mild n %	Mod[b] n %	Sev[c] n %	# of subjects with no CTR n %
Redness	131 (65.8%)	84 (42.2%)	42 (21.1%)	5 (2.5%)	68 (34.2%)
Pain	54 (27.1%)	39 (19.6%)	13 (6.5%)	2 (1.0%)	145 (72.9%)
Tenderness	105 (52.8%)	83 (41.7%)	19 (9.5%)	3 (1.5%)	94 (47.2%)
Firmness	115 (57.8%)	79 (39.7%)	33 (16.6%)	3 (1.5%)	84 (42.2%)
Swelling	146 (73.4%)	85 (42.7%)	49 (24.6%)	12 (6.0%)	53 (26.6%)
Lumps/Bumps	115 (57.8%)	71 (35.7%)	34 (17.1%)	10 (5.0%)	84 (42.2%)
Bruising	154 (77.4%)	65 (32.7%)	65 (32.7%)	24 (12.1%)	45 (22.6%)
Itching	31 (15.6%)	26 (13.1%)	3 (1.5%)	2 (1.0%)	168 (84.4%)
Discoloration	94 (47.2%)	49 (24.6%)	34 (17.1%)	11 (5.5%)	105 (52.8%)

[a] Number of subjects’ who provided diary answers after V1/1b
[b] Mod = Moderate
[c] Sev = Severe

Table 2. Duration of Common Treatment Responses after initial treatment with RHA® Redensity™ (pooled analysis) – Safety Population

Common Treatment Responses	RHA® Redensity™ (N[a]=199)			
Duration[c]	1-3 Days	4-7 Days	8-14 Days	Last Day[d]
Redness	78 (39.2%)	35 (17.6%)	18 (9.0%)	8 (4.0%)
Pain	38 (19.1%)	10 (5.0%)	6 (3.0%)	1 (0.5%)
Tenderness	55 (27.6%)	29 (14.6%)	21 (10.6%)	10 (5.0%)
Firmness	63 (31.7%)	24 (12.1%)	28 (14.1%)	18 (9.0%)
Swelling	72 (36.2%)	40 (20.1%)	34 (17.1%)	10 (5.0%)
Lumps/Bumps	53 (26.6%)	29 (14.6%)	33 (16.6%)	26 (13.1%)
Bruising	30 (15.1%)	64 (32.2%)	60 (30.2%)	15 (7.5%)
Itching	21 (10.6%)	8 (4.0%)	2 (1.0%)	3 (1.5%)
Discoloration	39 (19.6%)	34 (17.1%)	21 (10.6%)	5 (2.5%)

[a] Number of subjects’ who provided diary answers after V1/1b
[b] Number of events by maximum duration
[c] Duration refers to number of days cited in the patient diary, irrespective of date of injection
[d] The CTR numbers indicated in the "Last Day" column are also included in the "8-14 Days" column.

Lip functionality was assessed at each visit and pre- and post-injection. It included testing:

- Lip function: ability to suck liquid through a straw
- Lip sensation: ability to feel change of lip sensation with a monofilament and cotton wisp at different locations
- Lip movement: ability to pronounce specific letters and words

All subjects were able to perform the tests successfully pre-injection and at every visit thereafter. 10% to 20% of subjects had difficult sucking through a straw, feeling the mono-filament and cotton wisp, or pronouncing certain words, right after injection. All subjects were from the same site and it was likely related to having received pre-injection additional anesthesia. All those subjects successfully completed the tests at subsequent visits.

An adverse event (AE) was defined as a treatment-related event that was not considered typical in type and/or duration and/or severity. Also, CTRs from the patient’s diary that were recorded on the last day of diary were automatically elevated to the status of adverse event, regardless of severity.

- All treatment-related AEs were mild or moderate in severity.
- Most of treatment-related AEs experienced were typical events following an injection of a hyaluronic acid-based dermal filler, such as: bruising, discoloration, erythema, injection site induration, irritation, swelling or pain. Other reported treatment-related AEs such as headache, muscle contraction or paresthesia are less typical but not unexpected following a dermal filler injection.
- All treatment-related AEs were temporally associated with a recent injection (no late onset).
- All treatment-related AEs were based on subjects' diary entries (CTRs or reported as "other") except three events at injection site assessed by the Treating Investigator during visit questioning (1 discoloration "Tyndall Effect", 1 headache, 1 oral herpes) that were reported by the Treating Investigator at time of initial injection. The "Tyndall Effect", headache and oral herpes resolved without sequelae in 384, 7 and 10 days respectively.
- The duration of treatment related adverse events varied from 1 to 90 days except for two: the "Tyndall Effect" described above and there was an involuntary muscle contraction (fasciculation, left upper lip) which appeared after re-treatment at visit 9. It was mild in severity and no treatment was provided. It was persistent and had not improved at the study exit. The investigator followed up three months later and the subject stated it resolved 2 months prior.
- No events were deemed to be a granuloma or delayed inflammatory response.
- There were no events of vascular occlusion
- There were no late onset treatment-related AEs.
- There were no treatment-related serious AEs.

The incidence of treatment- related AE incidence rates was not different in subjects with higher Fitzpatrick skin types.

There were no reported cases of scarring, keloid formation or hyperpigmentation.

2. Post-marketing Surveillance

The following adverse events were reported as part of post-marketing surveillance on the use of RHA® Redensity™ outside the United States with a prevalence equal or superior to 1 occurrence for 100,000 syringes: edema, injection site masses (lumps and bumps), inflammatory nodules (papules), skin swelling, skin induration, vascular skin disorder (such as vessel compression/occlusion), pain, ecchymosis, and inflammatory reaction. Additionally, other less frequent adverse reactions have also been reported, and include dermal filler overcorrection, allergic reaction, product misplacement, skin discoloration, skin necrosis, erythema, granuloma, injection site movement impairment/paraesthesia, skin atrophy and tenderness.

In many cases the symptoms resolved without any treatment. Reported treatments and procedures included the use of (in alphabetical order): analgesics, antibiotics, anti-histamines, anti-inflammatories, anti-viral, implant dissolution (hyaluronidase), drainage, excision, incision, massage, and vasodilators.

CLINICAL STUDY

The safety and effectiveness of RHA® Redensity™ in the correction of moderate to severe dynamic perioral rhytids, was evaluated in a US/Canadian pivotal clinical study described hereafter.

1. Pivotal Study Design

A randomized, blinded, No-Treatment control, multicenter, prospective pivotal clinical study was conducted to evaluate the clinical safety and effectiveness of RHA® Redensity™ in the US and in Canada.
Subjects were randomly assigned to the RHA® Redensity™ treatment group or to the "No-Treatment" control group. The Treating Investigator administered the study device to the upper and lower perioral area, including as necessary, into the vermillion border of the lip. Subjects could receive a touch-up treatment 2 weeks after the initial treatment to optimize the results.
The follow-up period consisted of safety and effectiveness follow-up visits at 4, 8, 12, 16, 24, 36, and 52 weeks after the last treatment and 4 weeks after repeat treatment. The primary endpoint was at Week 8 after last treatment (initial treatment or touch-up).
Subjects were eligible for optional retreatment if necessary at Weeks 12, 16, 24 or 36. Subjects were also offered retreatment at Week 52, and were then followed for 1 month after retreatment or until all Adverse Events (AEs) resolved.
Subjects randomized to the "No-Treatment" control group received their first treatment after the primary endpoint evaluation (Week 8 after randomization) and then followed the same schedule as the initial treatment group until 52 weeks after repeat treatment.

2. Study Endpoints

The primary effectiveness endpoint was the analysis of superiority of RHA® Redensity™ versus the No-Treatment control, in terms of rate of responders (≥ 1 grade difference from pre-treatment on the PR-SRS) at 8 weeks after injection, as measured by the Blinded Live Evaluator (BLE) using a proprietary and validated 4-grade scale for scoring the severity of perioral rhytids, PR-SRS score.
Secondary effectiveness endpoints included Global Aesthetic Improvement (GAI), as assessed by the subject, TI and the BLE, impact and effectiveness of study treatment procedures from the subjects' perspective as assessed by the perioral rhytids domain of the FACE-Q©, subject satisfaction and an 11-point scale for Natural Look and Fell as assessed by the subjects.
Safety endpoints were evaluated throughout the study, with a 14-day subject diary capturing post-injection signs/symptoms following every study injection, and AE assessments at each visit. Injection site pain was self-assessed by the subject using a 100mm Visual Analog Scale.

3. Demographics

A total of 202 subjects (38 to 81 years old) were allocated to RHA® Redensity™ and No-treatment control groups. 163 subjects were in the US and 39 in Canada. 199 subjects were included in the ITT population (pooled population).
Subjects' demographics are presented in Table 3.

Table 3. Demographics

Number / % of subjects	RHA® Redensity™ N[a]=150		No-Treatment N[a]=52	
Age				
Mean (SD)	61.6	(7.2)	60.7	(7.6)
min max	38	81	46	77
Gender				
Female	147	98.0%	51	98.1%
Male	3	2.0%	1	1.9%
Race				
White	143	95.3%	52	100%
Black or African American	4	2.7%	0	0.0%
Am.Indian/N. Alask.	1	0.7%	0	0.0%
N. Hawaiian/P. Isl.	0	0.0%	0	0.0%
Asian	2	1.3%	0	0.0%
Other	0	0.0%	0	0.0%
Ethnicity				
Hispanic/Latino	25	16.7%	10	19.2%
Not Hispanic/Latino	125	83.3%	42	80.8%
Fitzpatrick Skin Phototype				
I-III	**147 (72.8%)**			
I	18	12.0%	6	11.5%
II	37	24.7%	13	25.0%
III	55	36.7%	18	34.6%
IV-VI	**55 (27.2%)**			
IV	29	19.3%	12	23.1%
V	8	5.3%	3	5.8%
VI	3	2.0%	0	0.0%

[a] All randomized subjects

4. Treatment Characteristics

The overall total mean volume of RHA® Redensity™ injected to achieve optimal correction results was 2.8 mL. The study protocol allowed a maximum of 6.0 mL per treatment session. The proportion of subjects who received touch-up treatment with RHA® Redensity™ at Week 2 was 68.1%.

RHA® Redensity™ was administered into the dermis and superficial dermis using different injection techniques to ensure a satisfactory result of the treatment of dynamic perioral rhytids.
In general, a linear threading technique combined with multiple punctures was used for 91.0% of the subjects treated with RHA® Redensity™.

5. Effectiveness Results

The primary effectiveness endpoint was met for RHA® Redensity™. The primary effectiveness endpoint was based on the responder rate as assessed (using the PR-SRS) by the BLE at 8 weeks after baseline. A subject was considered to be a PR-SRS responder if he/she presented with a ≥1-point improvement from pre-treatment (baseline). To successfully achieve the co-primary endpoint: 1) the responder rate for subjects with RHA® Redensity™ must be statistically superior to the responder rate for the No-Treatment control, and; 2) the responder rate for subjects treated with RHA® Redensity™ must be ≥70% and; 3) the difference between the responder rate for subjects treated with RHA® Redensity™ and the No-Treatment group must be ≥50 points.
The proportion of responders, showing ≥1-grade improvement on the PR-SRS was 80.7% in the treatment group and 7.8% in the No-Treatment group. Results are presented in Table 4.

Table 4. Responder rate assessed by a Blinded Live Evaluator at primary endpoint

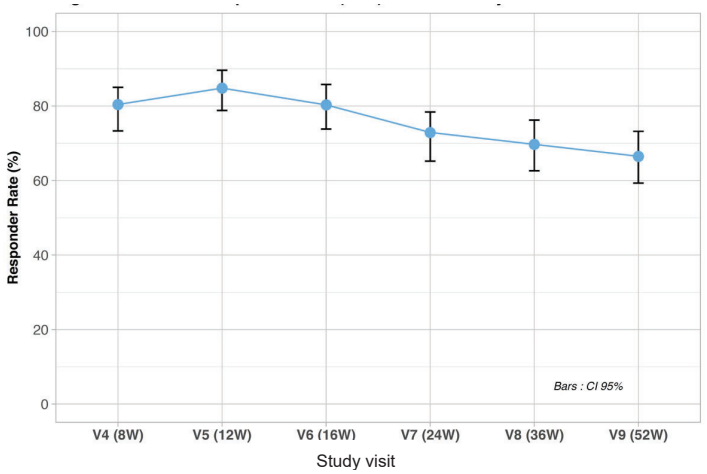
PR-SRS Responder Rate (BLE)		RHA® Redensity™	No-Treatment	P-value[b]
Week 8	**N[a]**	**150**	**51**	
	Responder	121 (80.7%)	4 (7.8%)	<0.0001
	Not responder	29 (19.3%)	47 (92.2%)	
	Missing values	0	0	

[a] ITT population – BLE assessment – Last Observation Carried Forward (LOCF)
[b] Responder = at least 1-point improvement from Baseline. P-value from Fisher's Exact Test

The results demonstrated superiority of RHA® Redensity™ against No-Treatment control at 8 weeks for the treatment of perioral rhytids. In analyses of the pooled population, RHA® Redensity™ demonstrated durability with PR-SRS (BLE assessment) responder rates of 80.4%, 72.9% and 66.5% at Weeks 8, 24 and 52, respectively.

Throughout the follow-up period, the aesthetic improvement of the perioral rhytids treated with RHA® Redensity™ continued to be clinically significant (≥ 1 grade difference from pre-treatment on the PR-SRS) for more than 66% of the subjects at 52 weeks after initial treatment (Figure 1).

Figure 1. Proportion of responders on the Perioral Rhytids Severity Rating Scale (PR-SRS) measured by a Blinded Live Evaluator for RHA® Redensity™



RHA® Redensity™ No-Treatment Control (pooled)	Week 8	Week 12	Week 16	Week 24	Week 36	Week 52
N	194	184	183	188	188	188
Responder (BLE assessment)	156 (80.4%)	156 (84.8%)	147 (80.3%)	137 (72.9%)	131 (69.7%)	125 (66.5%)
Not Responder (BLE assessment)	38 (19.6%)	28 (15.2%)	36 (19.7%)	51 (27.1%)	57 (30.3%)	63 (33.5%)

ITT populations at the respective follow-up visits
Rate of responders: ≥ 1 grade difference from pre-treatment on the PR-SRS

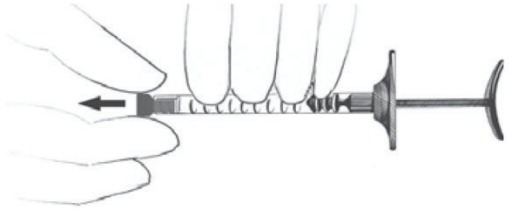
On the Global Aesthetic Improvement (GAI) scale, more than 92% of the subjects, TIs and BLEs reported that the perioral rhytids treated with RHA® Redensity™ were improved or very much improved at 8 weeks and this proportion remained greater than 80% up to week 52. In addition, based on the Perioral Rhytids domain of the FACE-Q© questionnaire, the subjects consistently reported improvement up to 52 weeks with a mean score change of more than 36 points from baseline throughout the follow-up period. Subjects were asked six questions within the FACE-Q© Perioral Rhytids Domain and reported being less bothered by the number and depth of lines, how noticeable lines were after treatment

with RHA® Redensity™. Further, based on the FACE-Q© questionnaire, subjects reported being less bothered by how perioral lines looked compared to other people their age, how old the lines made them look, and how their lines appeared when their lips are puckered.

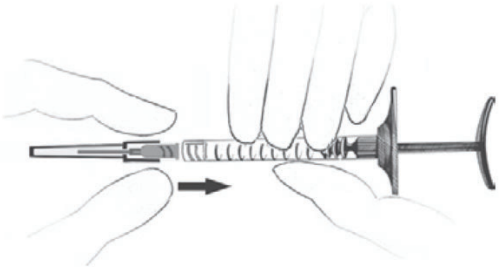
More than 90% of the subjects reported to be satisfied or very satisfied 8 weeks after initial treatment and the rate of satisfaction remained at more than 88% at 52 weeks (the scale grades were: very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied or very dissatisfied).
More than 78% of the subjects received repeat treatment. The effectiveness and safety profiles after repeat treatment were similar to that after initial treatment.

DIRECTIONS FOR ASSEMBLY OF THE NEEDLE TO THE SYRINGE

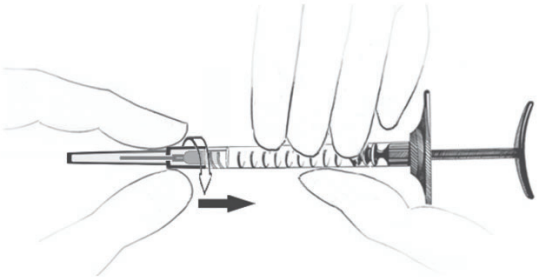
1. Remove the stopper from the syringe by pulling it off.



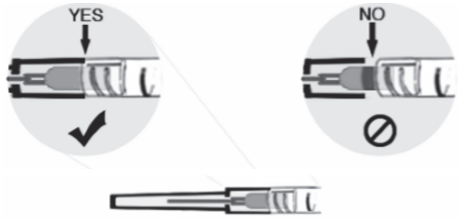
2. Insert the screw thread of the needle firmly into the syringe end-piece.



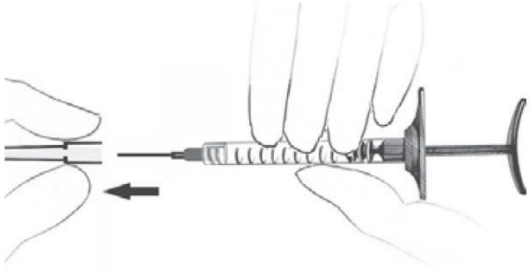
3. Screw the needle clockwise, while maintaining slight pressure between the needle and the syringe.



4. Continue screwing until the edge of the cap of the needle contacts the body of the syringe. There must be no space between these two parts. Failure to follow this instruction means that the needle could be ejected and/or leak at the Luer-lock.



5. Remove the needle's protective cap by pulling it firmly with one hand while holding the body of the syringe with the other.



DIRECTION FOR INJECTIONS

Before and after treatment, health care practitioners are encouraged to conduct vision assessments, including visual acuity, extraocular motility, and visual field testing. Health care practitioners are encouraged to be prepared with the following in the event of an intravascular injection:

- ensuring supplies are immediately available, as recommended by the American Society for Dermatologic Surgery guidelines
- identifying a local ophthalmologist or ophthalmology subspecialist to be available in the event of an ophthalmic adverse event related to a dermal filler injection
- conducting a basic neurologic examination in the event of an ophthalmic adverse event due to the association of such events with central nervous system deficits

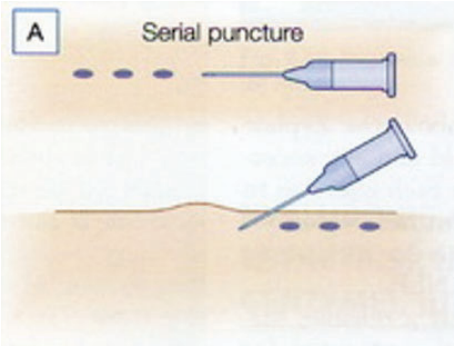
PRE-TREATMENT GUIDELINES

- Prior to treatment, the patient should avoid taking medications or supplements which thin the blood (e.g., aspirin, nonsteroidal anti-inflammatory medications, St. John's Wort, high doses of Vitamin E supplements, anti-coagulants) as these agents may increase bruising and bleeding at the injection site.
- Before starting treatment, a complete medical history should be taken from the patient and the patient should be counseled on appropriate indications, risks, and should be informed about the expected treatment results, and expected responses. The patient should be advised of the necessary precautions before commencing the procedure.
- Prior to treatment with RHA® Redensity™ the patient should be assessed for appropriate anesthetic treatment for managing comfort (e.g., topical anesthetic, local or nerve block). The patient's face should be washed with soap and water and dried with a clean towel. Cleanse the area to be treated with alcohol or another suitable antiseptic solution.
- Sterile gloves are recommended while injecting RHA® Redensity™.
- Before injecting, prime the needle by carefully pressing the syringe plunger until a small droplet of the gel is visible at the tip of the needle.

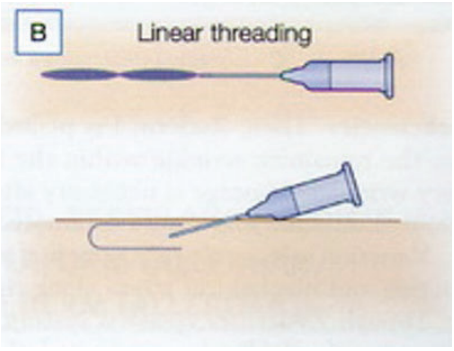
INJECTION TECHNIQUES

- RHA® Redensity™ can be administered by using a thin gauge needle (30 G x ½") and with a number of different techniques that depend on the injector's experience and preference, and patient characteristics.
  - **A.** Preclinical testing between the following needles brands (TSK HPC, TSK PRC, Terumo TW, Terumo ETW) and the syringe has confirmed that the interoperability and compatibility is reliable and safe. **Serial puncture:** consists of multiple injections, evenly and closely spaced perpendicular to the lines. This

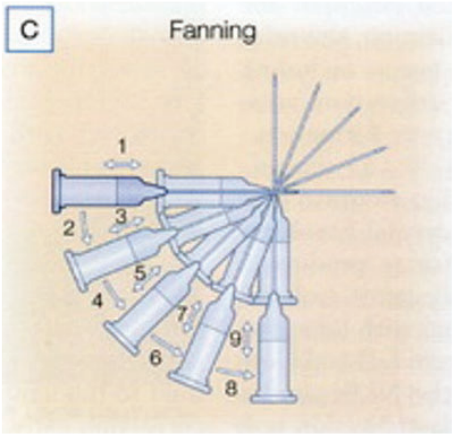
technique is considered to be more precise, but may result in more discomfort for the patient due to the number of punctures.



B. Linear threading: the needle is fully introduced in the wrinkle or the fold, and the product is injected along the line, as a "thread", while withdrawing (retrograde) or pushing (antegrade) the needle.



C. Fanning technique: the needle is introduced as for the *Linear threading technique*, and the product is injected along several closely spaced lines, by changing the direction of the needle, all using the same puncture site (the needle is not withdrawn).



- RHA® Redensity™ is injected slowly into the dermis. If the injection is made too deeply, i.e. into sub-cutaneous tissue, the correction may not be as expected. It is possible to tell when an injection is being made too deeply because subcutaneous tissue, unlike the dermis, does not offer any resistance to product injection, the injected product may not be visible as a raised elevation on the skin and correction of the lines may not be achieved.
- The injection should be stopped before withdrawing the needle from the skin, to prevent product from leaking out, or product misplacement (too superficially in the skin).
- The volume to be injected depends on the correction to be performed, but it is important to not overcorrect. Based on the US clinical study, patients should be limited to 6.0 mL per patient per treatment session in perioral rhytids. The safety of injecting greater amounts has not been established.
- Any blanching appearing through the vascular flow may represent a vessel occlusion. If normal skin coloring does not return, do not continue with the injection. Treat in accordance with American Society for Dermatologic Surgery guidelines, which include hyaluronidase injection.
- If the perioral lines need further treatment with RHA® Redensity™, the same procedure should be repeated until a satisfactory result is obtained.

POST-TREATMENT GUIDELINES

- When the injection is completed, the treated site may be gently massaged so that it conforms to the contour of the surrounding tissues. If an overcorrection has occurred, massage the area firmly between your fingers or against an underlying area to obtain optimal results.
- If the treated area is swollen immediately after the injection, an ice pack can be applied to the site for a short period (e.g., 5-10 minutes). Ice should be used with caution if the area is still numb from anesthetic to avoid thermal injury.
- After use, syringes may be potential biohazards. Follow national, local, or institutional guidelines for use and disposal of medical biohazard devices. Obtain prompt medical attention if injury occurs.

STERILE NEEDLES

- After use, needles are potential biohazards. Follow national, local, or institutional guidelines for use and disposal of medical sharp devices (e.g. discard uncapped needles in approved sharps containers).
- Obtain prompt medical attention if injury with used needle occurs.
- To help avoid needle breakage, do not attempt to straighten a bent needle. Discard it and complete the procedure with a replacement needle.
- Do not recap needles. Recapping by hand is a hazardous practice and should be avoided.
- RHA® Redensity™ is provided with 2 needles that do not contain engineered injury protection. Administration of RHA® Redensity™ requires direct visualization and complete and gradual insertion of the needle making engineered protection devices not feasible. Care should be taken to avoid sharps exposure by proper environmental controls.

PATIENT INSTRUCTIONS

A patient information brochure is available on request, or via the website www.revance.com.

It is recommended that the following information be shared with patients:

- Patients should be advised not to wear make-up during 12 hours following injection.
- Patient should be advised not to take high-dose Vitamin E, aspirin, anti-inflammatories or anti-coagulants during the week prior to the injection. Patients must not discontinue such treatment without talking with their prescribing physician.
- Patients should minimize exposure of the treated area to excessive sun, UV lamp exposure and extreme temperatures (e.g. cold weather, sauna) at least within the first 24 hours, or until initial swelling and redness has resolved. Exposure to any of the above may

cause/exacerbate and/or extend the duration of temporary redness, swelling, and/or itching at the treatment sites.

- Patients should notify the injector if any of the following occurs:
  - Changes in vision
  - Unusual pain during or shortly after treatment
  - Significant pain away from the injection site
  - Signs of a stroke
  - Any redness and/or visible swelling that lasts for more than a week
  - Any side effect other than those described above or that occur weeks or months after injection
- Adverse reactions should be reported to Revance Therapeutics, Inc at 877-3REV-NOW (877-373-8669) and to Medical-us@teoxane.com.

How Supplied

RHA® Redensity™ is supplied in individual blisters containing a 1 mL treatment syringe with two 30 G x ½" needles as indicated on the carton.

The content of the syringe is sterile and non-pyrogenic. Do not re-sterilize. Do not use if package is opened or damaged.

Each syringe is packaged into a blister with two unique device identifier traceability labels.

Shelf-Life and Storage

RHA® Redensity™ must be used prior to the expiration date printed on the package.

Store at room temperature (up to 25°C/77°F). Do not expose to direct sunlight. DO NOT FREEZE. Do not store partially used syringes.

Manufactured by:
TEOXANE SA.
Rue de Lyon, 105
1203 Geneva
Switzerland

Distributed by:
Revance Therapeutics, Inc.
1222 Demonbreun Street,
Suite 2000
Nashville, Tennessee 37203

Under license U.S. Pat. Nos. 8, 450, 475 ; 8,822, 676 ;
9,089 ,517 ; 9,089, 518 ; 9 ,089 ,519 ; 9 ,238,013 ; 9,358, 322.

Symbols


Manufacturer's name and address

Catalog number

Lot / batch number


Expiration date (YYYY-MM-DD)


Consult Instructions for use


Single use only

Sterilized using steam


Do not use if the package is damaged

RxOnly
Caution: Federal law restricts this device to sale by or on the order of a physician or license practitioner