



TRUST.

3M+ implantations¹

EVIDENCE.

~900 publications²

EXPERIENCE.

Over 25 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. This product is intended for single patient one-time use only. ALLODERM SELECT™ RTM is not indicated for use as a dural substitute or intended for use in veterinary applications.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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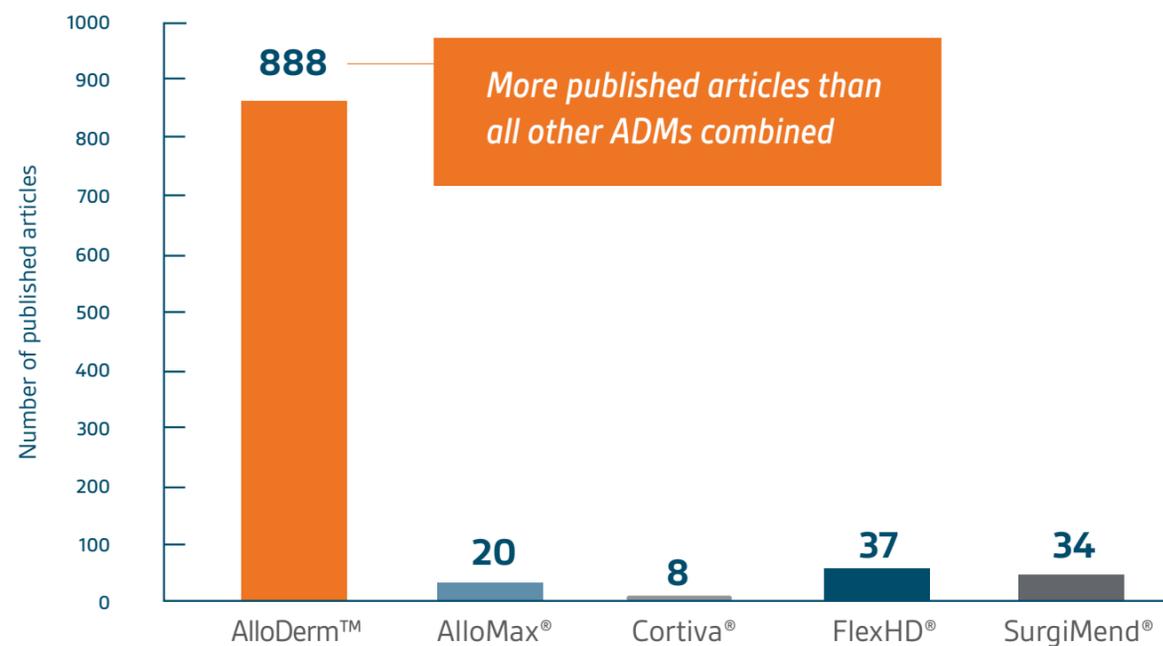
Please see additional Important Safety Information throughout this brochure.

Trusted by plastic surgeons,^{4*}

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

 Proprietary tissue processing	 Proven tissue regeneration^{6†}
 Most-used ADM⁵	 Over 3 million implantations¹
 Extensive coding, coverage, and reimbursement⁷	 Comprehensive portfolio with ongoing innovation

Most-studied ADM, with nearly 900 scientific[†] and clinical articles²



*According to surgeon survey data, May 2022.

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

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 3 million implants have been used overall, with no documented disease transmissions.^{1,10}**



The LifeCell Tissue Process 3-phase approach



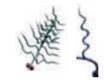
The end result: AlloDerm™ RTM

- 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

Components of an undamaged matrix

- 
PROTEOGLYCANS¹²
 Guide revascularization and cell repopulation and regulate extracellular matrix structure through assembly and construction

- 
FIBRONECTIN¹³
 Mediates a variety of cellular interactions; modulates cell adhesion, migration, growth, and differentiation

- 
FIBRILLAR COLLAGENS¹⁴
 Provide structure and tensile strength

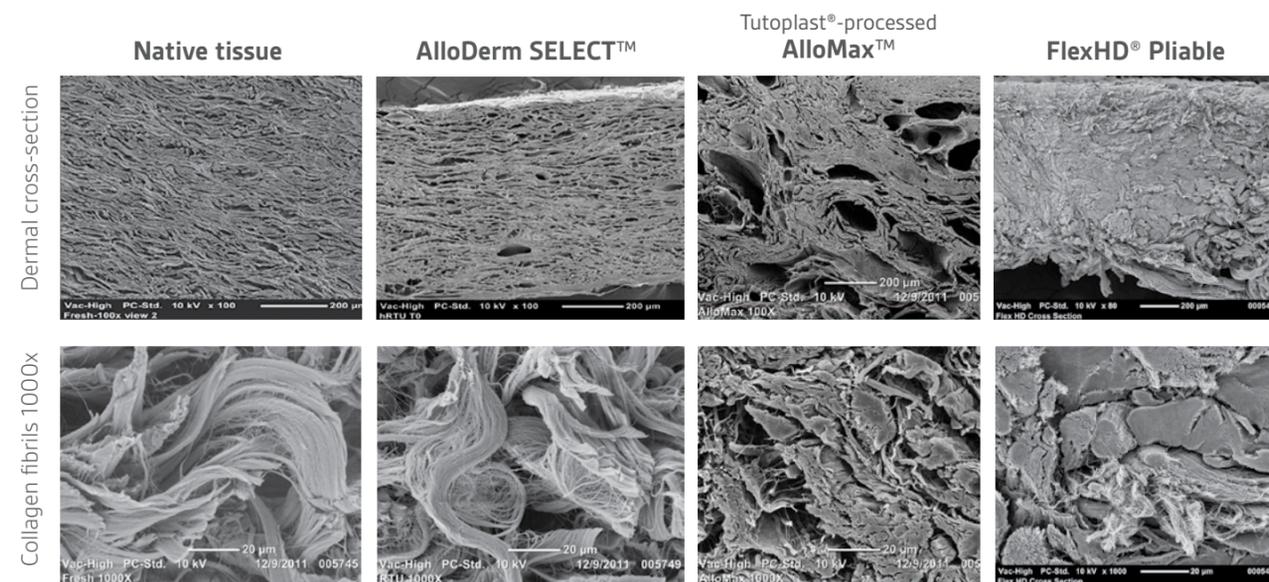
- 
VASCULAR CHANNELS⁶
 Provide blood flow throughout the matrix, enabling initial revascularization

- 
ELASTIN¹⁴
 Functions with collagen to provide elasticity and recoil

- 
HYALURONAN¹⁵
 Controls tissue hydration and maintains the elastoviscosity of connective tissues throughout the body

AlloDerm™ RTM has a similar structure to native dermis¹⁶

Dissimilar collagen structure

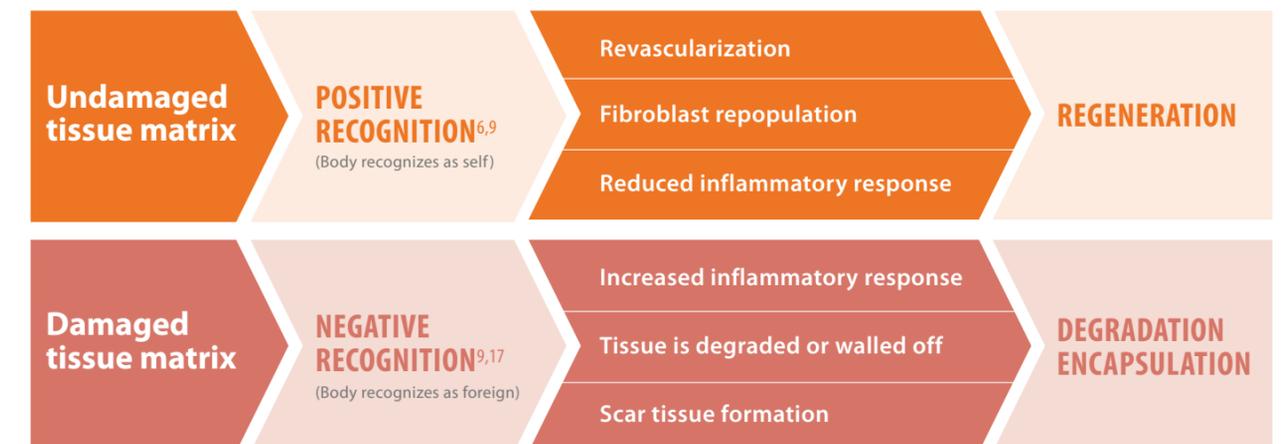


Ultrastructural out-of-package morphology of surgical scaffolds as compared with native human dermis (1000x scanning electron micrographs) revealed that AlloDerm SELECT™ RTM had a similar structure to native dermis.

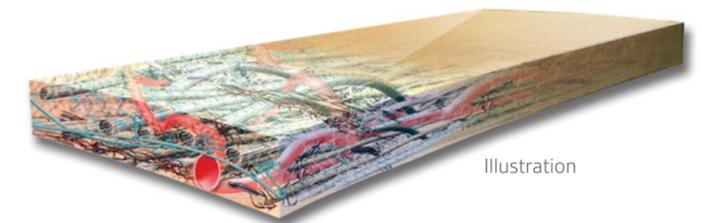
As shown in preclinical animal studies, NOT ALL ADMS ARE THE SAME

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. An intact extracellular tissue matrix contains the ideal scaffold, with critical cellular and biochemical components to support the regenerative process.^{6,9}



AlloDerm™ RTM is an undamaged, intact acellular dermal matrix that enables positive recognition and supports regeneration, 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 (continued)

WARNINGS (continued)

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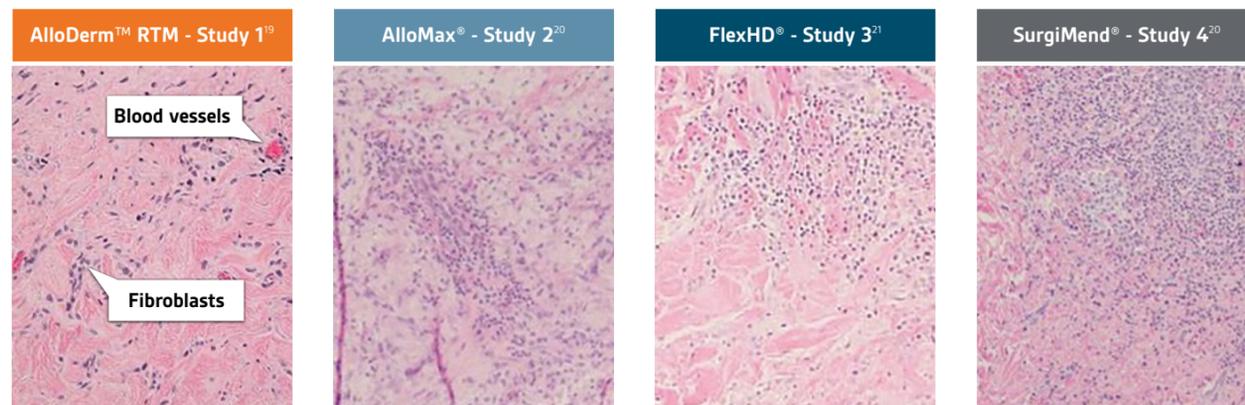
Please see additional Important Safety Information throughout this brochure.

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

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

Damaged matrices experience delayed revascularization, which impedes white blood cell migration and fibroblast formation.^{6,9,17,18*}

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. Each image is shown stained with Hematoxylin & Eosin (H&E) at 200x 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.²²

Resists infection
Formation of intact vascular channels allows white blood cells to migrate to the site of an infection to minimize risk.²³

Prevents necrosis
Cellularized tissue matrices that do not revascularize will necrose.²⁴

IMPORTANT SAFETY INFORMATION (continued)

PRECAUTIONS

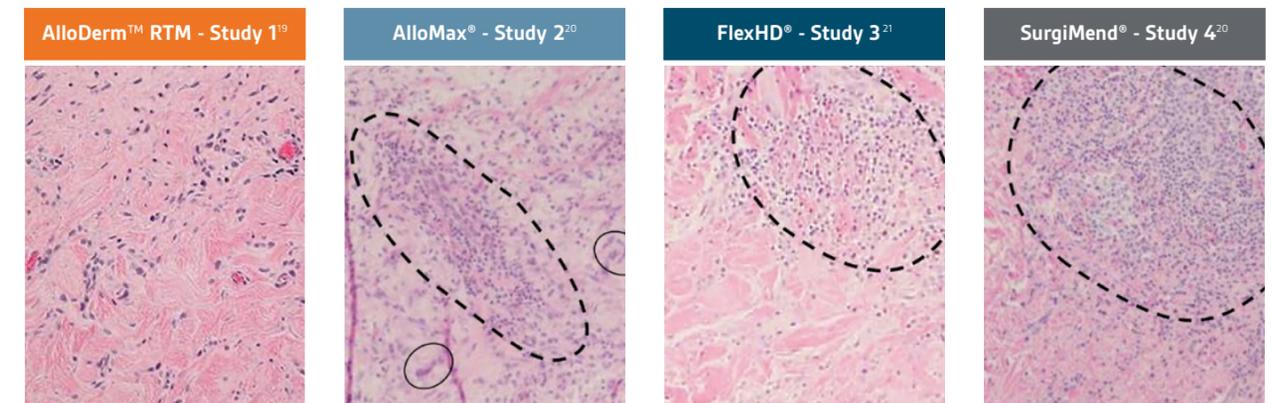
Poor general medical condition or any pathology that would limit the blood supply and compromise healing should be considered when selecting patients for implanting ALLODERM SELECT™ RTM as such conditions may compromise successful clinical outcome. Whenever clinical circumstances require implantation 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 are viewed by the body as foreign and trigger a chronic inflammatory response that leads to matrix degradation or encapsulation, which may impede regeneration.^{6,9,17*}

Minimal inflammatory response



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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.^{25,26}

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.^{27,28}

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.

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

Positive recognition of AlloDerm™ RTM supports a regenerative rather than fibrotic response, as shown in preclinical models

The body recognizes and responds to implanted materials either positively or negatively. Negative recognition causes excessive or prolonged inflammation and often promotes scar formation, while positive recognition causes minimal inflammation and supports regeneration.^{8,29*}



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

The negative effects of scar formation

Weak

Scar tissue has suboptimal functional, biomechanical, and physiological characteristics. It is weaker than normal fascia.^{25,26}

Contractile

A damaged tissue matrix is more likely to result in greater levels of scar and subsequent contracture. In a primate model, AlloDerm™ RTM demonstrated minimal contraction.^{17,19}

Causes visual deformities

Graft contraction can cause a visual deformity (loss of domain) and reduce function and mobility of the tissue.²⁵

IMPORTANT SAFETY INFORMATION (continued)

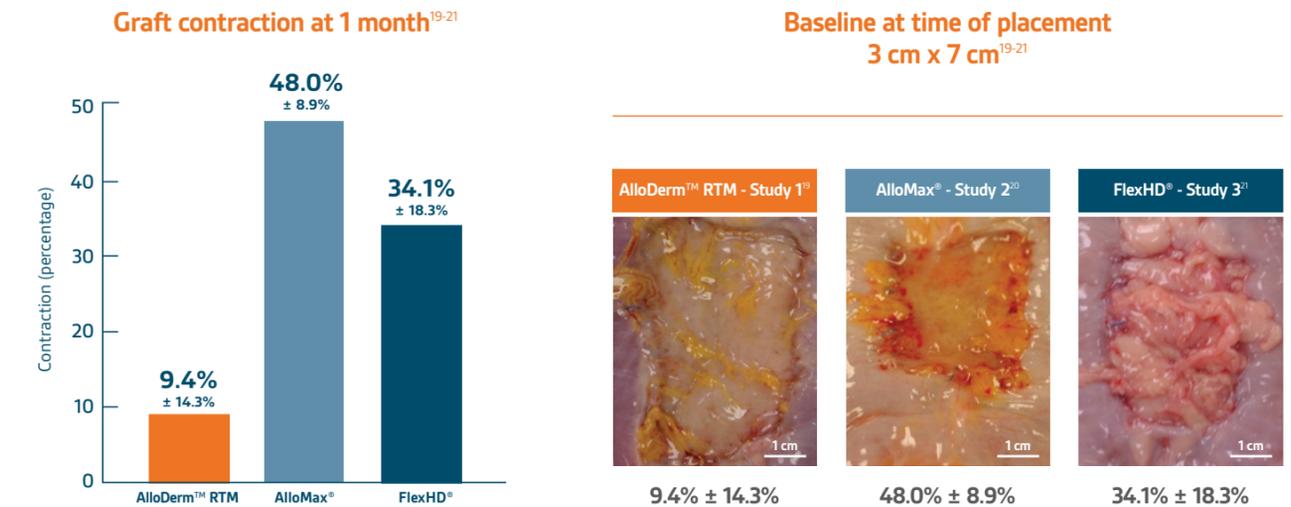
PRECAUTIONS (continued)

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...REGENERATION IS KEY

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.^{6,9,16,19*}



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 tissue matrices were fixated to the edges of a 3 x 7 cm full-thickness defect in the abdominal wall of 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.¹⁷

Loss of support

Damaged ADMS have demonstrated decreased biomechanical healing strength and diminished graft integrity.²⁹

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.^{6,17,30}

IMPORTANT SAFETY INFORMATION (continued)

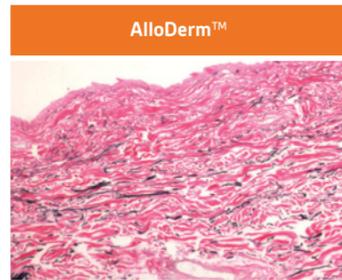
ADVERSE EVENTS

The most commonly reported adverse events associated with the implant of a tissue graft include, but are not limited to the following: wound or systemic infection; seroma; dehiscence; hypersensitive, allergic or other immune response; and sloughing or failure of the graft.

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SEE THE ALLODERM™ RTM DIFFERENCE

AlloDerm™ RTM offers desired pliability and handling^{4,31}



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^{6,9,14}

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.^{9,16*}

*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.^{16,32}</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.^{8,16}</p>
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10 Please see additional Important Safety Information throughout this brochure.

EXTENSIVE INSURANCE COVERAGE

from major payors in the US⁷

AlloDerm™ RTM meets the highest standards of medical necessity to be specifically named and covered by major payors in the US⁷

Commercial insurance company ⁷	AlloDerm™ RTM Q4116 ³⁴
UnitedHealthcare®	<p>Top 10 insurers covering AlloDerm™ RTM in the US</p>
Anthem®	
Aetna®	
Cigna®	
Kaiser Permanente®	
Blue Cross and Blue Shield of Illinois	
Blue Cross and Blue Shield of Texas	
Blue Cross Blue Shield of Michigan	
Blue Shield of California	
Florida Blue	

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(Closed on major observed holidays)

AllerganPRM@thepinnaclehealthgroup.com

1.888.543.3656 1.877.499.2986



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)

WARNINGS

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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



Sterile⁷



Ready to use with a minimum 2-minute soak⁸



Zero documented disease transmissions¹⁰



Able to be stored without refrigeration⁸

32 SIZES • 5 THICKNESSES • 4 TEXTURES • 3 SHAPES

Thickness offerings for different applications

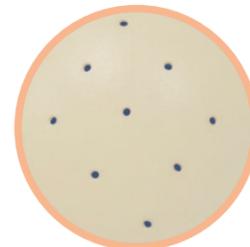


X-Thin: 0.55 ± 0.25 mm
Thin: 1.0 ± 0.2 mm
Medium: 1.6 ± 0.4 mm
Thick: 2.4 ± 0.4 mm
X-Thick: 3.4 ± 0.6 mm

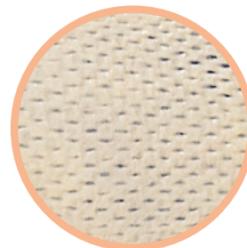
Textured to suit your needs



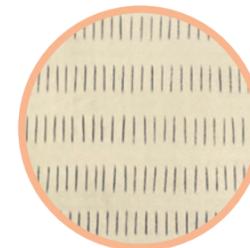
NON-TEXTURED



PERFORATED



FENESTRATED



MESHED (1:1)

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS (continued)

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...TO MEET YOUR NEEDS

Perforated options facilitate regeneration



FLUID COMMUNICATION

Designed to allow fluid to move through the matrix at time of implantation³⁵



INTEGRATION

Perforations designed to facilitate tissue ingrowth³⁵



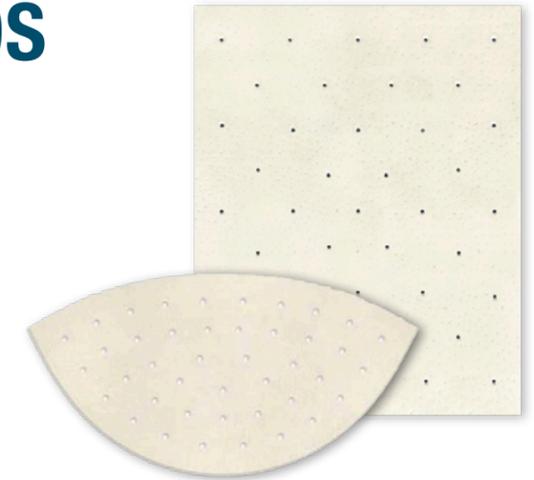
STRENGTH

Perforation pattern designed to maintain similar strength to nonperforated AlloDerm SELECT™ RTM



PROPRIETARY DESIGN

3 mm in diameter, covers <3% of matrix. Tissue perimeter designed to accommodate suturing³⁶



Shapes designed to facilitate placement

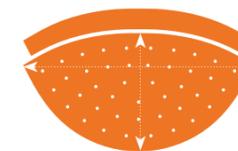
- May help reduce time required for product trimming
- May make intraoperative placement easier and more predictable
- Available in perforated and nonperforated

Contour



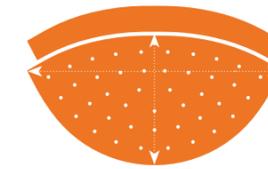
CONTOUR SMALL

7.3 x 14.7 cm
Coverage: 77 cm²



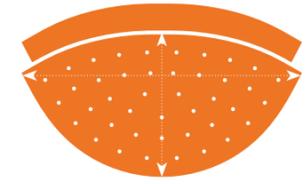
CONTOUR MEDIUM

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)

WARNINGS (continued)

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To report an adverse reaction, please call Allergan at 1.800.433.8871.

References: 1. Data on file, Allergan, 2021; Number of AlloDerm™ Units Sold. 2. Data on file, Allergan. Search performed on PubMed in November 2022. 3. Wainwright DJ. Use of an acellular allograft dermal matrix (AlloDerm) in the management of full-thickness burns. *Burns*. 1995;21(4):243-248. 4. Data on file, Allergan Aesthetics. ADM/AlloDerm Perception (AU). May 2022. 5. Data on file, Allergan Aesthetics; July 2022. Plastic Surgery Aesthetic Monthly Tracker. 6. Xu H, Wan H, Sandor M, et al. Host response to human acellular dermal matrix transplantation in a primate model abdominal wall repair. *Tissue Eng Part A*. 2008;14(2):2009-2019. 7. Data on file, Allergan Aesthetics, October 2022; Payor Covered Lives. 8. AlloDerm Regenerative Tissue Matrix (RTM) Instructions for Use, 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 2021. 11. Data on file, Allergan. December 2016. HIV Viral Safety Profile of AlloDerm RTM. 12. Ludwig MSW. Proteoglycans and pathophysiology. *J Appl Physiol* (1985). 2007;103(3):735-736. 13. Pankov R, Yamada KM. Fibronectin at a glance. *J Cell Sci*. 2002;115(pt20):3861-3863. 14. Frantz C, Steward KM, Weaver VM. The extracellular matrix at a glance. *J Cell Sci*. 2010;123(pt24):4195-4200. 15. Necas J, Bartosikova L, Brauner P, Kolar J. Hyaluronic acid (hyaluronan): a review. *Vet Med (Praha)*. 2008;53(8):397-411. 16. Data on file, Allergan; Study Report LRD2016-08-014. 17. 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. 18. Data on file, Allergan; Study Report LRD2005-08-003. 19. Data on file, Allergan; Study Report LRD2010-04-005. 20. Data on file, Allergan; Study Report LRD2006-02-004. 21. Data on file, Allergan; Study Report LRD2006-10-012. 22. 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. 23. 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. 24. 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. 25. Xue M, Jackson CJ. Extracellular matrix reorganization during wound healing and its impact on abnormal scarring. *Adv Wound Care*;2015(4):119-136. 26. 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. 27. Buchanan E, Yoo D. Use of biologic extracellular matrix in two ways to reduce cardiac electronic device infection. *Cureus*. 2021;13(1):e13037. 28. 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. 29. 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. 30. Data on file, Allergan; Study Report LRD2010-05-002. 31. Data on file, Allergan; Study Report LRD2017-06-009. 32. Sherris DA, Oriol BS. Human acellular dermal matrix grafts for rhinoplasty. *Aesthetic Surg J*. 2011;31(7S):955-1005. 33. Khansa I, Janis JE. Modern reconstructive techniques for abdominal wall defects after oncologic resection. *J Surg Oncol*. 2014;1-12. 34. US Federal Register. December 14, 2017; Vol 82(239). CMS-1678-FC; 42 CFR parts 414, 416, and 419. Office of the Federal Register, National Archives and Records Administration. Washington, DC. 35. Data on file, Allergan; Study Report LRD2015-05-002. 36. Data on file, Allergan; Study Report LRD2012-10-015.

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