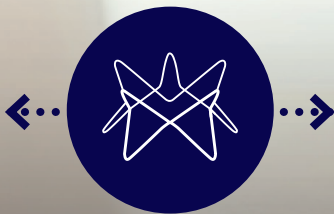


Medtronic

PROPEL™ mometasone furoate sinus implant

PROPEL implant releases mometasone furoate

Your localized drug delivery treatment for
improved postsurgical outcomes



OPENS + DELIVERS

PROPEL implants feature an innovative 2-in-1 mechanism that opens in the sinuses while **delivering mometasone furoate**, a potent and targeted corticosteroid, which readily absorbs into tissue with limited systemic absorption^{1-4*}

*Pre-clinical animal data.

Explore how **PROPEL implants** can improve postsurgical outcomes in your patients at [PROPELOpens.com](https://www.propeleopens.com)

MOMETASONE FUROATE DELIVERS THE COMBINATION OF POTENCY + SAFETY

+ Mometasone furoate was selected for use in PROPEL implant for its sinonasal drug characteristics⁵⁻⁷



Highly lipophilic

Readily absorbs into tissue



Targeted + potent

High glucocorticoid receptor affinity



Low systemic bioavailability

Minimizes systemic effects

+ Not all steroids are created equal

Topical Corticosteroid	Brand Name Examples	Modes of Topical Sinonasal Delivery	Lipophilicity ^{5*}	Glucocorticoid Potency ^{6†} (Receptor Affinity)	Systemic Bioavailability ^{7‡}
Dexamethasone	Decadron®	Injectable applied to nasal dressing	Very Low (<1.0) ⁸	Very Low (100)	High (76%)
Triamcinolone acetonide	Kenalog® Nasacort® AQ	Injectable applied to nasal dressing, spray	Low (1.0)	Low (233)	Medium (46%)
Budesonide	Rhinocort®, Aqua, Pulmicort®	Spray, respules mixed with saline for irrigation	Low (1.6)	Intermediate (935)	Medium (34%)
Fluticasone propionate	Flonase®	Spray	High (12.6)	High (1800)	Very Low (<1%)
Mometasone furoate	Nasonex® PROPEL	Spray, Steroid Eluting Sinus Implant	High (20.0)	High (2300)	Very Low (<1%)

+ PROPEL implant provides localized and effective drug delivery

30 DAYS

DRUG DELIVERY

Gradual release of 370 µg of mometasone furoate directly to sinus mucosa

60 DAYS

DRUG IN TISSUE

Mometasone furoate is present in mucosal tissue^{4§}

180 DAYS

SYMPTOM IMPROVEMENT

Significant improvement in symptoms after surgery⁹

Why PROPEL implant may be right for your patients

The PROPEL family of implants release mometasone furoate and have been shown to reduce inflammation and scarring leading to a **reduction in the need for postoperative surgical and/or oral steroid interventions**¹⁻³

*Lipophilicity numbers normalized relative to triamcinolone acetonide. †As measured by relative receptor binding affinity compared to dexamethasone, which is set to a value of 100. Higher values designate greater potency. ‡As measured by plasma concentration of drug from intranasal vs intravenous route. §Pre-clinical animal data.

The PROPEL sinus implants are intended to maintain patency and locally deliver steroid to the sinus mucosa in patients >18 years of age following sinus surgery: PROPEL for the ethmoid sinus, PROPEL Mini for the ethmoid sinus/ frontal sinus opening, and PROPEL Contour for the frontal/maxillary sinus ostia. Contraindications include patients with confirmed hypersensitivity or intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implant in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/ pressure, displacement of the implant, possible side effects of intranasal MF, sinusitis, epistaxis, and infection. For full prescribing information see IFU at "<http://www.IntersectENT.com/technologies/>". Rx only.

References: **1.** PROPEL Instructions for Use. Menlo Park, CA: Intersect ENT. **2.** PROPEL Mini Instructions for Use. Menlo Park, CA: Intersect ENT. **3.** PROPEL Contour Instructions for Use. Menlo Park, CA: Intersect ENT. **4.** Li PM, et al. *Am J Rhinol Allergy*. . 2009;23(6):591-596. **5.** Lemke T, et al. *Foye's Principles of Medicinal Chemistry*, 2008. **6.** Winkler J, et al. *Proc Am Thorac Soc*. 2004;1(4): 356-363. **7.** Sastre J, et al. *J Investig Allergol Clin Immunol*. 2012;22(1): 1-12. **8.** PubChem. Dexamethasone. <https://pubchem.ncbi.nlm.nih.gov/compound/Dexamethasone>. Accessed October 22, 2019. **9.** Forwith K, et al. *Laryngoscope* 2011;121(11):2473-2480.