

SINUVA™ (mometasone furoate) sinus implant

Follow up Procedure Schedule

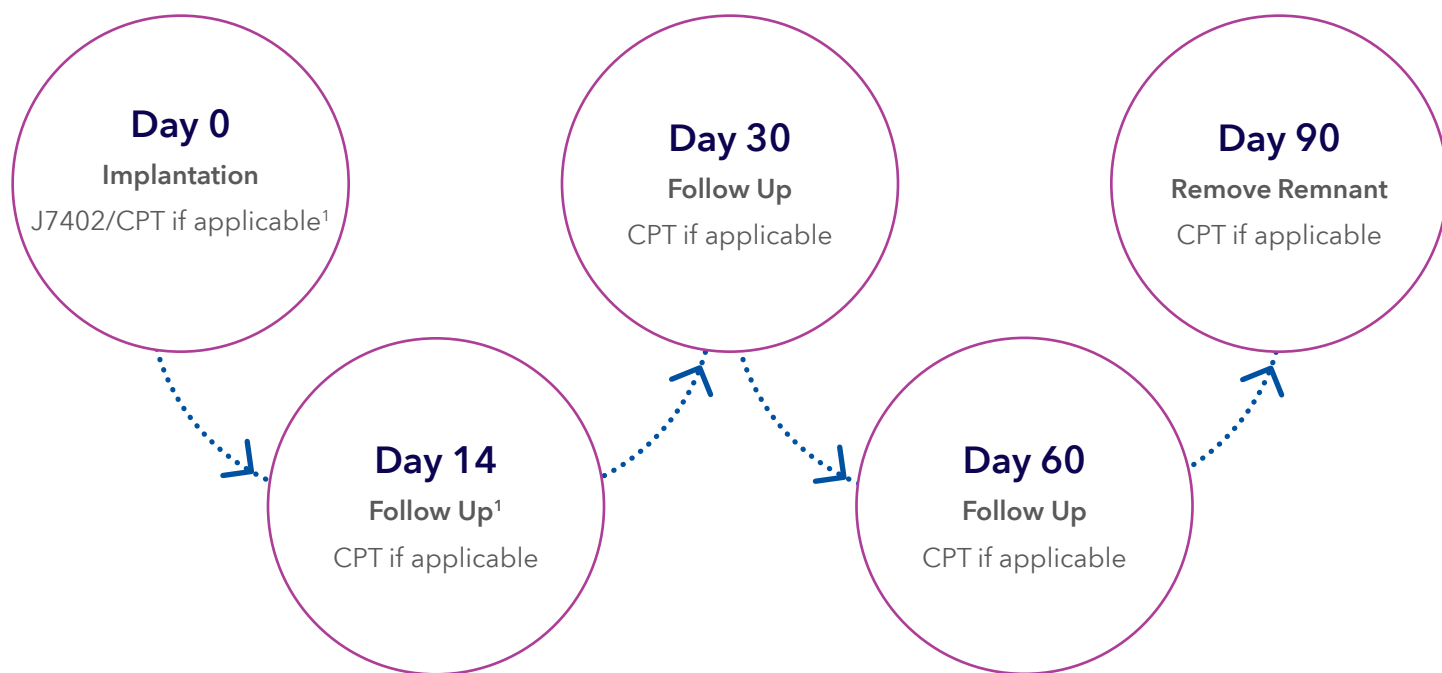
Common ENT procedure codes related to SINUVA™ patient management
Medicare physician fee schedule rates national medicare payment amount

CPT	Description (nasal procedures)	Non-facility
30110	Excision, nasal polyp(s), simple	\$239
30560	Lysis of adhesions	\$304
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue reduction); superficial	\$211
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue reduction); intramural (i.e. submucosal)	\$269
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	\$184
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	\$257
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	\$483
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	\$424
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	\$312
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	\$431
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	\$456

CPT	Evaluation and management	Non-facility
99211	Office/outpatient visit, established patient, minimal problem(s), short duration	\$23
99212	Office/outpatient visit established patient	\$55
99213	Office/outpatient visit established patient	\$89
99214	Office/outpatient visit established patient	\$125
99215	Office/outpatient visit, established patient, complex problem(s), lengthy, comprehensive, detailed examination	\$176

Patient journey: SINUVA™ (mometasone furoate) sinus implant is a procedure, not just a prescription

Appointment Schedule Based on the RESOLVE II Protocol



INDICATION

SINUVA Sinus Implant is a corticosteroid-eluting implant indicated for the treatment of chronic rhinosinusitis with nasal polyps in adult patients ≥ 18 years of age who have had ethmoid sinus surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Patients with known hypersensitivity to mometasone furoate and any of the ingredients of the SINUVA Sinus Implant.

WARNINGS AND PRECAUTIONS

Local Nasal Adverse Reactions Monitor nasal mucosa adjacent to the SINUVA Sinus Implant for any signs of bleeding (epistaxis), irritation, infection, or perforation. Avoid use in patients with nasal ulcers or trauma.

Glaucoma and Cataracts: Nasal steroids may result in development of glaucoma and/or cataracts. Glaucoma, cataracts, and clinically significant elevation of intraocular pressure were not observed in patients from the treatment group of one randomized controlled clinical study (N = 53) who underwent bilateral placement of SINUVA Sinus Implants. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Hypersensitivity Reactions: Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids.

Immunosuppression and Risk of Infections (BOLD): Persons who are using drugs that suppress the immune system, such as corticosteroids, including SINUVA Sinus Implant are more susceptible to infections than healthy individuals. The safety and effectiveness of SINUVA Sinus Implant have not been established in pediatric patients less than 18 years of age and SINUVA is not indicated for use in this population. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

Hypercorticism and Adrenal Suppression: If corticosteroid effects such as hypercorticism and adrenal

suppression appear in patients, consider sinus implant removal.

ADVERSE REACTIONS

The most common adverse reactions observed (> 1% of subjects) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

POSTMARKETING EXPERIENCE

The following adverse reactions have been identified during post-approval use of the SINUVA sinus implant. These events include implant migration, lack of efficacy, nasal pain, headache, epistaxis.

Rx only. Please see Full Prescribing Information for SINUVA available at <http://medtronic.com/sinuva>.

Reference

1. Kern RC, Stolovitzky JP, Silvers SL, et al. A phase 3 trial of mometasone furoate sinus implants for chronic sinusitis with recurrent nasal polyps. *Int Forum Allergy Rhinol*. 2018;8(4):471-481.