VARITHENA (polidocanol injectable foam) is available in the following presentations:

- For intravenous use only.
- Separate treatment sessions within 75 seconds of extraction from the canister to maintain injectable foam properties.
- Use a new sterile syringe after each injection.
- Use a new VARITHENA is intended for intravenous injection using ultrasound guidance, administered via a single cannula into the lumen of the target incompetent great saphenous or accessory saphenous veins: Use visible varicosities.

4 CONTRAINDICATIONS

- Known allergic to polidocanol or any component of VARITHENA

5 WARNINGS AND PRECAUTIONS

- Risk of deep vein thrombosis and pulmonary embolism
- Risk of acute thromboembolic disease
- Risk of known allergy to polidocanol
- Risk of injection site reactions

6 CLINICAL PHARMACOLOGY

- Mechanism of action
- Pharmacokinetics
- Pharmacodynamics

7 DRUG INTERACTIONS

- There are no known drug interactions with VARITHENA.

8 USE IN SPECIFIC POPULATIONS

- Pregnancy
- Nursing Mothers
- Geriatric Use
- Pediatric Use
- Hypersensitivity Reactions
- Use in Other Special Populations

9 PATIENT COUNSELING INFORMATION

- Inform patients that VARITHENA is a sclerosing agent indicated for the treatment of incompetent great saphenous and accessory saphenous veins.
- Inform patients to report any symptoms of acute thromboembolic disease, including deep vein thrombosis, pulmonary embolism, or other thrombotic events.

10 OVERDOSAGE

- Symptoms of overdose
- Treatment of overdose

11 DESCRIPTION

- The active pharmaceutical ingredient of VARITHENA is polidocanol, a sclerosing agent composed of a long chain of polyethylene oxide and fatty alcohol.
- There are no adequate and well-controlled studies of VARITHENA in pregnant women. Do not use VARITHENA during pregnancy.
- VARITHENA contains polidocanol. Polidocanol damages the endothelium of blood vessels.

12 NONCLINICAL TOXICOLOGY

- Carcinogenesis, Mutagenesis, Impairment of Fertility
- Animal Pharmacology
- Animal Toxicology
- Human Pharmacology
- Human Toxicology

13 CLINICAL PHARMACOLOGY

- Mechanism of action
- Pharmacokinetics
- Pharmacodynamics

14 DRUG INTERACTIONS

- There are no known drug interactions with VARITHENA.

15 OVERDOSAGE

- Symptoms of overdose
- Treatment of overdose

16 PATIENT COUNSELING INFORMATION

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17 PATIENT COUNSELING

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18 SUMMARY PRO静静地塀代表}
The co-secondary endpoints in VANISH-1 and VANISH-2 were the improvement in appearance of visible varicosities from baseline to Week 8 as measured by SFJ incompetence as evidenced by re-thrombosis at 30 kg/m² (range 16 to 44 kg/m²) and 30 kg/m² (range 17 to 48 kg/m²), respectively. The mean baseline GSV diameter was also similar in VANISH-1 and VANISH-2, at 28 kg/m² (range 16 to 44 kg/m²) and 30 kg/m² (range 17 to 48 kg/m²), respectively. In the VARITHENA 1% group in VANISH-2, 23 of 58 patients received an additional blinded treatment. Two of these patients had retreatment of veins treated with VARITHENA 1% at Week 4 and Week 5, respectively.

Of the 519 patients randomized into VANISH-1 and VANISH-2, a total of 511 were treated with either VARITHENA 0.5% (n=111), 1.0% (n=110), or 2.0% (n=111) for a total blinded treatment period of 14 days. The primary endpoint was the adjusted mean change from baseline in VCSS at Week 8 compared with placebo. For both clinical trials, the primary efficacy endpoint was improvement in symptoms, as measured by the change from baseline to Week 8 in the 7-day average electronic daily diary VCSS score. The VCSS score is a patient-reported outcome measure based on an equal-intensity scale for patients to provide a sense of their varicose veins symptoms determined from the most important symptoms, activity, ambulating, feeling, and bulging. The VCSS score ranges from 0 to 10, where 0 represents no symptoms and 10 represents all 5 symptoms experienced at all times. Results are shown in Table 2.

For both VANISH-1 and VANISH-2, treatment with 1.0% was superior to placebo in improving symptoms as measured by VCSS, when either a duration or an intensity scale was used to evaluate patient symptoms. Results are shown in Table 3.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Placebo</th>
<th>VARITHENA 0.5%</th>
<th>VARITHENA 1.0%</th>
<th>VARITHENA 2.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCSS score</td>
<td>2.02</td>
<td>1.67</td>
<td>1.49</td>
<td>1.27</td>
</tr>
<tr>
<td>VCSS symptom duration</td>
<td>3.6%</td>
<td>1.8%</td>
<td>2.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>VCSS symptom intensity</td>
<td>3.6%</td>
<td>1.8%</td>
<td>2.5%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

*Percentage of patients who reported that their symptoms had "definitely improved" or "much improved" compared with baseline.

The co-secondary endpoints in VANISH-1 and VANISH-2 were the improvement in appearance of visible varicosities from baseline to Week 8 as measured by the change from baseline to Week 8 in the 7-day average electronic daily diary VCSS score. The VCSS score is a patient-reported outcome measure based on an equal-intensity scale for patients to provide a sense of their varicose veins symptoms determined from the most important symptoms, activity, ambulating, feeling, and bulging. The VCSS score ranges from 0 to 10, where 0 represents no symptoms and 10 represents all 5 symptoms experienced at all times. Results are shown in Table 2.

For both VANISH-1 and VANISH-2, treatment with 1.0% was superior to placebo in improving symptoms as measured by VCSS, when either a duration or an intensity scale was used to evaluate patient symptoms. Results are shown in Table 3.