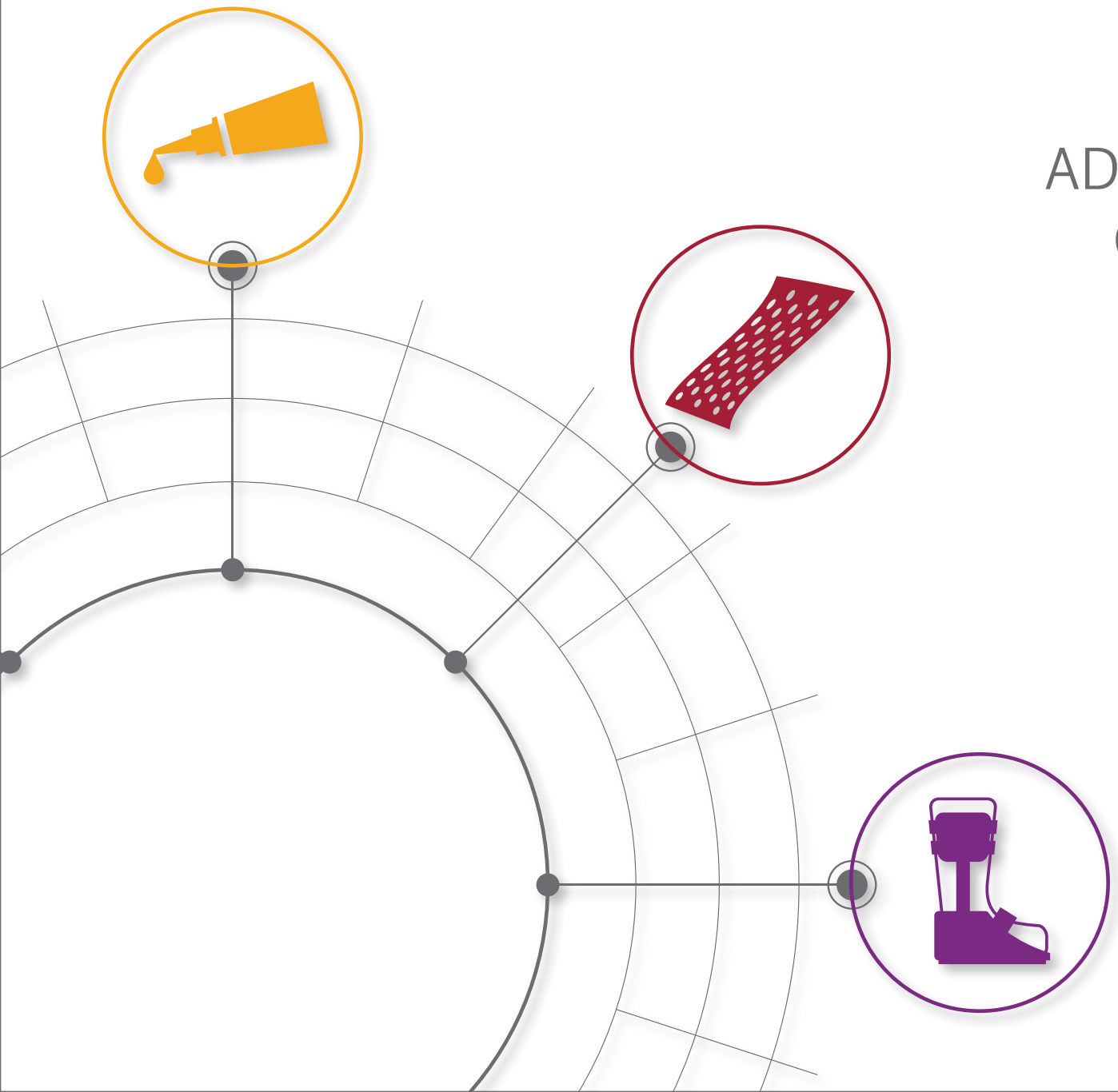


Integra®

ADVANCED WOUND CARE SOLUTIONS

INTEGRA®
LIMIT UNCERTAINTY

Integra Advanced Wound Care
is focused on research and innovation for the management of acute or chronic wounds and burns. We provide a comprehensive suite of evidence-based products designed to support the body's natural restorative healing process. Our commitment is to meet our providers' and patients' needs at every stage of treatment. We strive to provide quality solutions to achieve the highest level of customer satisfcation.

A Continuum of Intelligent Wound Care Solutions

PREPARE

MEDIHONEY®
Wound and Burn Dressing
Versatility and effective wound bed preparation

PROTECT

TCC-EZ®
Total Contact Cast System
Allows for active wound healing, effective off-loading protection for DFU management

TREAT

AmnioExcel®
Amniotic Allograft Membrane
Providing key components found in the human amnion to repair, reconstruct, and replace wound tissue

AmnioMatrix®
Amniotic Allograft Suspension
An amniotic allograft used to aid in the closing of chronic wounds

Omnigraft®
Dermal Regeneration Matrix
The ONLY FDA-approved product to regenerate native dermal tissue for the treatment of DFUs

PriMatrix®/PriMatrix® Ag
Dermal Repair Scaffold
Novel acellular dermal repair scaffold that supports cellular repopulation and revascularization

SUPPORTIVE DRESSINGS

Xtrasorb®
Wound Dressing
Novel super absorbent that maximizes absorption and fluid handling

Bioguard®
Barrier Dressing
Barrier protection against a broad spectrum of pathogens including MRSA[1]

Algicell® Ag
Wound Dressing
Providing the power, performance and protection of silver for your wound management needs

1. In house data: Lisenfield B, et al. Novel Bioguard ® Antimicrobial Wound Dressing with Advanced NIMBUS® Technology. ©2010, Quick-Med Technologies, Inc.

MEDIHONEY®
Wound and Burn Dressing

HCS
(Hydrogel Colloidal Sheet)

Calcium Alginate

Gel

Paste

The Natural Choice in Wound Care

Global leading line of medical-grade honey products for the management of acute and chronic wounds and burns.[1-3]

Features & Benefits

- Derived from the nectar of the *Leptospermum* species
- Selected, authenticated and processed using leading scientific technology to validate its purity and consistency
- Unique among honeys - maintains its effectiveness even in the presence of wound fluid[1]
- The only type of honey shown in randomized controlled studies to help wounds that have stalled under first-line treatment to progress towards healing[2]

Manuka flower

Technology

Medical Grade Manuka Honey

- First cleared by the FDA in 2007 for use on acute and chronic wounds and burns
- High Osmolarity
- Low pH
- Authenticated and certified using a stringent set of systems and controls
- Standardized level of activity
- Produced under strict standards
- Ultra filtrated and sterilized by gamma irradiation, removing any bacterial spores without loss of product effectiveness[3]

Clinical Data

There are over 200 of pieces of evidence demonstrating MEDIHONEY dressings are effective for the management of acute and chronic wounds and burns

- 5 Randomized Controlled Trials (RCT)
- 50+ Peer-Reviewed In-vivo Studies and Papers published
- 30+ Peer-Reviewed In-vitro Studies and Papers published
- 130+ In-vivo Posters presented

More supporting evidence than any other medical-grade honey brand!

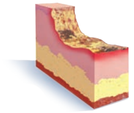
Unique Manuka Factor™ is a trademark of UMF Honey Association Incorporated

1. Molan P., Rhodes T.Honey. A Biologic Wound Dressing. Wounds. 2015 Jun;27(6):141–51. 2. Kamaratos AV, Tzirogiannis KN, Iraklianou SA, Panoutsopoulos GI, Kanellos IE, Melidonis AI. Manuka honey-impregnated dressings in the treatment of neuropathic diabetic foot ulcers. Int Wound J. 2012 ; 9: 1-7
3. In house data.

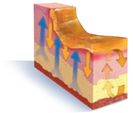
Two Key Properties

High Osmolarity

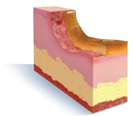
- Due to its sugar content, dressings are hypertonic
- Facilitates movement of fluid from an area of higher concentration, across a membrane, to an area of lower concentration
- Osmotic potential draws fluid through the wound, to the surface helping to liquefy non-viable tissue



Wound bed with slough, eschar and elevated pH



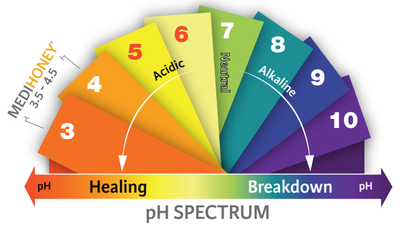
Brings wound fluid to the surface with endogeous enymes, loosening and liquefying necrotic tissue



Non-viable tissue is removed

Low pH

- MEDIHONEY has a low pH of 3.5-4.5

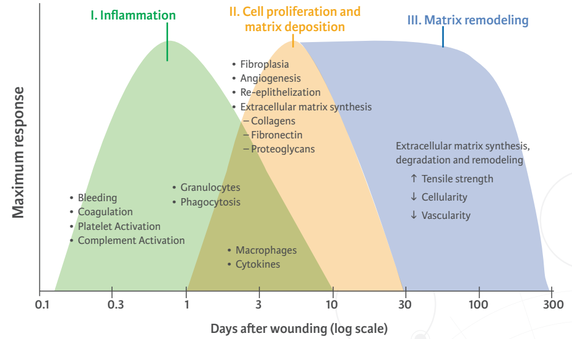


pH SPECTRUM

Effects of pH and Protease Activity

Protease Activity within a wound

- All wounds need a balanced amount of protease activity for healthy cell proliferation
- Proteases are enzymes released by inflammatory cells (macrophages and neutrophilis)
- At high pH levels, proteases are overactive and may cause wounds to stall
- Over-activity of proteases can result in breaking down tissue and slough production in the inflammation stage



AmnioExcel®
Amniotic Allograft Membrane

Giving New Life to Complex Wounds

AmnioExcel® Amniotic Allograft Membrane is a tissue based product derived from human placenta gathered during post healthy, scheduled c-sections of healthy donors.

Features & Benefits

- Helps provide an environment to repair, reconstruct, and replace wound tissue
- One of the only dehydrated amniotic allografts to have published, Level 1 clinical evidence supporting its use on DFUs[1] and is supported by numerous peer-reviewed papers[1-5]
- Non-side specific for excellent handling and application
- Stored at room temperature with a 5 year shelf life

Technology

DryFlex® Processing

- Preserves the inherent extracellular matrix (ECM), growth factors, and cytokines
- Molds and conforms upon application fully integrating into the wound over time

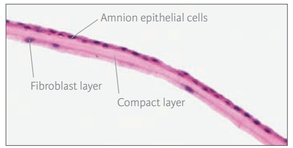
The science behind AmnioExcel

Retains the structure of unprocessed human amniotic membrane including ECM

Laboratory analyses and assays demonstrated that DryFlex processing preserves continuous, intact epithelium, basement membrane, compact and fibroblast layers of the amniotic tissue, as illustrated in the histology section on the right.[6] Other histological assessments demonstrate the presence of collagen and proteoglycans.

HISTOLOGY OF AMNIOEXCEL

(Magnified image of AmnioExcel Amniotic Allograft Membrane)



Hematoxylin and Eosin (H&E) stained tissue demonstrating normal amnion architecture with intact epithelium, compact layer and fibroblast layer.

Retains key proteins of unprocessed human amniotic membrane

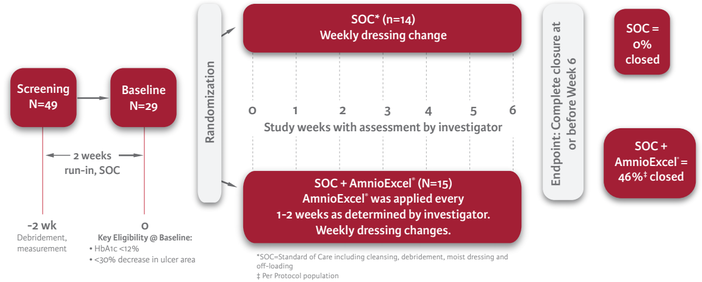
Laboratory analyses and assays demonstrated that the presence of cytokines and growth factors were maintained with particularly high quantities of EGF, PDGF, TGF-α, and TIMPs 1 and 2.[6]

	Growth Factors								Interleukins				Tissue inhibitors of metalloproteases		
	bFGF	EGF	G-CSF	PDGF-AA	PDGF-BB	PLGF	TGF-ß	TGF-ß1	IL-4	IL-6	IL-8	IL-10	TIMP-1	TIMP-2	TIMP-4
AmnioExcel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Native-human amnion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

AmnioExcel Membrane is regulated as a Human Cellular and Tissue-Based Product (HCT/P) under Section 361 of the Public Health Service Act and is governed by the FDA Center for Biologics Evaluation and Research (CBER). 1. Snyder RJ, et al, A Prospective, Randomized, Multicenter and Controlled Evaluation of the Use of Dehydrated Amniotic Membrane Allograft Compared to Standard of Care for the Closure of Chronic Diabetic Foot Ulcers, WOUNDS, 2016; 28(3):70-77. 2. Lintzeris D, et al, Use of Dehydrated Amniotic Membrane Allograft on Lower Extremity Ulcers in Patients with Challenging Wounds: A Retrospective Case Series. Ostomy Wound Management 2015; 61(10): 30-36. 3. Barr M. Dehydrated Amniotic Membrane Allograft for Treatment of Chronic Leg Ulcers in Patients with Multiple Comorbidities: A Case Series, JACCWS Feb, 2016. 4. Abdo R.J. Treatment of diabetic foot ulcers with dehydrated amniotic membrane allograft: a prospective case series, JWC Jul. 2016. 5. Rosenblum BI. A retrospective case series of a dehydrated amniotic membrane allograft for treatment of unresolved diabetic foot ulcers. J Am Podiatr Med Assoc 2016; 106(5):328-37. 6. In house data.

Multicenter RCT demonstrates AmnioExcel + Standard of Care (SOC) significantly increases closure of chronic Diabetic Foot Ulcers (DFUs)[16]

This prospective, multicenter, randomized, controlled clinical trial (RCT) with standardized ulcer care and off-loading incorporated a 2 week run-in period. Despite a short 6-week study period, AmnioExcel + SOC achieved significantly greater (p=0.008) ulcer closure rates over SOC alone.



*SOC=Standard of Care including cleansing, debridement, moist dressing and off-loading
‡ Per Protocol population

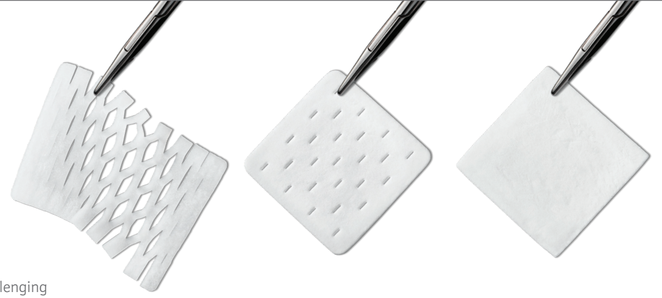
AmnioMatrix®
Amniotic Allograft Suspension

Human Amniotic Liquid Allograft

AmnioMatrix® is a cryopreserved suspension allograft derived from the amniotic membrane and components of the amniotic fluid using CryoPrime® processing.

PriMatrix®

Dermal Repair Scaffold



With PriMatrix, you have Serious Wounds Covered

PriMatrix is a unique dermal repair scaffold for the management of the most challenging wounds. Supplied sterile in a variety of sizes, PriMatrix can be trimmed by the surgeon †to meet the individual patient's needs.

Features & Benefits

- No noted detrimental foreign body inflammatory response
- Minimal preparation time and rehydrates in approximately 60 seconds
- Biocompatible and cell friendly with no artificial crosslinks
- Available in a variety of sizes and configurations including meshed, fenestrated and solid
- Five year shelf life at room temperature storage

Technology

Unique fetal bovine dermal tissue matrix

- Preserved native dermal collagen structure without artificial crosslinks[1]
- Fetal dermis contains more Type III collagen than adult dermis[2] – a collagen associated with healing and developing tissues[3-4]

Biocompatibility

- Ability to absorb the patient's own cells[5-6] and associated growth factors[7]
- Supports revascularization and re-epithelialization processes[1,6-7]

PriMatrix Ag incorporates Ionic Silver for broad spectrum antimicrobial efficacy against the following:

- *Staphylococcus aureus*
- *Enterococcus faecium*
- *Streptococcus pyogenes*
- *Listeria monocytogenes*
- *Escherichia coli*
- MRSA
- VRE
- *Staphylococcus epidermidis*
- *Acinetobacter baumanni*
- *Klebsiella pneumoniae*

The Ionic Silver content is intended to prevent microbial contamination of the device. Reduction in colonization or microbial growth on the device has not been shown to correlate with a reduction in infections in patients. Clinical studies to evaluate reduction in infection have not been performed.

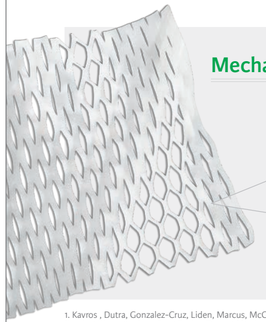
1. Neill et al.Utilizing Biologic Assimilation of Bovine Fetal Collagen in Staged Skin Grafting, Annals of Plastic Surgery, 2012. 2. Ramshaw J. Distribution of Type III Collagen in Bovine Skin of Various Ages. Connective Tissue Research. 1986; 14: 307-314. 3. Lui et al. Type III Collagen is Crucial for Collagen I Fibrillogenesis and for Normal Cardiovascular Development. Proceedings of the National Academy of Sciences of the United States of America. 1997; 94: 1852–1856. 4. Haukipuro et al. Synthesis of Type I Collagen in Healing Wounds in Humans. Ann. Surg. 1991; 75-80. 5. Cornwell K, et al. Extracellular Matrix Biomaterials for Soft Tissue Repair. Clinical Podiatric Med Surg. 2009; 4: 507–523. 6. Rennert R, et al. Cellular Response to a Novel Fetal Accellular Collagen Matrix: Implications for Tissue Regeneration. International Journal of Biomaterials. 2013. 7. Lullove, E. Acellular Fetal Bovine Dermal Matrix in the Treatment of Nonhealing Wounds in Patients with Complex Comorbidities. Journal of the American Podiatric Medial Association. 2012; 102 (3): 233-239.

TREAT

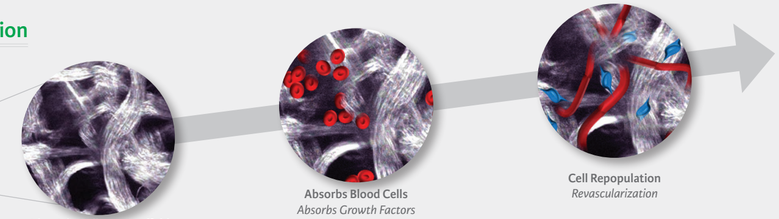
Total Evaluated Wounds Managed with PriMatrix

PriMatrix use has been reviewed for more than 200 wounds through peer-reviewed retrospective and prospective studies.

Author(s) Year	Study Summary	Total Wounds Evaluated	Results
Kavros et al. 2014[1]	Multi-center prospective evaluation of PriMatrix in chronic diabetic foot ulcers	55	Of the patients completing the study, 76% achieved closure of their diabetic foot ulcer at 12 weeks
Hayn 2013[2]	Single center retrospective study of complex surgical & traumatic wounds. PriMatrix & PriMatrix + NPWT were compared	38	Complete wound closure was documented in over 80% of all wounds including those with tendon and/or bone exposure in both treatment groups
Neill et al. 2012[3]	Single center retrospective study	7	Wounds managed with PriMatrix achieved successful skin grafting as early as 7 days. Subjects undergoing scar revision had improved functionality at long-term follow-up visits
Strauss et al. 2012[4]	Retrospective study from a two physician practice evaluating the outcomes of PriMatrix managing chronic wounds within a complex subject population	58	75.9% of the wounds managed with PriMatrix successfully healed
Kavros 2012[5]	Single center retrospective study evaluating the healing outcomes of ulcerations of the midfoot associated with Charcot when managed with PriMatrix or standard of care therapy	12	A significantly faster rate of healing was observed in the PriMatrix managed wounds in comparison to the wounds managed with standard of care
Lullove 2012[6]	Single center retrospective study evaluating wounds unresponsive to conservative therapy within a subject population having comorbidities	34	88.2% of all wounds healed with a mean time of healing ranging from 74 to 105 days based on wound etiology
Karr 2011[7]	Single center retrospective analysis of healing results for subject matched diabetic and venous ulcers managed with PriMatrix or Apligraf	34	On average, PriMatrix managed DFUs healed in 37 days, while DFUs managed with Apligraf healed in 87 and PriMatrix managed VLUs healed in 32 days while VLUs managed with Apligraf healed in 63 days.



Mechanism of Action



1. Kavros , Dutra, Gonzalez-Cruz, Liden, Marcus, McGuire, and Nazario-Guirau. The use of PriMatrix, a fetal bovine acellular dermal matrix, in healing chronic diabetic foot ulcers: a prospective multicenter study. Adv Skin Wound Care. 2014. 2. Hayn, E. Successful Treatment of Complex Traumatic and Surgical Wounds with a Fetal Bovine Dermal Matrix. Int Wound J, 2013. 3. Neill J, James KS, Lineaweaver W. Utilizing biologic assimilation of bovine fetal collagen in staged skin grafting. Ann Plast Surg. 68: 451–456, 2012. 4. Strauss NH, Brietstein RJ, PriMatrix dermal repair scaffold in the treatment of difficult-to-heal complex wounds. Wounds. 24: 327–334, 2012. 5. Kavros SJ. Acellular fetal bovine dermal matrix for treatment of chronic ulcerations of the midfoot associated with charcot neuroarthropathy. Foot Ankle Spec. 5: 230–234, 2012. 6. Lullove EJ. Acellular fetal bovine dermal matrix in the treatment of nonhealing wounds in patients with complex comorbidities. J Am Podiatr Med Assoc. 102: 233–239, 2012. 7. Karr J. Retrospective comparison of diabetic foot ulcer and venous stasis ulcer healing outcome between a dermal repair scaffold (PriMatrix) and a bilayered living cell therapy (Apligraf). Adv Skin Wound Care. 21: 270–4, 2011.

Omnigraft®

Dermal Regeneration Matrix

The Only FDA Approved Product for the Regeneration of Dermis in Diabetic Foot Ulcers

Based on Integra's Dermal Regeneration Matrix (DRM) technology, Omnigraft is an advanced bilayer dermal regeneration matrix FDA approved for the treatment of diabetic foot ulcers.

Features & Benefits

The collagen-C6S dermal matrix and silicone layer result in:

- Immediate wound coverage with semi-permeable silicone layer
- Cellular and vascular ingrowth promoted by the 3D porous collagen-C6S dermal layer
- Reduced inflammatory response
- A moist wound environment

Technology

Bioengineered extracellular matrix (ECM) designed for dermal regeneration

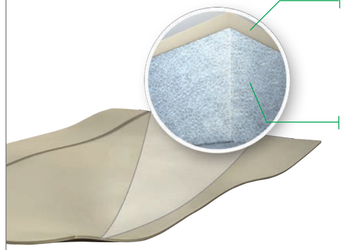
- Composition designed to be biomimetic[2]
  - » Proprietary collagen processing minimizes immune response
  - » Reduces platelet aggregation and inflammatory response

Please see last page for safety information.

1. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm. 2. Yannas IV, Lee E., Orgill DP, Skrabut EM, Murphy GF. Synthesis and characterization of model extracellular matrix that induces partial regeneration of adult mammalian skin. Proc. Na¶l. Acad. Sci. 1989 (86):933-937.

A Dynamic Approach to Outpatient DFU Care

Technologically advanced bilayer matrix designed to mimic skin by providing protection and dermal regeneration



Silicone Layer

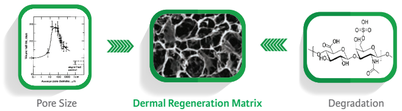
- Temporary epidermal layer
- Provides immediate coverage to protect the wound
- Typically removed between 14 and 21 days

Collagen/Chondroitin-6-Sulfate Matrix

- Dermal replacement layer
- Bioengineered scaffold manufactured to promote dermal regeneration
- Designed with a controlled porosity for cell migration, revascularization, and defined degradation rate

Why Dermal Regeneration Matrix (DRM) Design Promotes Tissue Regeneration

- Pore structure optimized for cellular and vascular ingrowth[1]
  - » Pore size optimized for cellular infiltration
  - » Randomly oriented pores minimizes contracture by preventing 'linear' communication between myofibroblasts
- Resorption profile optimized for dermal regeneration[1]



Please see last page for safety information.

1. Yannas IV, Lee E., Orgill DP, Skrabut EM, Murphy GF. Synthesis and characterization of model extracellular matrix that induces partial regeneration of adult mammalian skin. Proc. Nat l. Acad. Sci. 1989 (86):933-937. 2. Driver VR, Lavery LA, Reyzelman AM, et al. A clinical trial of Integra template for diabetic foot ulcer treatment. Wound Rep Reg. 2015;23:891–900. * Data from Foot Ulcer New Dermal Replacement (FOUNDER) study, a multicenter, randomized, controlled, parallel group clinical trial of 307 patients conducted at 32 sites under Investigational Device Exemptio

FOot Ulcer New DERmal Replacement

Study Objective

- Evaluate the safety and efficacy of Omnigraft for the treatment of DFUs in comparison with standard of care

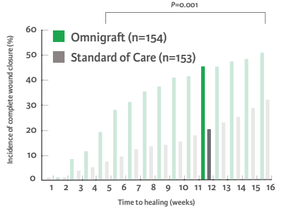
Largest published multi-center, prospective, RCT to date evaluating CTPs in DFUs

- 307 enrolled subjects, 32 sites

Treatment of DFUs with Omnigraft

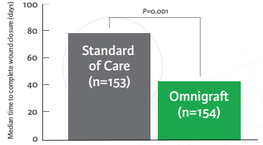
- Faster healing rates in the outpatient setting compared to standard of care
- Improved components of Quality of Life metrics related to activities of daily living and pain

Higher incidence of wound closure at 12 weeks[2*†]



† Primary endpoint measured wound closure at 16 weeks

Faster median time to closure[2*]



*Data from Foot Ulcer New Dermal Replacement (FOUNDER) study, a multicenter, randomized, controlled, parallel group clinical trial of 307 patients conducted at 32 sites under Investigational Device Exemptio

TCC-EZ®
Total Contact Cast System

Helping more Diabetic Foot Ulcers Close Faster

Features & Benefits

- Unique roll on meshed cast is applied using 3 easy steps: Prep, Roll, Apply
- Lightweight woven design offers a more comfortable fit
- 4 times as many patients were casted in clinics using TCC-EZ[1]
- May lead to fewer complications and signs of infection[1]

TCC-EZ® Healing Chamber™

Technology

Healing Chamber

- Pressure relief with Total Contact Casting (TCC) is associated with changes in the histology of DFUs, indicating a reduction in inflammatory and reactive components along with an acceleration of the reparative process[3]

Supporting Outer Boot

- Interlocking peg system on the medial and lateral strut paddles
- Designed to redirect ground force pressure from the bottom of the foot through the struts into the lower leg
- Maintains the ankle at 90° to reduce stride length

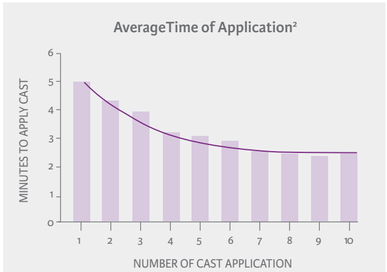
How Fast is TCC-EZ Application?

As part of a contact cast system product evaluation, nine physicians and seven nurses were involved with the trial of TCC-EZ casting system[2]. The physicians and nurses that participated expected 20 minutes to apply the traditional TCC. The information below is the results.

5 ½ minutes
Average nurse setup time

2 ½ minutes
Average time for cast application by the 7th application

Under 8 minutes
Total casting time with TCC-EZ



MedE-Kast®
Total Contact Cast

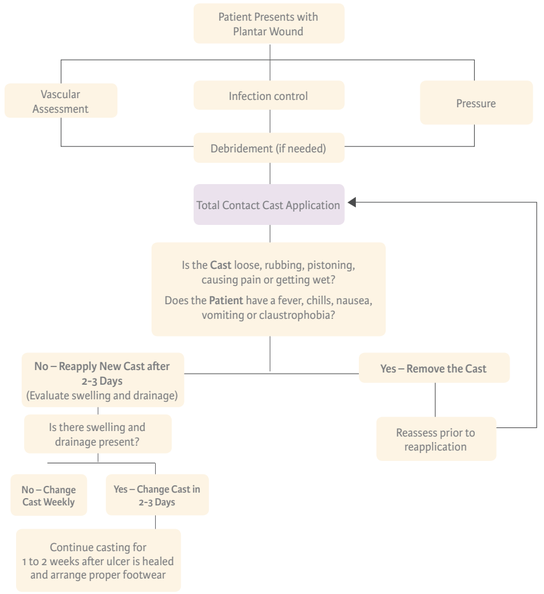
MedE-Kast® Ultra
Total Contact Cast

MedE-Kast® and MedE-Kast® Ultra offer the necessary components to apply a total contact cast in one simple kit.

1. C. E. Fife, et al, Diabetic foot ulcer off-loading: The Gap Between Evidence and Practice: Data from the U.S. Wound Registry. Advances in Skin and Wound Care, 27(7) p. 310-316, 2014. 2. In house data. 3. Piagessi, et al. Semiquantitative Analysis of the Histopathological Features of the Neuropathic Foot Ulcer, Diabetes Care. 2003 Nov; 26 (11):3123-8.

PROTECT

Suggested Treatment Pathway



A Gap Between Evidence and Practice[1]

Off-Loading Evidence vs. Practice

- TCC is recognized as the Gold Standard and Preferred method for off-loading DFUs[1,2]
- TCC is supported by Level I evidence, including numerous RCTs, meta-analyses and several consensus documents[3-6]
- TCC has demonstrated closure rates of 88% of DFUs in 43 days[7]

A Gap Between Evidence and Practice

- Results from a 5 year retrospective analysis of more than 25,000 DFUs demonstrated underutilization of TCC in practice, despite evidence of its effectiveness[1]
  - » Only 3.7% of eligible DFUs received TCC

Documented Off-Loading Methods[1]

Option	Visit Count	%
1. Postoperative shoe	**1803**	**37.0**
2. TCC	**781**	**16.0**
Shoe modification	652	13.3
DH walker	469	9.6
Half shoe	266	5.4
Custom insert	259	5.3

TCC has been shown to reduce amputation rates by more than half (Non-TCC 5.2%, TCC 2.2%)[1]

1. Fife CE, Carter MJ, Walker D, et al. Diabetic foot ulcer off-loading: The gap between evidence and practice: Data from the U.S. wound registry. Advances in Skin and Wound Care 2014, 27(7):310–6. 2. Armstrong DG, Nguyen HC, Lavery LA, et al. Off-loading the diabetic foot wound. Diabetes Care 2001; 24(6):1019-22. 2006. 3. Snyder RJ et al, Consensus Recommendations On Advancing The Standard Of Care For Treating Neuropathic Foot Ulcers In Patients With Diabetes. Supplement to Ostomy Wound Management , April 2010. 4. Jakola E, Weber A. Current Concepts in Total Contact Casting for DFUs. Podiatry Today 2014; (4) 20-22. 5. Piaggesi, A. et al. Semiquantitative Analysis of the Histopathological Features of the Neuropathic Foot Ulcer. Diabetes Care 2003; 26 (11): 3123-3128. 6. Armstrong D, et al Evaluation of Removable and Irremovable Cast Walkers in the Healing of Diabetic Foot Wounds. Diabetes Care 2005; 28 (3): 551–554. 7. Bloomgarden ZT. American Diabetes Association 60th Scientific Sessions, 2000. Diabetes Care 2001; 24(5):946-951.

Xtrasorb®
Super Absorbent Dressing

Redefining Absorption, Fluid Handling, and Moisture Management

Features & Benefits

- Protease Modulation[2]
- Significant Absorption and Fluid Handling[2]
- Consistent Moisture Management[2]

Technology

- Super Absorbent Polymer Technology (SAP)
  - » Converts excessive exudate into a gel and locks it in while maintaining moist wound environment to promote healing
  - » Directly absorbs MMPs (proteases) and reduces their effect by depleting the metal ion co-factors they need to remain active[1]
- Wound fluid gels as it is absorbed, locking it into a controlled area within the dressing

Xtrasorb® HCS
For dry to moderately exuding wounds – with and without adhesive border

Xtrasorb® Foam
For moderately to heavily exuding wounds – with and without adhesive border

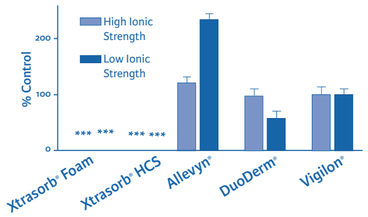
Xtrasorb® Classic
For heavily and extra heavily exuding wounds

Direct absorption and neutralization of pro-MMP-2 and pro-MMP-9 by dressings

- Xtrasorb Foam technology was able to modulate proteases by both direct absorption of MMPs and depleting metal ion co-factors, which resulted in complete elimination of protease activity in the assay used.[1]

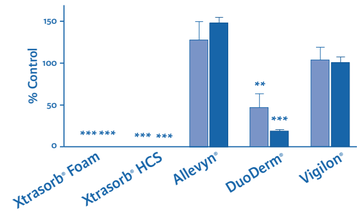
Ion Modulation/Co-Factor Removal (A)

- Xtrasorb HCS and Xtrasorb Foam demonstrated complete elimination of cofactors for pro-MMP-9[1]



Ion Modulation/Co-Factor Removal (B)

- Xtrasorb HCS and Xtrasorb Foam demonstrated complete elimination of cofactors for pro-MMP-2[1]



1. Tarlton JF, Munro HS, Use of Modified Superabsorbent Polymer Dressings for Protease Modulation in Improved Chronic Wounds. Wounds. 2013 Feb;25(2):51-7.
2. In house data.

Xtrasorb® Foam Silicone
Super Absorbent Dressing

Gentle Tack Silicone Technology for Exceptional Performance and Patient Comfort

Super Absorbent Polymer Technology

- Locks wound fluid away from the wound and surrounding skin
- SAP layer provides additional cushioning and pressure redistribution

Gentle Tack Silicone Technology

- Designed to provide adhesive like properties without causing trauma to the wound and surrounding area during removal
- Enables easy repositioning resulting in fewer dressing changes[1]

Fluid Repellent Backing

- Prevents external moisture and bacteria from entering the wound while providing significant MVT (Moisture Vapor Transmission) to increase fluid level locked into the dressing

1. In house data.

Bioguard®
Barrier Dressing

Broad Spectrum, Fast Acting, Long Lasting Barrier Protection[1]

Features & Benefits

Non-leaching: Bioguard's cationic biocide, polyDADMAC, is bound to the dressing substrate. Since polyDADMAC does not leach, it does not diminish the potency of the dressing. Leaching biocides could lead to antimicrobial resistance or pose toxicity issues to healthy cells.[1]

Non-toxic: Bioguard is able to provide >5-log kill of pathogens within the dressing without adversely affecting cells, which could otherwise delay wound healing.[1]

Non-resistant: Bioguard's cationic biocide, polyDADMAC, has a high charge density and molecular weight – up to 100x larger than PHMB. Due to its size, bacteria do not develop resistance.[1]

Technology

Through a patented manufacturing process, PolyDADMAC, an advanced cationic biocide, is bound to the dressing substrate providing a physical barrier of protection against opportunistic pathogens, including MRSA.[1]

Fast Acting & Long Lasting Activity Starts Immediately, Even in High Challenge Environments[2]

Time	*Staph. Aureus*	*E. Coli*	*P. Aeruginosa*
10 min.	99.99415%	99.99763%	99.98564%
30 min.	99.99878%	99.99972%	99.99746%
4 hrs.	99.9999%	99.99981%	99.99996%
12 hrs.	99.9999%	99.99997%	99.99996%

Bacteria	ATCC#	% Reduction
Staphylococcus aureus	12600	>99.9999%
Klebsiella pneumoniae	13833	>99.9999%
Proteus vulgaris	13115	>99.9999%
Enterococcus faecalis	19433	>99.9999%
Listeria monacytagenes	13932	>99.9999%
Bacteriophage (RNA virus)	MS-2	>99.87%

*Tested in 10% bovine serum (except viruses) after 18 hours of exposure

Attract | Bind | Disrupt | Destroy

1. In house data: Lisenfield B, et al. Novel Bioguard® Antimicrobial Wound Dressing with Advanced NIMBUS® Technology. ©2010, Quick-Med Technologies, Inc. 2. In house data: Mikhaylova A, et al. Efficacy of Bioguard® Dressings Utilizing Advanced NIMBUS® Technology. © 2010, Quick-Med Technologies, Inc.

Algicell® Ag
Calcium Alginate Dressing with Antimicrobial Silver

Antimicrobial Strength And Absorption

Features and Benefits

- Full line of calcium alginate dressings with ionic silver
- Advanced Gelling Profile[1]
- Helps to maintain dressing integrity when wet
- Minimizes fibrous residue
- Maintains a moist environment, conducive to wound healing
- Remains intact and facilitates ease of removal

Algicell® Ag

SILVERCEL®

(Dressings are magnified 600% after saturation with hypertonic saline solution)

Technology

- 1.4% Ionic silver provides long-lasting, measured release for 7-day effectiveness[1]
- Algicell® Ag absorbs 16%-32% more drainage than the market leader, reducing maceration risk[1]
- Effective against a broad range of bacteria
- Gelling capability ensures that the dressing doesn't stick or leave fibrous residue in the wound bed

Algicell Ag is Indicated for Use in Moderately to Heavily Exuding Wounds

- Diabetic foot ulcers
- Leg ulcers (venous stasis ulcers, arterial ulcers and leg ulcers of mixed etiology)
- Pressure ulcers/sores (partial and full thickness)
- Donor sites
- Traumatic and surgical wounds

Broad Spectrum Antimicrobial Effectiveness up to 7 Days[1]

1. In house data.

MediHoney® Wound and Burn Dressing

	Reference	Description	Packaging Unit/Case	HCPCS
Gel	31805	0.5 oz tube	10/box, 4 boxes/case	A4649
	31815	1.5 oz tube	1/box, 12 boxes/case	A4649
	31840	14 oz tube	1/jar, 6 tubs/case	N/A
Paste	31505	0.5 oz tube	10/box, 4 boxes/case	A4649
	31515	1.5 oz tube	1/box, 12 boxes/case	A4649
	31535	3.5 oz tube	1/box, 12 boxes/case	A4649
Hydrogel Sheet *Non-Adhesive*	31620	2.4 in x 2.4 in	10/box, 5 boxes/case	A6242
	31640	4.3 in x 4.3 in	10/box, 5 boxes/case	A6243
Adhesive	31720	2.8 in x 2.8 in (4.3 in x 4.3 in with adhesive border)	10/box, 5 boxes/case	A6245
	31740	4.5 in x 4.5 in (6 in x 6 in with adhesive border)	10/box, 5 boxes/case	A6246
HCS *Surgical*	31738	1.75 in x 6.5 in (3 in x 8 in with adhesive border)	10/box, 5 boxes/case	A4649
Fenestrated (Non-Adhesive)	31618	1.8 in x 1.8 in	10/box, 5 boxes/case	A4649
Non-Adhesive	31622	2.4 in x 2.4 in	10/box, 5 boxes/case	A4649
	31644	4.33 in x 4.33 in	10/box, 5 boxes/case	A4649
	31612	8 in x 12 in	2/box, 5 boxes/case	A4649
Adhesive	31722	2.8 in x 2.8 in (4.3 in x 4.3 in with adhesive border)	10/box, 5 boxes/case	A4649
	31744	4.5 in x 4.5 in (6 in x 6 in with adhesive border)	10/box, 5 boxes/case	A4649
Calcium Alginate	25055	0.75 in x 12 in	5/box, 4 boxes/case	A4649
	25110	2 in x 2 in	10/box, 10 boxes/case	A4649
	25110	4 in x 5 in	10/box, 5 boxes/case	A4649


Gel


Paste


Hydrogel Sheet *(Non-Adhesive)*


Hydrogel Sheet *(Adhesive)*


HCS *(Surgical)*


HCS -*Fenestrated (Non-Adhesive)*


HCS (*Non-Adhesive)*


HCS (*Adhesive)*


Calcium Alginate

AmnioExcel® Amniotic Allograft Membrane

Reference	Description	Total Centimeters Squared	Packaging Unit/Case	HCPCS
25012	12 mm disc	1 cm^2	1/box	Q4137
25013	15 mm disc	2 cm^2	1/box	Q4137
25018	18 mm disc	3 cm^2	1/box	Q4137
25024	24 mm disc	5 cm^2	1/box	Q4137
25015	1.5 cm x 1.5 cm	3 cm^2	1/box	Q4137
25023	2 cm x 3 cm	6 cm^2	1/box	Q4137
25035	3.5 cm x 3.5 cm	13 cm^2	1/box	Q4137
25044	4 cm x 4 cm	16 cm^2	1/box	Q4137
25048	4 cm x 8 cm	32 cm^2	1/box	Q4137
25055	5 cm x 5 cm	25 cm^2	1/box	Q4137
25110	10 cm x 10 cm	100 cm^2	1/box	Q4137


AmnioExcel®
Amniotic Allograft Membrane

AmnioMatrix® Amniotic Allograft Suspension

Reference	Description	Packaging Unit/Case	HCPCS
25520	0.50 ml	1 vial	Q4139
25530	1 ml	1 vial	Q4139
25540	2 ml	1 vial	Q4139
25550	3 ml	1 vial	Q4139


AmnioMatrix®
Amniotic Allograft Suspension

PriMatrix® Dermal Repair Scaffold

	Reference	Description	Packaging Unit/Case	HCPCS
	607-001-009	0.2 cm x 26.5 cm	3 units/box	Q4110
Solid	607-001-440	4 cm x 4 cm	1/box	Q4110
	607-001-660	6 cm x 6 cm	1/box	Q4110
	607-001-880	8 cm x 8 cm	1/box	Q4110
Fenestrated	607-004-440	4 cm x 4 cm	1/box	Q4110
	607-004-660	6 cm x 6 cm	1/box	Q4110
	607-004-880	8 cm x 8 cm	1/box	Q4110
Meshed	607-005-014	14 mm disc	1/box	Q4110
	607-005-018	18 mm disc	1/box	Q4110
	607-005-220	2 cm x 2 cm	1/box	Q4110
	607-005-330	3 cm x 3 cm	1/box	Q4110
	607-005-440	4 cm x 4 cm	1/box	Q4110
	607-005-550	5 cm x 5 cm	1/box	Q4110
	607-005-660	6 cm x 6 cm	1/box	Q4110
	607-005-880	8 cm x 8 cm	1/box	Q4110

Omnigraft® Dermal Regeneration Matrix

Reference	Description	Packaging Unit/Case	HCPCS
DFU2525IS	2.5 cm x 2.5 cm	1/box	Q4105
DFU4041S	4 cm x 4 cm	1/box	Q4105
DFU7071S	7 cm x 7 cm	1/box	Q4105

TCC-EZ® Total Contact Cast System

	Reference	Description	Packaging Unit/Case	HCPCS
Casting Systems *3 in Casting Systems with Boots*	TCC23000	Casting Systems with Regular Boots	10 units/case, 2 Boots	Q4038
	TCC23005	Casting System with Regular Boot	5 units/case, 1 Boot	Q4038
	TCC23214	Casting Systems with Large Boots	10 units/case, 2 Boots	Q4038
3 in Casting Systems without Boots	TCC23051	Casting Systems with No Boot	5 units/case, No Boot	Q4038
	TCC23001	Casting Systems with No Boot	10 units/case, No Boot	Q4038
	TCC23002	Casting System Single Kit	1 unit/case, No Boot	Q4038
	TCC25051	3 in and 4 in Casting Systems with No Boot	5 each/case, No Boot	Q4038
4 in Casting Systems with Boots	TCC24000	Casting Systems with 2 Regular Boots	10 units/case, 2 Boots	Q4038
	TCC24005	Casting System with 1 Regular Boot	5 units/case, 1 Boot	Q4038
	TCC24014	Casting Systems with 1 Large Boot	10 units/case, 1 Boot	Q4038
	TCC24214	Casting Systems with 2 Large Boots	10 units/case, 2 Boots	Q4038
4 in Casting Systems without Boots	TCC24001	Casting Systems with No Boot	10 units/case, No Boot	Q4038
	TCC24002	Casting System Single Kit	1 unit/case, No Boot	Q4038
	TCC24051	5 Casting System with No Boot	5 units/case, No Boot	Q4038
Boots	TCC21100	Regular Boot	1 Boot	n/a
	TCC21114	Large Boot	1 Boot	n/a
	TCC21124	Extra Large Boot	1 Boot	n/a
	TCC21116	Large Charcot Boot	1 Boot	n/a
	TCC21126	Extra Large Charcot Boot	1 Boot	n/a
	TCC21131	Transmet Boot	1 Boot	n/a

TCC Additional Items

	Reference	Description	Packaging Unit/Case	HCPCS
Tools	TCC2SAW	Cast Removal Saw	1/box	n/a
	TCC2SAWSSB	Saw Replacement Stainless Steel Blades	4/box	n/a
	TCC2VACFLT	Dust Vacuum Disposable Filter Cartridge	1/box	n/a
	TCC2VAC	Cast Removal Dust Vacuum	1/box	n/a
	TCC2SPRL	Cast Removal Spreader Large	1/box	n/a
Miscellaneous	TCC2FCT03	3 in Rolls of Fiberglass	10 rolls/box	n/a
	TCC2FCT04	4 in Rolls of Fiberglass	10 rolls/box	n/a
	TCC2PFC045	4 in x 5 yds Rolls of Plaster	12 rolls/box	n/a

MedE-Kast® and MedE-Kast® Ultra Casting System

	Reference	Description	Packaging Unit/Case	HCPCS
MedE-Kast	TCC2MDKK	Casting System	10 units/case	Q4038
	TCC2MDKKS	Casting System – Single Application	1 unit/case	Q4038
MedE-Kast Ultra	TCC2ULTR	Ultra Casting System	10 units/case	
	TCC2ULTRS	Ultra Casting System – Single Application	1 unit/case	

Casting System

Boot

Casting System assembled with Boot

Med-E Kast® and Med-E Kast® Ultra

Xtrasorb® Super Absorbent Dressing

	Reference	Description	Packaging Unit/Case	HCPCS
HCS *Non-Adhesive*	86322	2.3 in x 2.3 in	10/box, 4 boxes/case	A6234
	86344	4.3 in x 4.3 in	10/box, 4 boxes/case	A6235
	86388	8 in x 8 in	5/box, 8 boxes/case	A6236
Adhesive	86433	3 in x 3 in	10/box, 4 boxes/case	A6237
	86466	6 in x 6 in	10/box, 4 boxes/case	A6238
Gentle Tack Silicone Foam *Borderless*	86532	2.75 in x 3.15 in	10/box, 4 boxes/case	A6209
	86544	4.3 in x 4.3 in	10/box, 4 boxes/case	A6210
	86586	8.6 in x 6 in	5/box, 8 boxes/case	A6211
Bordered	86633	3.15 in x 3.15 in	10/box, 4 boxes/case	A6212
	86644	4 in x 4 in	10/box, 4 boxes/case	A6212
	86666	6 in x 6 in	10/box, 4 boxes/case	A6212
Foam *Non-Adhesive*	86122	2 in x 2 in	10/box, 4 boxes/case	A6209
	86144	4 in x 4.75 in	10/box, 4 boxes/case	A6210
	86188	8 in x 8 in	5/box, 8 boxes/case	A6211
Adhesive	86233	3.2 in x 3.2 in	10/box, 4 boxes/case	A6212
	86244	4.5 in x 4 .5 in	10/box, 4 boxes/case	A6212
	86266	6 in x 6 in	10/box, 4 boxes/case	A6213
Classic *Non-Adhesive*	89533	3 in x 3 in	10/box, 10 boxes/case	A6251
	89545	4 in x 5 in	10/box, 10 boxes/case	A6252
	89569	6 in x 9 in	10/box, 5 boxes/case	A6253

HCS *(Non-Adhesive)*

HCS *(Adhesive)*

Gentle Tack Silicone Foam *(Borderless)*

Gentle Tack Silicone Foam *(Bordered)*

Foam *(Non-Adhesive)*

Foam *(Adhesive)*

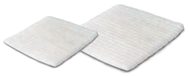
Classic *(Non-Adhesive)*

Bioguard® Barrier Dressing

	Reference	Description	Packaging Unit/Case	HCPCS
Gauze Roll	97322	6-Ply, 4.5 in x 4.1 yds	1 roll/pkg, 100 pkgs/case	A6266
Conforming Bandage	97241	2 in x 4.1 yds	1 roll/pkg, 100 pkgs/case	A6266
	97341	3 in x 4.1 yds	1 roll/pkg, 100 pkgs/case	A6266
	97441	4 in x 4.1 yds	1 roll/pkg, 100 pkgs/case	A6266
Gauze Sponges	97412	12-Ply, 4 in x 4 in, 2's	50 dressings/tray, 24 trays/case (1200 dressings)	A6222
	97208	8-Ply, 2 in x 2 in, 2's	100 dressings/tray, 30 trays/case (3000 dressings)	A6222
Packing Strips	97831	0.25 in x 5 yds	12/cs	A6266
	97832	0.5 in x 5 yds	12/cs	A6266
	97833	1 in x 5 yds	12/cs	A6266
Non-Adherent Dressings	97334	3 in x 4 in	50/box, 18/case	A6222
	97338	3 in x 8 in	50/box, 12/case	A6223
Island Dressings	97041	4 in x 10 in	25/box, 4 boxes/case	A6203
	97042	4 in x 14 in	25/box, 2 boxes/case	A6204
	97045	4 in x 5 in	25/box, 8 boxes/case	A6203
	97048	4 in x 8 in	25/box, 4 boxes/case	A6203
Ready Cut Gauze	97118	100-Ply, 18 in x 18 in	10/pkg, 100 pkgs/case	N/A

Gauze Roll

Conforming Bandage



Gauze Sponges

Packing Strips

Non-Adherent Dressing

Ready Cut Gauze

Island Dressing

Algicell® Ag Calcium Alginate Dressing with Antimicrobial Silver

Reference	Description	Packaging Unit/Case	HCPCS
88512	0.75 in x 12 in	5/box, 4 boxes/case	A6199
88522	2 in x 2 in	10/box, 10 boxes/case	A6196
88544	4.25 in x 4.25 in	10/box, 5 boxes/case	A6197
88545	4 in x 5 in	10/box, 5 boxes/case	A6197
88548	4 in x 8 in	5/box, 4 boxes/case	A6197
88582	8 in x 12 in	5/box, 4 boxes/case	A6198

Omnigraft® Dermal Regeneration Matrix

Indications:

Omnigraft is indicated for use in the treatment of partial and full-thickness neuropathic diabetic foot ulcers that are greater than six weeks in duration, with no capsule, tendon or bone exposed, when used in conjunction with standard diabetic ulcer care.

Contraindications:

Omnigraft should not be used in patients with known sensitivity to bovine or chondroitin materials. Omnigraft should not be used on clinically diagnosed infected wounds.

Warnings:

Debridement or excision must be done thoroughly to remove any remaining necrotic tissue that may delay healing or cause infection. Omnigraft will not incorporate into a wound bed of nonviable tissue. Leaving any remaining nonviable tissue may create an environment for bacterial growth.

Precautions:

The following complications are possible with the use of wound treatments. The product should be removed if any of these conditions occur: infection, chronic inflammation (initial application of wound products may be associated with transient, mild, localized inflammation), allergic reaction, excessive redness, pain, or swelling. There have been no clinical studies evaluating Omnigraft in pregnant women. Caution should be exercised before using Omnigraft in pregnant women. Such use should occur only when the anticipated benefit clearly outweighs the risk.

Adverse Events:

All adverse events that were reported in the study evaluating Omnigraft for the treatment of diabetic foot ulcers at a frequency of ≥ 1% in either cohort are presented in Table 1 in the Instructions for Use. This table includes adverse events that were both attributed to and not attributed to treatment. The most common adverse events experienced by patients treated with Omnigraft were: wound infection (15%); new, worsening, or recurring wounds (14%); pain around the wound (9%); infection beyond the wound (either cellulitis or osteomyelitis, 14%); swelling (5%); nausea (5%); worsening health condition (4%). These adverse events occurred in a similar or lower percentage of patients treated with Omnigraft compared to patients treated with standard wound care alone. Omnigraft is also marketed as Integra Dermal Regeneration Template and has been studied extensively in life-threatening thermal injuries and scar contracture reconstruction.

Refer to the Integra® Dermal Regeneration Template package insert for complete adverse event information.

PriMatrix® Dermal Repair Scaffold

Indications:

PriMatrix is intended for the management of wounds that include:

- Partial and full thickness wounds
- Pressure, diabetic, and venous ulcers
- Second-degree burns
- Surgical wounds–donor sites/grafts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence
- Trauma wounds–abrasions, lacerations, and skin tears
- Tunneled/undermined wounds
- Draining wounds

Contraindications:

PriMatrix should not be used for patients with a known history of hypersensitivity to collagen or bovine products.

Integra® Reimbursement Hotline Services

For assistance with the following:

- Insurance benefits verification
- Prior authorizations
- Predeterminations
- Claims review
- Navigating the approval process

Phone: 1-877-444-1122, option 3, option 1
Fax: 1-888-807-0571
Email: smartreimbursement@integralife.com
Web: integralife.com

Disclaimer: Integra intends to use reasonable efforts to provide accurate coding advice, but this advice should not be construed as providing clinical advice, dictating reimbursement policy or substituting for the judgment of a practitioner. It is always the provider's responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. Provider is responsible for verifying coverage with the patient's insurance carrier. Integra LifeSciences Corporation assumes no responsibility for the timeliness, accuracy and completeness of the information contained herein. Since reimbursement laws, regulations and payor policies change frequently, it is recommended that providers consult with their payors, coding specialists and/or legal counsel regarding coverage, coding and payment issues.

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- Consult product labels and inserts for complete indications, contraindications, warnings, precautions, and instructions for use.

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