Boston Scientific
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WATCHMAN™
INTEGRATED LAAC SOLUTIONS

Referring Pocket Guide

Which of your Afib patients are right for the WATCHMAN LAAC Implant?

Patient has an increased stroke risk and is recommended for oral anticoagulation (OAC). CHA_2DS_2-VASc ≥ 2 in men, ≥ 3 in women.*
(See CHA_2DS_2-VASc Score calculation, page 3)

YES | NO

Patient is suitable for short-term OAC use.
(See post-procedure regimen, page 9).

YES | NO

Patient has appropriate rationale to seek a non-pharmacologic alternative for stroke risk reduction. *(See patient selection, page 4).*

YES | NO

Patient may be a candidate for the WATCHMAN LAAC Implant**

**CMS coverage criteria requires a shared decision-making interaction and a CHA_2DS_2-VASc score ≥ 3. Providers are encouraged to read the decision memo in its entirety for additional detail. Commercial Policies' medical criteria may vary.*

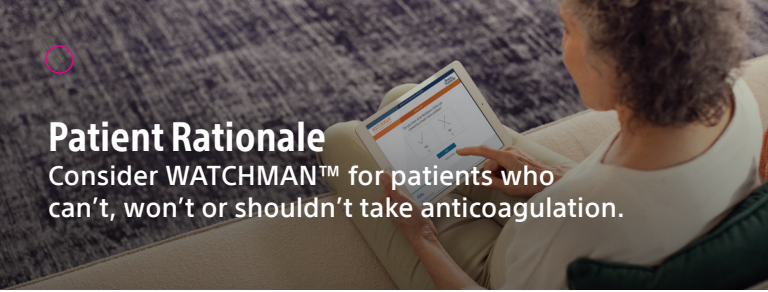
***See full indication on back page.*

CHA_2DS_2-VASc Score (Stroke Risk)[a]

	Condition	Points
C	Congestive heart failure	1
H	Hypertension (SBP > 160)	1
A	Age ≥ 75 years	2
D	Diabetes mellitus	1
S_2	Prior stroke, TIA, or thromboembolism	2
V	Vascular disease (PAD, MI)	1
A	Age 65-74 years	1
Sc	Sex category (Female)	1
Total Points		

Score	Yearly Stroke Risk (%)		
	No Warfarin	With Aspirin[b]	With Warfarin[b]
0	0	0	0
1	1.3	1.0	0.5
2	2.2	1.8	0.8
3	3.2	2.6	1.1
4	4.0	3.2	1.4
5	6.7	5.4	2.3
6	9.8	7.8	3.4

a. CHA_2DS_2-VASc: Chest. 2010;137(2):263-272.
b. Warfarin Stroke Reduction: Ann Intern Med. 2007;146:857-867.
Elevated Risk = CHA_2DS_2-VASc ≥ 2 in men, ≥ 3 in women.
CMS coverage criteria requires a CHA_2DS_2-VASc score ≥ 3. Providers are encouraged to read the decision memo in its entirety for additional detail Commercial Policies' medical criteria may vary.



Patient Rationale

Consider WATCHMAN™ for patients who can't, won't or shouldn't take anticoagulation.

Past bleed

A major or minor bleeding episode

Questions to ask your patients:

- Have you experienced side effects from your blood thinner?
- Have you noticed bruising or bleeding?

Stroke risk

History of stroke due to:

- Non-compliance
- Inability to maintain INR

Questions to ask your patients:

- Do you sometimes miss or forget to take your blood thinner?
- Do you struggle filling or picking up your prescription?
- Is the cost of your blood thinner a concern for you?

Increased risk of future bleed

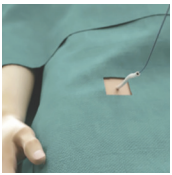
Previous fall or risk of falling due to:

- Work or activities that put them at risk of bleeding or falling
- On another medication that raises bleeding risk
- Side effects or major issues caused by blood thinners

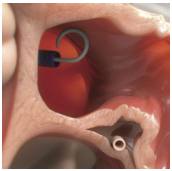
Questions to ask your patients:

- Do you have concerns about falling?
- Do you live with someone who is able to help you in case of a fall?
- What other medications are you taking?
- Does being on a blood thinner interfere with your daily tasks or activities?
- Have you had to change your diet or lifestyle?

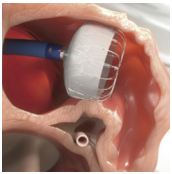
Implant Procedure Overview



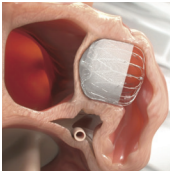
1 Using a standard percutaneous technique, a guidewire and vessel dilator are inserted into the femoral vein. The implant procedure is performed with fluoroscopy and transesophageal echocardiography (TEE).



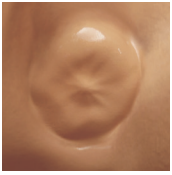
2 The interatrial septum is crossed using a standard transseptal access system. The access sheath is advanced over the guidewire into the left atrium and then navigated into the distal portion of the LAA over a pigtail catheter.



3 The WATCHMAN Implant is deployed and released in LAA.



4 Heart tissue grows over implant and LAA is permanently sealed; patients will then follow the post-procedure drug regimen as prescribed by their physician.



5 Fully endothelialized implant.

How the WATCHMAN LAAC Implant Works

The WATCHMAN LAAC Implant is a minimally invasive, one-time procedure designed to reduce the risk of strokes that originate in the left atrial appendage (LAA). WATCHMAN is the only LAAC device without a requirement of an overnight stay post-procedure.

Procedure Overview

Permanent Implant

Minimally Invasive

1 DAY

1 day or less average hospital stay

~1 INCH

Learn more about the WATCHMAN LAAC Implant procedure — scan QR code

Implant Procedure Animation

Clinical Data

PINNACLE FLX IDE Clinical Study Results for the WATCHMAN FLX LAAC Implant.

PROVEN | SAFE | EFFECTIVE

ADVANCE SAFETY[1]

99%
Implant Success Rate (395/400)*

0.5%
Major Adverse Event Rate†

PROVEN EFFICACY[1]

100%
Effective LAA Closure at 12 Months‡

>96%
of Patients Discontinued OAC After 45 Days

** Procedure success defined as successful delivery and release of a WATCHMAN FLX device into the LAA.*

† Occurrence of one of the following events between the time of implant and within 7 days following the procedure or by hospital discharge, whichever is later: all-cause death, ischemic stroke, systemic embolism, or device or procedure related events requiring open cardiac surgery or major endovascular intervention.

‡ LAA closure at 12 months is defined as any peri-device flow with jet size ≤5mm per core laboratory-assessed TEE.

1 Kar, S., et al, Primary Outcome Evaluation of the Next Generation LAAC Device: Results from the PINNACLE FLX Trial, Circulation, 2021.

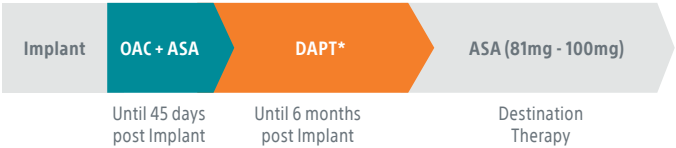
Post-Procedure Regimen

What to expect after a WATCHMAN Implant procedure

Post-Procedure Drug Regimen Options

Only the WATCHMAN Implant provides you the flexibility to **choose the ideal drug regimen that is best for your patients** with clinical outcomes that support safety and efficacy in preventing thrombosis and consequent stroke.

Option 1: Short-Term OAC



Option 2: Immediate DAPT-Only

As always, you should exercise clinical judgment based on individual patient characteristics in determining the most appropriate use of anti-thrombotic drugs for the post-implant medication regimen.

ASA = Aspirin.

At TEE, if leak >5mm, patients remain on OAC + ASA until seal is documented (leak <5mm).

**Any P2Y12 Inhibitor and Aspirin.*

Patient Cost

Help your patient understand what they may expect in terms of cost and post-procedure regimen associated with the WATCHMAN™ Left Atrial Appendage Closure Implant.[1]

Estimated Medicare patient out-of-pocket costs for the procedure with one of the WATCHMAN LAAC Implants.[1]

		Totals
Preparing for the Implant Procedure		
Pre-Screening TEE[2,3]	$122	**$122**
WATCHMAN Implant		
Hospital Deductible[4] (Medicare Part A)	$1,600	
Medical Services Deductible[4] (Medicare Part B)	$226	
Implant Procedure		
Implant Physician Fee[3]	$156	
Anesthesiologist Fee[3]	$87	
Intraoperative TEE Fee[3]	$45	**$2,114**
Post-Implant Therapy		
Warfarin/Clopidogrel/ASA through 1 year[5]	$69	
45-day follow-up TEE[3]	$122	
1-year follow-up TEE[3]	$122	**$313**
Total Estimated Maximum Patient OOP Costs: $2,549		

NOTE: *Estimates are based on 2023 Medicare Fee for Service rates. These estimates will vary depending upon the patient's individual healthcare policy. Insurance coverage can vary significantly from one plan to another, even within the same insurance company. We therefore recommend that patients contact their insurance provider directly with questions regarding estimated patient-specific out-of-pocket costs.*

Important Information

Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies.

This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims far services.

It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

Boston Scientific does not promote the use of its products outside their FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

REFERENCES

1 Represents all WATCHMAN models, including WATCHMAN FLX Devices.

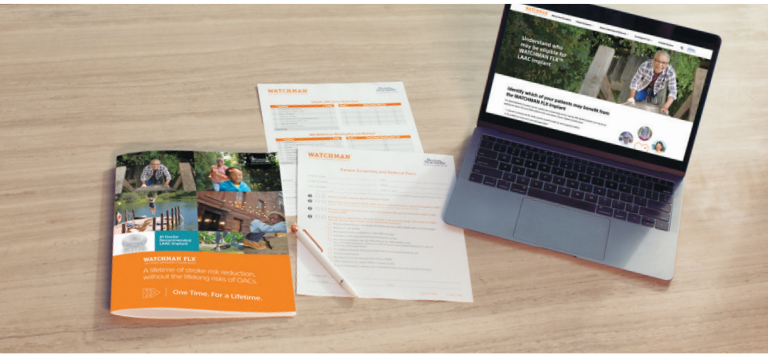
2 The pre-screen TEE cost will be different if it is completed within 72 hours before hospital admission due to the 3-Day Payment window. Source: CMS MLN Matters, SE20024, December 3, 2020.

3 Patient Costs are calculated based on Medicare beneficiaries 20% coinsurance payment for Part B services, for both hospital (where applicable) and physician work. Rates are 2023 Medicare rates set by the CY2023 CMS Physician Fee Schedule and CY2023 CMS Hospital Outpatient Prospective Payment System Annual Rules. CF= $33.8872. Payments from Optum, Inc. Accessed 01/04/2023.

4 Traditional Medicare beneficiaries 2023 Deductible for Part A ($1,600) and B ($226) may have already been met for patients if they have had prior medical services unrelated to WATCHMAN procedures.

5 Source: GoodRx.com, Walmart pricing for Warfarin, Clopidogrel and ASA.

Resources for your Patients



Contact your Boston Scientific rep to learn more about:

- Ordering **patient education materials** (printed brochures, posters, and video brochures) for your office
- **Education Specialists** who can answer patient's questions during 1:1 phone calls
- **WATCHMAN Ambassadors** who volunteer to share their experience with prospective patients

Tell your patients to visit **WATCHMAN.com** to learn more.

Brief Summary

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete "Instructions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions.

INTENDED USE/INDICATIONS FOR USE

The WATCHMAN FLX™ Device is indicated to reduce the risk of thromboembolism from the left atrial appendage in patients with non-valvular atrial fibrillation who:

- Are at increased risk for stroke and systemic embolism based on CHA_2DS_2-VASc scores and are recommended for anticoagulation therapy;
- Are deemed by their physicians to be suitable for anticoagulation therapy;
- Have an appropriate rationale to seek a non-pharmacologic alternative to anticoagulation therapy, taking into account the safety and effectiveness of the device compared to anticoagulation therapy.

CONTRAINDICATIONS

Do not use the WATCHMAN FLX Device if:

- Intracardiac thrombus is present.
- An atrial septal defect repair or closure device or a patent foramen ovale repair or closure device is present.
- The LAA anatomy will not accommodate a Closure Device (see **Table 62** of the eIFU).
- The patient has a known hypersensitivity to any portion of the device material or the individual components (see Device Description section of the eIFU) such that the use of the WATCHMAN FLX Device is contraindicated.
- Any of the customary contraindications for other percutaneous catheterization procedure (e.g., patient size too small to accommodate TEE probe or required catheters) or conditions (e.g., active infection, bleeding disorder) are present.
- There are contraindications to the use of anticoagulation therapy, aspirin, or P2Y12 inhibitor.

WARNINGS

Implantation of the WATCHMAN FLX Device should only be performed by interventional cardiologists and/or electrophysiologists who are proficient in percutaneous procedures, transseptal procedures, the imaging modality utilized and who have completed the WATCHMAN FLX Physician Training program.

- This device has not been studied in pregnant or breastfeeding women. Careful consideration should be given to use of the Closure Device in pregnant and/or breastfeeding women due to the risk of significant exposure to x-rays and the use of anticoagulation medication.
- Device selection should be based on accurate LAA measurements obtained using transesophageal or intracardiac echocardiographic imaging guidance in multiple views to avoid improper Closure Device sizing. For TEE recommended in multiple angles [e.g., 0°, 45°, 90°, 135°]); For ICE imaging, visualization of the LAA is recommended with the following anatomical structures: aortic valve (short-axis), mitral valve (long-axis), and pulmonary artery (short-axis), to assess the minimum and maximum diameter of the LAA ostium.
- Do not release (i.e., unscrew) the WATCHMAN FLX Device from the core wire unless all release criteria are satisfied to avoid suboptimal results.
- Potential for Closure Device embolization exists with cardioversion < 30 days following Closure Device implantation; verify Closure Device position after cardioversion during this period.
- Appropriate post-procedure drug therapy should be followed. See Post-Procedure Information section (of the eIFU) for further detail.

PRECAUTIONS

- The safety and effectiveness (and benefit-risk profile) of the WATCHMAN FLX Device has not been established in patients for whom long-term anticoagulation is determined to be contraindicated.
- The LAA is a thin-walled structure. Use caution when accessing the LAA, and deploying, recapturing, and repositioning the Closure Device.
- Use caution when introducing a WATCHMAN Access System to prevent damage to cardiac structures.
- Use caution when introducing the Delivery System to prevent damage to cardiac structures.
- To prevent damage to the Delivery Catheter or Closure Device, do not allow the WATCHMAN FLX Device to protrude beyond the distal tip of the Delivery Catheter when inserting the Delivery System into the Access Sheath.
- If using a power injector, the maximum pressure should not exceed 690 kPa (100 psi).

PATIENT SELECTION FOR TREATMENT

In considering the use of the WATCHMAN FLX Device, the rationale for seeking an alternative to long-term anticoagulation therapy and the safety and effectiveness of the device compared to anticoagulation should be taken into account.

- The presence of indication(s) for long-term anticoagulation therapy, other than non-valvular atrial fibrillation (e.g., mechanical heart valve, hypercoagulable states, recurrent deep venous thrombosis). Details regarding the indications, contraindications, warnings, and precautions for oral anticoagulants approved for patients with non-valvular atrial fibrillation are provided in their respective Instructions for Use.

Of note:

- The safety and effectiveness (and benefit-risk profile) of the WATCHMAN FLX Device has not been established in patients for whom long-term anticoagulation is determined to be contraindicated. Factors that need to be considered for the WATCHMAN FLX Device and implantation procedure include the following:
- Overall medical status, including conditions which might preclude the safety of a percutaneous, transcatheter procedure.
- Suitability for percutaneous, transseptal procedures, including considerations of:
  - Cardiac anatomy relating to the LAA size and shape.
  - Vascular access anatomy (e.g., femoral vein size, thrombus, or tortuosity).
  - Ability of the patient to tolerate general or local anesthesia.
  - Ability of the patient to undergo required imaging.
- Ability to comply with the recommended post-WATCHMAN FLX Device implant pharmacologic regimen (see Post-Procedure Information section) especially for patients at high risk for bleeding.

ADVERSE EVENTS

Potential adverse events (in alphabetical order) which may be associated with the use of a left atrial appendage closure device or implantation procedure include but are not limited to:
Air embolism, Airway trauma, Allergic reaction to the contrast media, anesthetic, WATCHMAN Implant material, or medication, Altered mental status, Anemia requiring transfusion, Anesthesia risks, Angina, Anoxic encephalopathy, Arrhythmias, Atrial septal defect, Bruising, hematoma, or seroma near the catheter insertion site, Cardiac perforation, Chest pain/discomfort, Confusion post procedure, Congestive heart failure, Contrast related nephropathy, Cranial bleed, Death, Decreased hemoglobin, Deep vein thrombosis, Device embolism, Device fracture, Device thrombosis, Edema, Embolism, Excessive bleeding, Fever, Fistula, Groin pain, Groin puncture bleed, Hematuria, Hemoptysis, Hypotension, Hypoxia, Improper wound healing, Inability to reposition, recapture, or retrieve the device, Infection/pneumonia, Interatrial septum thrombus, Intratracheal bleeding, Major bleeding requiring transfusion, Misplacement of the device/improper seal of the appendage/movement of device from appendage wall, Myocardial erosion, Myocardial infarction, Nausea, Oral bleeding, Pericardial effusion/tamponade, Pleural effusion, Prolonged bleeding from a laceration, Pseudoaneurysm, Pulmonary edema, Radiation injury, Renal failure, Respiratory insufficiency/failure, Stroke – Hemorrhagic, Stroke – Ischemic, Surgical removal of the device, TEE complications (e.g., throat pain, bleeding, esophageal trauma), Thrombocytopenia, Thrombosis, Transient ischemic attack (TIA), Valvular or vascular damage, Vasovagal reactions.

There may be other potential adverse events that are unforeseen at this time.

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