1. Is MEDIHONEY® made with regular honey?
   No. MEDIHONEY® is the leading global brand of medical honey-based wound and burn care made from a specific honey, *Leptospermum scoparium* or Manuka honey, derived from a tea tree bush indigenous to New Zealand. Active Leptospermum Honey is the only species of honey shown in randomized controlled studies to help wounds—that have stalled under first-line treatment—to progress towards healing.

2. Why would one honey be any different than any other honey?
   While there are other honeys in the market, only MEDIHONEY® with Active Leptospermum Honey has been shown to have certain unique plant-derived floral attributes that are beneficial to wound management. The quality and grade of honey can vary from region to region based on environmental factors and soil nutrients. MEDIHONEY® is the only honey shown in numerous studies to maintain its quality and effectiveness with trusted batch to batch consistency.

3. What are the properties in MEDIHONEY® dressings that make them effective for wounds and burns?
   MEDIHONEY®’s high osmolarity helps to pull wound fluid to the wound’s surface, aiding in continual and consistent debridement and cleansing of the wound bed. MEDIHONEY® also has a low pH value which has been shown in clinical trials to reduce the pH level of the wound, helping to increase oxygen diffusion and reduce protease activity. Both of these attributes help to progress the wound towards healing.

4. What dressing formats are available?
   MEDIHONEY® is available in a variety of patented dressing configurations and formulations for managing multiple wound types. The MEDIHONEY® product line provides a full range of options for clinicians—for dry, moderate, and heavily exuding wounds including:
   - MEDIHONEY® Gel Dressing (dispensed from a tube) – 80% Active Leptospermum Honey and 20% natural gelling agents
   - MEDIHONEY® Paste Dressing (dispensed from a tube) – 100% Active Leptospermum Honey
   - MEDIHONEY® Alginate – Honey impregnated into an alginate pad
   - MEDIHONEY® “Honeycolloid”, both with and without an adhesive border – Honey mixed with gelling agents to form a colloidal sheet

5. What is the difference between the MEDIHONEY® Gel and the 100% MEDIHONEY® dressing?
   MEDIHONEY® Gel Wound and Burn Dressing is formulated with 80% Active Leptospermum Honey and 20% natural gelling agents. It offers a more viscous formulation with increased stability at the site of the wound even in the presence of body heat and wound fluid. It is clinically accepted and effective on a variety of wound etiologies and has shown to have reduced stinging upon application.

6. What are the natural gelling agents in MEDIHONEY®?
   MEDIHONEY® Gel is made with 80% Active Leptospermum Honey and 20% natural gelling agents. The natural gelling agents are comprised of natural vegetable esters and viscous liquids commonly used in dermatologic products.

7. What is the evidence to support the dressings' usage?
   There are four, 100-plus patient, Randomized Controlled Trials (RCTs) comparing MEDIHONEY® to other advanced wound care products in the management of chronic wounds. A library of peer-reviewed journal articles, and numerous case series presentations has resulted in over 500 patient studies on the clinical benefits of using MEDIHONEY® on chronic and stalled wounds.

8. What are the most common usages of MEDIHONEY® dressings?
   MEDIHONEY® is clinically accepted and effective on a variety of etiologies; is safe, non-toxic, natural, and easy-to-use, which can make wound management easier by taking much of the guess work out of what to use and when. The most common usages of MEDIHONEY® dressing are debridement of wounds and jump-starting the healing of stalled wounds including:
   - Arterial leg ulcers
   - Diabetic foot ulcers
   - Donor sites
   - Pressure ulcers (I-IV)
   - Traumatic and surgical wounds
   - Venous stasis leg ulcers
   - Leg ulcers of mixed etiology
   - Oncologic wounds
   - 1st and 2nd degree burns

9. Can MEDIHONEY® be used along with Negative Pressure devices?
   MEDIHONEY® has been shown to work quickly and effectively as a wound debrider by removing necrotic, sloughy tissue and preparing the wound bed for the healthy progression of tissue granulation. MEDIHONEY® has been successfully used prior to, during, and after Negative Pressure Wound Therapy (NPWT).
10. Can MEDIHONEY® be used along with MIST therapy?
   MEDIHONEY® has been successfully used prior to, and after MIST therapy.

11. Can MEDIHONEY® be used along with Hyperbaric Oxygen Therapy?
   MEDIHONEY® has been successfully used prior to, and after Hyperbaric Oxygen Therapy (HBOT) for the successful closure of hard to heal wounds.

12. Can MEDIHONEY® be used under compression for 7-days?
   Yes. MEDIHONEY® dressings can be left in place under compression and off-loading devices for up to 7 days.

13. How often should the dressings be changed? (depends on drainage)
   MEDIHONEY® dressing change frequency depends on the condition of the patient as well as the level of wound exudates. MEDIHONEY® should be reapplied when the secondary dressing has reached its absorbent capacity or as directed by a wound care professional.

14. Should a barrier cream be used prior to application?
   Yes. Due to the high osmolarity attributes of MEDIHONEY® there can be an increase in exudate and wound fluid to the wound area. Applying a barrier cream to the wound area will help to prepare and protect the surrounding area of skin from an increase in moisture and fluid.

15. What are the precautions?
   If the dressing is not easily removed, soak with sterile saline or water until it is removed without difficulty.
   Due to the dressing’s low pH, some patients may notice slight transient stinging. If stinging does not stop or persists and cannot be managed with an analgesic, remove dressing, cleanse area, and discontinue the use of MEDIHONEY® dressing.
   During initial use of the dressing (depending on wound exudates levels, interstitial fluid, and edema surrounding the wound), the dressings high osmolarity may contribute to increased exudates. Manage additional moisture by adding an absorptive cover dressing and/or adjusting the frequency of dressing change.
   During the healing process, due to autolytic debridement, it is common for non-viable tissue to be removed from the wound resulting in an initial increase in wound size. Although an initial increase in wound size may be attributed to the normal removal of non-viable tissue, consult a healthcare professional if the wound continues to grow larger after the first few dressing changes.

16. Do the MEDIHONEY® dressings have HCPCS (reimbursement) codes?

<table>
<thead>
<tr>
<th>MEDIHONEY® HCS DRESSING</th>
<th>Description</th>
<th>Pkg Unit/Case</th>
<th>HCPCS</th>
<th>Medicare Allowable</th>
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<tbody>
<tr>
<td>Product</td>
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<thead>
<tr>
<th>MEDIHONEY® GEL DRESSING</th>
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<th>MEDIHONEY® CALCIUM ALGINATE DRESSING</th>
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