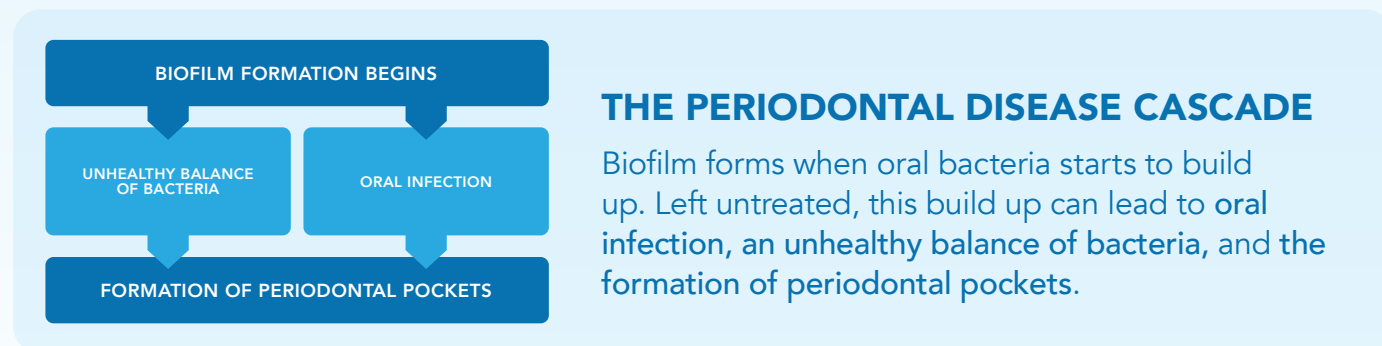


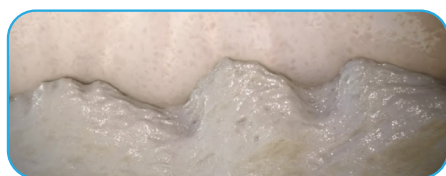
# Reaching beyond the limits of scaling and root planing (SRP)

**Arestin**®  minocycline HCl 1mg  
**MICROSPHERES**

ARESTIN® (minocycline HCl) Microspheres, 1 mg is indicated as an adjunct to scaling and root planing (SRP) procedures for reduction of pocket depth in patients with adult periodontitis. ARESTIN may be used as part of a periodontal maintenance program, which includes good oral hygiene and SRP.



**Managing periodontal disease can be challenging.** By adding ARESTIN, you can treat beyond the physical limitations of SRP. Periodontal bacteria can be treated with SRP. However, within the microanatomy of the teeth, bacteria are able to evade even the most skilled dental professionals, frequently hiding in the following areas<sup>1,2</sup>:



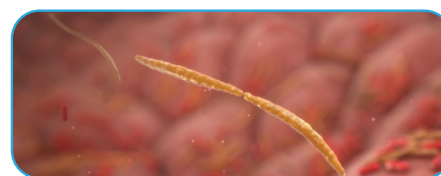
#### CEMENTO-ENAMEL JUNCTION

Scalloped recesses—not visible to the naked eye—can hide bacteria and allow them to grow<sup>3</sup>



#### DENTINAL TUBULES

These minute canals extend from the pulp to the dento-enamel junction and can be fully colonized<sup>4</sup>



#### GINGIVAL EPITHELIUM

Certain bacteria—such as the red and orange complex species—can invade and live within individual cells<sup>5</sup>

Help your patients get more out of their periodontal treatment. [Turn this over to see how.](#)

#### IMPORTANT SAFETY INFORMATION

- ARESTIN is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines. Hypersensitivity reactions and hypersensitivity syndrome that included, but were not limited to anaphylaxis, anaphylactoid reaction, angioneurotic edema, urticaria, rash, eosinophilia, and one or more of the following: hepatitis, pneumonitis, nephritis, myocarditis, and pericarditis may be present. Swelling of the face, pruritus, fever and lymphadenopathy have been reported with the use of ARESTIN. Some of these reactions were serious. Post-marketing cases of anaphylaxis and serious skin reactions such as Stevens Johnson syndrome and erythema multiforme have been reported with oral minocycline, as well as acute photosensitivity reactions.

Please see additional Important Safety Information on reverse and [full Prescribing Information.](#)

## Help patients get more out of periodontal treatment

When added to scaling + root planing (SRP), ARESTIN helps reduce pocket depth by targeting bacteria at the base of the pocket.<sup>6</sup>



In a clinical study, ARESTIN + SRP reduced harmful bacteria by nearly 2x as much as SRP alone.<sup>7,8\*</sup>

Visit [ArestinProfessional.com](http://ArestinProfessional.com) to learn more.



\*Single-blind, randomized, parallel-group study of 127 patients with moderate-to-severe periodontitis who had at least 5 teeth with  $\geq 5$  mm pocket depths. Mean red complex bacteria numbers at day 30 were reduced from  $18.9 \times 10^5$  to  $9.50 \times 10^5$  (50%) by ARESTIN + SRP ( $P=0.002$ ) and from  $19.3 \times 10^5$  to  $14.2 \times 10^5$  (26%) by SRP alone ( $P=0.002$ ).

### INDICATION

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- THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH, AND THEREFORE SHOULD NOT BE USED IN CHILDREN OR IN PREGNANT OR NURSING WOMEN.
- Tetracyclines, including oral minocycline, have been associated with development of autoimmune syndromes including a lupus-like syndrome manifested by arthralgia, myalgia, rash, and swelling. Sporadic cases of serum sickness-like reaction have presented shortly after oral minocycline use, manifested by fever, rash, arthralgia, lymphadenopathy and malaise. In symptomatic patients, diagnostic tests should be performed and ARESTIN treatment discontinued.
- The use of ARESTIN in an acutely abscessed periodontal pocket or for use in the regeneration of alveolar bone has not been studied.
- The safety and effectiveness of ARESTIN has not been established in immunocompromised patients or in those with coexistent oral candidiasis. Use with caution if there is a predisposition to oral candidiasis.
- In clinical trials, the most frequently reported nondental treatment-emergent adverse events were headache, infection, flu syndrome, and pain.

To report SUSPECTED ADVERSE REACTIONS, contact Bausch Health US, LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Please see full Prescribing Information.

**REFERENCES:** 1. Socransky SS, Haffajee AD. Dental biofilms: difficult therapeutic targets. *Periodontol* 2000. 2002;28:12-55. 2. Cobb CM. Non-surgical pocket therapy: mechanical. *Ann Periodontol*. 1996;1:443-490. 3. Sathesh K, MacNeill SR, Rapley JW, Cobb CM. The CEJ: a biofilm and calculus trap. *Compend Contin Educ Dent*. 2011;32(2):30, 32-38, 40. 4. Al-Nazhan S, Al-Sulaiman A, Al-Rasheed F, Alnajjar F, Al-Abdulwahab B, Al-Badah A. Microorganism penetration in dental tubules of instrumented and retreated root canal walls. In vitro SEM study. *Restor Dent Endo*. 2014;39:258-264. doi: 10.5395/rde.2014.39.4.258 5. Gurenlian JR. The role of dental plaque biofilm in oral health. *J Dent Hyg*. 2007;81(5):1-11. 6. ARESTIN<sup>®</sup> (minocycline hydrochloride) Microspheres, 1 mg. Prescribing Information. OraPharma; Bridgewater, NJ. 7. Goodson JM, Gunsolley JC, Grossi SG, et al. Minocycline HCl microspheres reduce red-complex bacteria in periodontal disease therapy. *J Periodontol*. 2007;78(8):1568-1579. 8. Grossi SG, Goodson JM, Gunsolley JC, et al. Mechanical therapy with adjunctive minocycline microspheres reduces red-complex bacteria in smokers. *J Periodontol*. 2007;78(9):1741-1750. 9. Pitcher GR, Newman HN, Strahan JD. Access to subgingival plaque by disclosing agents using mouthrinsing and direct irrigation. *J Clin Periodontol*. 1980;7(4):300-308. 10. Williams KB, Cobb CM, Taylor HJ, Brown AR, Bray KK. Effect of sonic and mechanical toothbrushes on subgingival microbial flora: a comparative in vivo scanning electron microscopy study of 8 subjects. *Quintessence Int*. 2001;32(2):147-154. 11. Rabbani GM, Ash MM Jr, Caffesse RG. The effectiveness of subgingival scaling and root planing in calculus removal. *J Periodontol*. 1981;52(3):119-123. 12. Williams RC, Paquette DW, Offenbacher S, et al. Treatment of periodontitis by local administration of minocycline microspheres: a controlled trial. *J Periodontol*. 2001;72(11):1535-1544.