



minocycline HCl 1mg  
**MICROSPHERES**

# WHEN TREATING PERIODONTAL DISEASE, **BOTH PIECES ARE ESSENTIAL**



**Add ARESTIN® to scaling and root planing (SRP) at the first sign of periodontal disease to improve pocket depth reduction.**

## INDICATION

ARESTIN® (minocycline HCl) Microspheres, 1mg 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.

## SELECT 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 throughout and [Click Here](#) for full Prescribing Information.**

# Periodontal disease affects millions and can have costly consequences



About 64.7 million Americans have periodontal disease<sup>1</sup>



Among adults, it's the #1 cause of tooth loss<sup>2</sup>



Periodontal disease is also associated with multiple systemic conditions and can affect overall health<sup>3,4</sup>

## SRP alone may not be enough<sup>5</sup>

Bacteria that cause periodontal disease may return within days or months after scaling and root planning (SRP).<sup>5</sup>



To help infection progression, treat early and comprehensively.<sup>2</sup> With delayed or incomplete treatment, the greater the chance that patients may need: <sup>6-8</sup>



**PAINFUL ORAL SURGERY**



**TO HAVE TEETH REMOVED**



**TO PAY EXPENSIVE DENTAL BILLS**

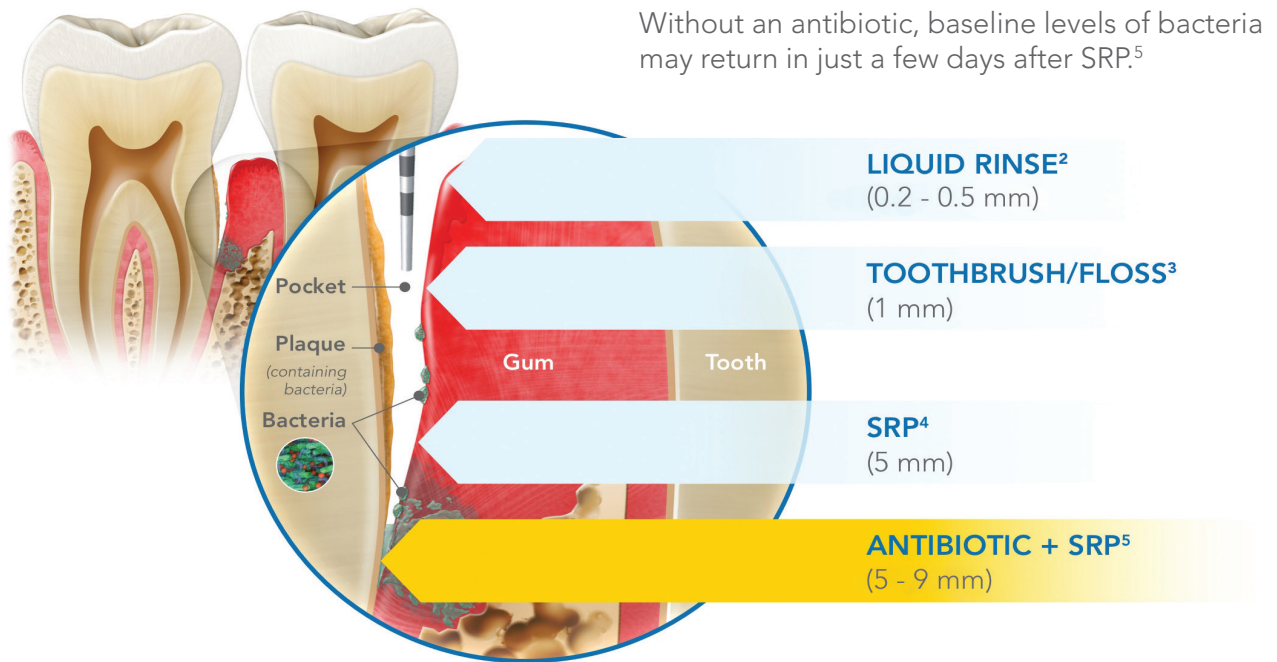
## SELECT IMPORTANT SAFETY INFORMATION

- 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 throughout and [Click Here](#) for full Prescribing Information.

# How ARESTIN + SRP can help...

## BACTERIA CAN HIDE OUT OF REACH



ARESTIN® (MINOCYCLINE HCl) MICROSPHERES, 1 MG CAN TARGET BACTERIA WHERE INSTRUMENTS CAN'T REACH—EVEN IN THE HANDS OF THE MOST SKILLED DENTAL PROFESSIONALS—LIKE NEAR THE<sup>5,12</sup>:

### CEMENTO-ENAMEL JUNCTION<sup>13</sup>



### DENTINAL TUBULES<sup>14</sup>




### GINGIVAL EPITHELIUM<sup>15</sup>



### SELECT IMPORTANT SAFETY INFORMATION (continued)

- 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.

Please see additional Important Safety Information throughout and [Click Here](#) for full Prescribing Information.



## ARESTIN® (minocycline HCl) Microspheres, 1 mg keeps working for the long term

When incorporated into a routine oral maintenance program along with SRP, ARESTIN<sup>11</sup>:

**9**  
MONTHS<sup>†</sup>

Resulted in reduced pocket depth after 1 month and maintained at **9 months**<sup>11</sup>

**3**  
MONTHS<sup>†</sup>

Provided significantly greater pocket depth reduction for up to **3 months** vs SRP alone<sup>11</sup>

**1**  
MONTH<sup>\*</sup>

Targeted periodontal bacteria to fight infection at **1 month**<sup>18</sup>

The effects of ARESTIN on microorganism overgrowth have not been studied beyond 6 months.

<sup>\*</sup>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 RCB 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 ( $P=0.002$ ).

<sup>†</sup>In 2 multicenter, investigator-blind, parallel-design studies of 748 patients with generalized moderate-to-advanced adult periodontitis characterized by a mean probing depth of 5.90 and 5.81 mm, subjects received 1 of 3 treatments: (1) SRP, (2) SRP + vehicle, and (3) SRP + ARESTIN. Retreatment occurred at 3 and 6 months after initial treatment, and any new site with pocket depth  $\geq 5$  mm also received treatment. Patients treated with ARESTIN were found to have statistically significantly reduced probing pocket depth compared with those treated with SRP alone or SRP + vehicle at 9 months after initial treatment. ARESTIN vs SRP alone ( $n=250$ )  $P<0.01$ ; ARESTIN vs vehicle + SRP ( $n=249$ )  $P<0.001$ ; ARESTIN + SRP vs vehicle ( $n=249$ )  $P<0.001$ .

### SELECT IMPORTANT SAFETY INFORMATION (continued)

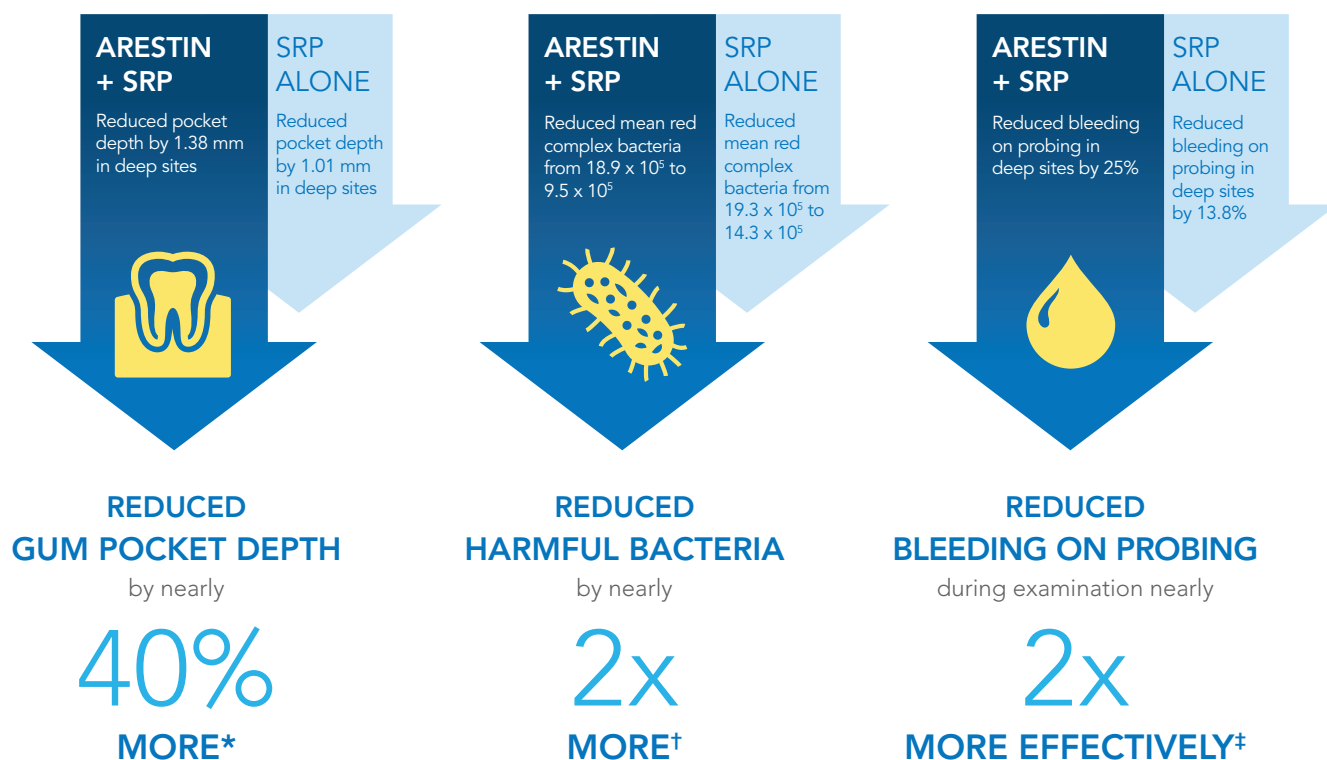
- The safety and effectiveness of ARESTIN has not been established in immunocompromised patients or in those with coexistent oral candidiasis. Use with caution if there is a predisposition to oral candidiasis.

Please see additional Important Safety Information throughout and [Click Here](#) for full Prescribing Information.

# The results speak for themselves

Adding **ARESTIN® (minocycline HCl) Microspheres, 1 mg** to SRP targets the active infection at the base of the pocket, helping disrupt the progression of periodontitis.<sup>16</sup>

## In a clinical trial, ARESTIN added to SRP provided better results than SRP alone after 30 days<sup>17</sup>:



ALSO DECREASED THE NUMBER OF DEEP POCKETS MORE EFFECTIVELY†

\*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 (PDs). Mean reductions in PD of deep sites were 1.38 mm in the minocycline microspheres (MM) + SRP group compared with 1.01 mm in the SRP alone group ( $P=0.00004$ ).

†Mean red-complex bacteria (RCB) 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 ( $P=0.002$ ).

‡Mean reduction in bleeding on probing in sites initially deep at baseline was 25.2% in the MM + SRP group compared with only 13.8% in the SRP alone group, nearly a 2-fold difference ( $P=0.009$ ).

### SELECT IMPORTANT SAFETY INFORMATION (continued)

- The use of ARESTIN in an acutely abscessed periodontal pocket or for use in the regeneration of alveolar bone has not been studied.

Please see additional Important Safety Information throughout and [Click Here](#) for full Prescribing Information.



# Meet each patient's unique needs with tailored options

## SAME DAY TREATMENT? ARESTIN NOW

The next time your patient is in the chair, be ready to treat them right away.  
By stocking ARESTIN® (minocycline HCl) Microspheres, 1mg at your practice, you can:



**Treat as many indicated sites as needed, same day**



**Treat your patient even when prescription coverage is not an option**



**Prepare for both initial SRP and periodontal maintenance cases**

---

## SCHEDULED APPOINTMENT? ARESTIN Rx ACCESS®

With ARESTIN Rx Access®, eligible commercially insured patients may be able to receive ARESTIN through their medical prescription benefits. Commercially insured patients may be eligible for a copay as low as \$0 through the ARESTIN Copay Assistance Program.\*

\*Please see Offer Restrictions and Eligibility Requirements on the Prescription Form at [ArestinProfessional.com](http://ArestinProfessional.com).



**Treat comprehensively**



**Minimize financial barriers**

### SELECT IMPORTANT SAFETY INFORMATION (continued)

- 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 additional Important Safety Information throughout and [Click Here](#) for full Prescribing Information.**

# How should we communicate with patients about periodontal disease?

Patients may not feel any discomfort or notice any symptoms. However, the longer they put off treatment, the greater the chance that they may potentially need:

- Painful oral surgery
- Expensive oral surgery
- To have teeth removed



## PATIENT COMMUNICATION TIP

Remind the patient that they have an active bacterial infection—and that bacterial infections are treated with antibiotics.

---

## Effective communication is an important part of the treatment process

How can you effectively communicate with your patients?



Be an engaged listener



Use non-verbal communication



Stay calm



Assert yourself

---



Call Your ARESTIN Sales Representative for Details  
or Call **1-866-273-7846, Prompt #3** to Order

## INDICATION

ARESTIN® (minocycline HCl) Microspheres, 1mg 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.

## SELECT 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.
- 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 additional Important Safety Information throughout and [Click Here](#) for full Prescribing Information.**

**REFERENCES:** 1. Tonetti MS, Jepsen S, Jin L, Otomo-Corgel J. Impact of the global burden of periodontal diseases on health, nutrition and wellbeing of mankind: a call for global action. *J Clin Periodontol*. 2017;44(5):456-462. 2. American Academy of Periodontology. Periodontal disease fact sheet. Accessed March 4, 2020. <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> 3. American Academy of Periodontology. More than a quarter of U.S. adults are dishonest with dentists about how often they floss their teeth. Accessed March 4, 2020. <https://www.perio.org/consumer/quarter-of-adults-dishonest-with-dentists> 4. Eke PI, Dye BA, Wei L, Thornton-Evans GO, Genco RJ; CDC Periodontal Disease Surveillance workgroup. Prevalence of periodontitis in adults in the United States: 2009 and 2010. *J Dent Res*. 2012;91(10):914-920. 5. Socransky SS, Haffajee AD. Dental biofilms: difficult therapeutic targets. *Periodontol* 2000. 2002;28:12-55. 6. Genco RJ. Clinical innovations in managing inflammation and periodontal diseases: the workshop on inflammation and periodontal diseases. *J Periodontol*. 2008;79(8 Suppl):1609-1611. 7. Leblebicioglu B, Claman L. Periodontal anatomy. In: Scheid RC, Weiss G. *Woelfel's Dental Anatomy*. 8th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2012. 8. 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. 9. 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. 10. 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. 11. 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. 12. Cobb CM. Non-surgical pocket therapy: mechanical. *Ann Periodontol*. 1996;1(1):443-490. 13. Satheesh 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. 14. Al-Nazhan S, Al-Sulaiman A, Al-Rasheed F, Alnajjar F, Al-Abdulwahab B, Al-Badah A. Microorganism penetration in dentinal tubules of instrumented and retreated root canal walls. In vitro SEM study. *Restor Dent Endod*. 2014;39(4):258-264. doi: 10.5395/rde.2014.39.4.258. 15. Gurenlian JR. The role of dental plaque biofilm in oral health. *J Dent Hyg*. 2007;81(5):1-11. 16. ARESTIN® (minocycline hydrochloride) Microspheres, 1 mg. Prescribing Information. OraPharma; Bridgewater, NJ. 17. Bland PS, Goodson JM, Gunsolley JC, et al. Association of antimicrobial and clinical efficacy: periodontitis therapy with minocycline microspheres. *J Int Acad Periodontol*. 2010;12(1):11-19. 18. 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.