Recommend a treatment that continues to work even after your patients leave the dental office.
ARESTIN® (minocycline HCl) Microspheres, 1 mg continues to target bacteria and fight infection even after the treatment

ARESTIN is a locally administered antibacterial periodontal agent. Each cartridge contains controlled-released minocycline microspheres (containing the equivalent to 1mg minocycline base). Insert ARESTIN into periodontal pockets after scaling and root planing (SRP) to help decrease pocket depth in your adult patients with chronic periodontitis.

Periodontal disease may progress without treatment*

Without an antibiotic, baseline levels of bacteria may return in just a few days, even after SRP.

*ARESTIN does not prevent tooth loss and is not indicated to reduce bleeding.

INDICATION
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.

IMPORTANT SAFETY INFORMATION
ARESTIN® is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines.

Please see additional Important Safety Information on the back cover.
Treat periodontal infections with an antibiotic that remains active in the pocket for an extended period of time\textsuperscript{1-3}

In a clinical study, ARESTIN + SRP reduced harmful bacteria by nearly 2x as much as SRP alone\textsuperscript{3-5*}

When incorporated into a routine oral maintenance program along with scaling and root planing (SRP), ARESTIN\textsuperscript{®} (minocycline HCl) Microspheres, 1 mg:

- **1 MONTH\textsuperscript{*}**
  - Targeted periodontal bacteria to fight infection at 30 days after therapy

- **3 MONTHS\textsuperscript{†}**
  - Provided significantly greater pocket depth reduction for up to 90 days vs SRP alone\textsuperscript{†}

- **9 MONTHS\textsuperscript{†}**
  - Resulted in reduced pocket depth after 1 month and maintained at 9 months\textsuperscript{6}

\textsuperscript{*}Single-blind, randomized, parallel-group study of 127 patients with moderate-to-severe periodontitis who had at least 5 teeth with ≥5 mm pocket depths. Mean RCB numbers were reduced from 18.9 x 10\textsuperscript{5} to 9.50 x 10\textsuperscript{5} (50\%) by ARESTIN + SRP (p=0.002) and from 19.3 x 10\textsuperscript{5} to 14.2 x 10\textsuperscript{5} (26\%) by SRP alone (p=0.002).

\textsuperscript{†}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 ≥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.
ARESTIN is an easy-to-use, locally applied antibiotic

1. ARESTIN is easily administered directly into the base of the pocket using a special applicator.  
2. The antibiotic immediately adheres to the surfaces in the infected pocket. 
3. Sustained release of minocycline occurs over an extended period of time. 
4. Removal is not required, as ARESTIN is completely bioresorbable. 

ARESTIN does not require premixing, premeasuring, local anesthesia, adhesive, or dressing.

Benefits of a locally applied antibiotic

• Has not been shown to cause significant increases of minocycline-resistant bacteria
• Delivers a concentrated dose directly to the base of the pocket and the active infection site
• Offers the convenience of an in-office treatment with no pills to take
• Allows for variable dosing, as low as 1 mg per site

IMPORTANT SAFETY INFORMATION

• ARESTIN® is contraindicated in any patient who has a known sensitivity to minocycline or tetracyclines. Hypersensitivity reactions have been reported with its use. 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. 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.

REFERENCES:

ARESTIN is a trademark of Valeant Pharmaceuticals International, Inc. or its affiliates.