

PERIDEX®

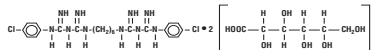
(CHLORHEXIDINE GLUCONATE 0.12%)



ORAL RINSE

INDICATION: Peridex Oral Rinse is indicated for use between dental visits as part of a professional program for the treatment of gingivitis as characterized by redness and swelling of the gingivae, including gingival bleeding upon probing. Peridex Oral Rinse has not been tested among patients with acute necrotizing ulcerative gingivitis (ANUG). For patients having coexisting gingivitis and periodontitis, see PRECAUTIONS.

DESCRIPTION: Peridex is an oral rinse containing 0.12% chlorhexidine gluconate (1,1'-hexamethylene bis[5-(p-chlorophenyl) biguanide] di-D-gluconate) in a base containing water, 11.6% alcohol, glycerin, PEG-40 sorbitan diostearate, flavor, sodium saccharin, and FD&C Blue No.1. Peridex is a near-neutral solution (pH range 5-7). Peridex is a salt of chlorhexidine and gluconic acid. Its chemical structure is:



CLINICAL PHARMACOLOGY: Peridex Oral Rinse provides antimicrobial activity during oral rinsing. The clinical significance of Peridex Oral Rinse's antimicrobial activities is not clear. Microbiological sampling of plaque has shown a general reduction of counts of certain assayed bacteria, both aerobic and anaerobic, ranging from 54-97% through six months use. Use of Peridex Oral Rinse in a six month clinical study did not result in any significant changes in bacterial resistance, overgrowth of potentially opportunistic organisms or other adverse changes in the oral microbial ecosystem. Three months after Peridex Oral Rinse use was discontinued, the number of bacteria in plaque had returned to baseline levels and resistance of plaque bacteria to chlorhexidine gluconate was equal to that at baseline.

PHARMACOKINETICS: Pharmacokinetic studies with Peridex Oral Rinse indicate approximately 30% of the active ingredient, chlorhexidine gluconate, is retained in the oral cavity following rinsing. This retained drug is slowly released in the oral fluids. Studies conducted on human subjects and animals demonstrate chlorhexidine gluconate is poorly absorbed from the gastrointestinal tract. The mean plasma level of chlorhexidine gluconate reached a peak of 0.206 µg/g in humans 30 minutes after they ingested a 300mg dose of the drug. Detectable levels of chlorhexidine gluconate were not present in the plasma of these subjects 12 hours after the compound was administered. Excretion of chlorhexidine gluconate occurred primarily through the feces (~90%). Less than 1% of the chlorhexidine gluconate ingested by these subjects was excreted in the urine.

CONTRAINDICATIONS: Peridex Oral Rinse should not be used by persons who are known to be hypersensitive to chlorhexidine gluconate or other formula ingredients

WARNINGS: The effect of Peridex Oral Rinse on periodontitis has not been determined. An increase in supragingival calculus was noted in clinical testing in Peridex Oral Rinse users compared with control users. It is not known if Peridex Oral Rinse use results in an increase in subgingival calculus. Calculus deposits should be removed by a dental prophylaxis at intervals not greater than six months. Hypersensitivity and generalized allergic reactions have occurred. SEE CONTRAINDICATIONS.

PRECAUTIONS:

GENERAL:

- For patients having coexisting gingivitis and periodontitis, the presence or absence of gingival inflammation following treatment with Peridex Oral Rinse should not be used as a major indicator of underlying periodontitis.
- Peridex Oral Rinse can cause staining of oral surfaces, such as tooth surfaces, restorations, and the dorsum of the tongue. Not all patients will experience a visually significant increase in tooth staining. In clinical testing, 56% of Peridex Oral Rinse users exhibited a measurable increase in facial anterior stain, compared to 35% of control users after six months; 15% of Peridex Oral Rinse users developed what was judged to be heavy stain, compared to 1% of control users after six months. Stain will be more pronounced in patients who have heavier accumulations of unremoved plaque. Stain resulting from use of Peridex Oral Rinse does not adversely affect health of the gingivae or other oral tissues. Stain can be removed from most tooth surfaces by conventional professional prophylactic techniques. Additional time may be required to complete the prophylaxis. Discretion should be used when prescribing to patients with anterior

facial restorations with rough surfaces or margins. If natural stain cannot be removed from these surfaces by a dental prophylaxis, patients should be excluded from Peridex Oral Rinse treatment if permanent discoloration is unacceptable. Stain in these areas may be difficult to remove by dental prophylaxis and on rare occasions may necessitate replacement of these restorations.

- Some patients may experience an alteration in taste perception while undergoing treatment with Peridex Oral Rinse. Rare instances of permanent taste alteration following Peridex Oral Rinse use have been reported via post-marketing product surveillance.

PREGNANCY: TERATOGENIC EFFECTS Pregnancy Category B. Reproduction studies have been performed in rats and rabbits at chlorhexidine gluconate doses up to 300mg/kg/day and 40mg/kg/day respectively, and have not revealed evidence of harm to fetus. However, adequate and well-controlled studies in pregnant women have not been done. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

NURSING MOTHERS: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Peridex Oral Rinse is administered to nursing women. In parturition and lactation studies with rats, no evidence of impaired parturition or of toxic effects to suckling pups was observed when chlorhexidine gluconate was administered to dams at doses that were over 100 times greater than that which would result from a person's ingesting 30ml of Peridex Oral Rinse per day.

PEDIATRIC USE:

Clinical effectiveness and safety of Peridex Oral Rinse have not been established in children under the age of 18.

CARCINOGENESIS, MUTAGENESIS, AND IMPAIRMENT OF FERTILITY:

In a drinking water study in rats, carcinogenic effects were not observed at doses up to 38mg/kg/day. Mutagenic effects were not observed in two mammalian *in vivo* mutagenesis studies with chlorhexidine gluconate. The highest doses of chlorhexidine used in a mouse dominant-lethal assay and a hamster cytogenetics test were 1000mg/kg/day and 250mg/kg/day, respectively. No evidence of impaired fertility was observed in rats at doses up to 100mg/kg/day.

ADVERSE REACTIONS:

The most common side effects associated with chlorhexidine gluconate oral rinses are: 1) an increase in staining of teeth and other oral surfaces; 2) an increase in calculus formation; and 3) an alteration in taste perception; see WARNINGS and PRECAUTIONS. Oral irritation and local allergy-type symptoms have been spontaneously reported as side effects associated with use of chlorhexidine gluconate rinse. The following oral mucosal side effects were reported during placebo-controlled adult clinical trials: aphthous ulcer, grossly obvious gingivitis, trauma, ulceration, erythema, desquamation, coated tongue, keratinization, geographic tongue, mucocele, and short frenum. Each occurred at a frequency of less than 1.0%.

Among post marketing reports, the most frequently reported oral mucosal symptoms associated with Peridex Oral Rinse are stomatitis, gingivitis, glossitis, ulcer, dry mouth, hypesthesia, glossal edema, and paresthesia.

Minor irritation and superficial desquamation of the oral mucosa have been noted in patients using Peridex Oral Rinse.

There have been cases of parotid gland swelling and inflammation of the salivary glands (sialadenitis) reported in patients using Peridex Oral Rinse.

OVERDOSAGE: Ingestion of 1 or 2 ounces of Peridex Oral Rinse by a small child (~10kg body weight) might result in gastric distress, including nausea, or signs of alcohol intoxication. Medical attention should be sought if more than 4 ounces of Peridex Oral Rinse is ingested by a small child or if signs of alcohol intoxication develop.

DOSAGE AND ADMINISTRATION: Peridex Oral Rinse therapy should be initiated directly following a dental prophylaxis. Patients using Peridex Oral Rinse should be reevaluated and given a thorough prophylaxis at intervals no longer than six months.

Recommended use is twice daily rinsing for 30 seconds, morning and evening after tooth brushing. Usual dosage is 15 ml of undiluted

Peridex Oral Rinse. Patients should be instructed to not rinse with water, or other mouthwashes, brush teeth, or eat immediately after using Peridex Oral Rinse. Peridex Oral Rinse is not intended for ingestion and should be expectorated after rinsing.

HOW SUPPLIED:

Peridex Oral Rinse is supplied as a blue liquid in:

- 16 fl. oz. (473 ml) (NDC 51284-620-22) amber plastic bottles with child resistant dispensing closures
- 4 fl. oz. (118 ml) (NDC 51284-620-12) amber plastic bottles with child resistant dispensing closures
- 64 oz. (NDC 51284-620-32) amber plastic bottle with pump dispensing closure

DIRECTIONS FOR USE: Swish 15mL (one tablespoon) undiluted for 30 seconds, then spit out. Use after breakfast and before bedtime. Or, use as prescribed. NOTE: To minimize medicinal taste, do not rinse with water immediately after use.

WHAT TO EXPECT WHEN USING PERIDEX ORAL RINSE:

Peridex Oral Rinse is prescribed to treat gingivitis, to help reduce the redness and swelling of the gums, and also to help control any gum bleeding. Peridex Oral Rinse should be used regularly as directed by a dentist, in addition to daily brushing. Peridex should be spit out after use. It should not be swallowed.

Peridex Oral Rinse may cause some tooth discoloration, or increase in tartar (calculus) formation, particularly in areas where stain and tartar usually form. It is important to see a dentist for removal of any stain or tartar at least every six months or more frequently if a dentist advises.

- Both stain and tartar can be removed by your dentist or hygienist. Peridex Oral Rinse may cause permanent discoloration of some front-tooth fillings.
- To minimize discoloration, you should brush and floss daily, emphasizing areas which begin to discolor.
- Local hypersensitivity and sometimes generalized allergic reactions have also been reported. Peridex Oral Rinse should not be used by persons who have a sensitivity to it or its components.
- Peridex Oral Rinse may taste bitter to some patients and can affect how foods and beverages taste. This will become less noticeable in most cases with continued use of Peridex Oral Rinse.
- To avoid taste interference, rinse with Peridex Oral Rinse after meals. Do not rinse with water or other mouthwashes immediately after rinsing with Peridex Oral Rinse.

If you have any questions or comments about Peridex Oral Rinse, contact your dentist or pharmacist.

STORE ABOVE FREEZING (32°F or 0°C)

Caution: Federal law prohibits dispensing without prescription.

REFERENCES: 1. Data on file. OMNII Oral Pharmaceuticals. 2. Briner WW, Kayrouz GA, Chanak MX. Comparative antimicrobial effectiveness of a substantive (0.12% chlorhexidine) and a nonsubstantive (phenolic) mouthrinse in vivo and in vitro. *Compendium*. 1994 Sep;15(9):1158, 1160, 1162 passim; quiz 1170. 3. Balbuena L, Stambaugh KI, Ramirez SG, Yeager C. Effects of topical oral antiseptics on bacterial counts of saliva in healthy human subjects. *Otolaryngol Head Neck Surg*. 1998 May;118(5):625-9. 4. Gultz J, Kaim JM, DeLeo J 4th, Scherer W. An *in vivo* comparison of the antimicrobial activities of three mouthrinses. *J Clin Dent*. 1998;9(2):43-5. 5. Logothetis DD, Martinez-Welles JM. Reducing bacterial aerosol contamination with a chlorhexidine gluconate pre-rinse. *J Am Dent Assoc*. 1995 Dec;126(12):1634-9.

Manufactured for:
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OMNII Oral Pharmaceuticals™
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The ADA Council on Scientific Affairs' Acceptance of Peridex is based on its finding that the product is effective in helping to prevent or reduce gingivitis and plaque above the gumline, when used as directed.

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