

THE QUALITY THAT YOU NEED, THE PRICE THAT YOU WANT



Orabloc®

(articaine HCl 4% and epinephrine 1:100,000
and epinephrine 1:200,000) Injection



Articaine HCl 4% and epinephrine 1:100,000 and epinephrine 1:200,000. Injection.

- » Rapid onset of anesthesia within 1-3 minutes.
- » Complete anesthesia lasts about 1 hour for infiltrations, up to 2 hours for nerve block.
- » 10% overage of epinephrine¹.
- » 24 month shelf life at room temperature.
- » Sodium edetate free, methylparaben free and latex free.
- » Most common adverse reactions (incidence >2%) are headache and pain.
- » Each cartridge is sealed individually in the blister for maximum protection.

Orabloc is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures:

- » For most routine dental procedures, Orabloc containing epinephrine 1:200,000 is preferred.
- » When more pronounced homeostasis or improved visualization of the surgical field are required, Orabloc containing epinephrine 1:100,000 may be used.

Both Orabloc strengths have a 24 month shelf life

- » Store at room temperature; 25°C (77°F), with brief excursions permitted between 15°C (59°F) and 30°C(86°F).
- » Protect from light.
- » Do not freeze.

Orabloc packaging

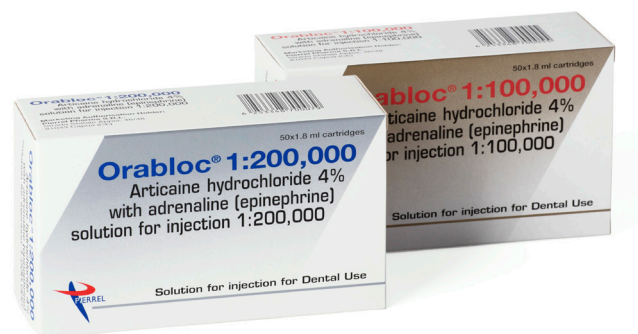
- » Each cartridge is individually sealed for maximum protection up to the moment of use.
- » Cartridges packed 10 to a blister tray to avoid glass to glass contact.
- » Blister trays packaged in boxes of 50.

Dosage and administration – Adults

- » For normal healthy adults, the maximum dose of Orabloc administered by submucosal infiltration and/or nerve block should not exceed 7mg/kg (0.175 mL/kg) of articaine HCl.
- » Dosage should be reduced in elderly patients and in patients with cardiac or liver disease.

Pediatric patients ages 4 to 16 years

- » The quantity of Orabloc in children ages 4 to 16 years of age to be injected should be determined by the age and weight of the child and the magnitude of the operation.
- » The maximum dose of Orabloc should not exceed 7 mg/kg (0.175 mL/kg) of articaine HCl (see Use in Specific Populations). Use in pediatric patients under 4 years of age is not recommended.



IMPORTANT SAFETY INFORMATION

Care should be taken to avoid accidental intravascular injection, which may be associated with convulsions followed by coma and respiratory arrest. Local anesthetic solutions that contain a vasoconstrictor should be used cautiously, especially in patients with impaired cardiovascular function or vascular disease. Administration of Orabloc results in a 3 to 5 fold increase in plasma epinephrine concentrations compared to baseline. However, in healthy adults it does not appear to be associated with marked increases in blood pressure or heart rate, except in the case of accidental intravascular injection. The most common adverse reactions (incidence >2%) are headache and pain. Inform patients in advance of the possibility of temporary loss of sensation and muscle function following infiltration and nerve block injections. Instruct patients not to eat or drink until normal sensation returns.

Please see accompanying full prescribing information or visit www.orabloc.com

Orabloc is an amide local anesthetic containing a vasoconstrictor indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. Orabloc contains sodium metabisulfite. Orabloc is contraindicated in patients who are hypersensitive to products containing sulfites. Products containing sulfites may cause allergic-type reaction including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. Please to see or download the full prescribing information visit www.orabloc.com

Please see accompanying full prescribing information or visit www.orabloc.com using the QR code.

To learn more about Orabloc call Pierrel at 1-610-989-4222 or email to orabloc@pierrelgroup.com



¹The American Heart Association (AHA) recommends using the lowest possible quantity of epinephrine (Kaplan EL ed. Cardiovascular disease in dental practice. Dallas, TX: American Heart Association, 1986)