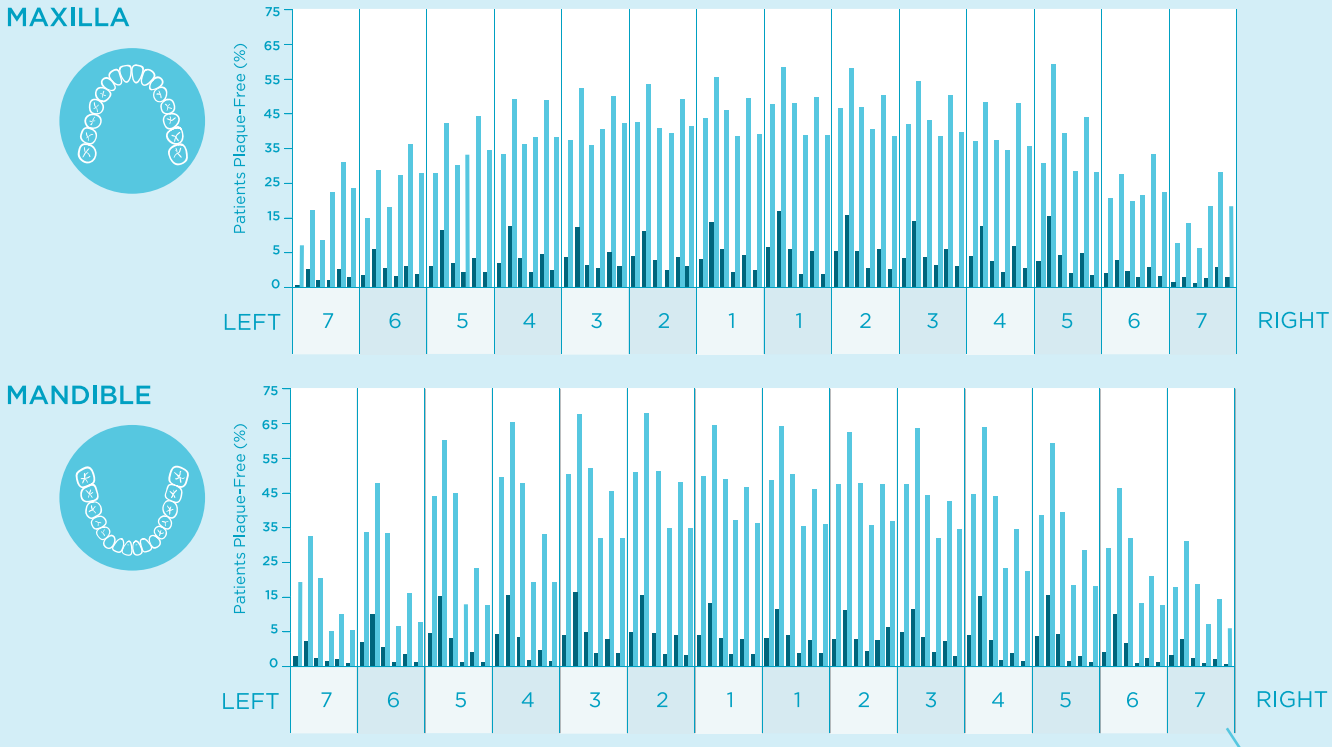
LISTERINE®

A GOLD OF BETTER ORAL HEALTH IS ATTAINABLE WITH EVIDENCE AS BOLD AS THIS.

BRING OUT THE BOLD™

MORE PLAQUE-FREE SITES EVEN IN THE HARDEST TO-REACH AREAS

PERCENTAGE OF PATIENTS PLAQUE-FREE (PI SCORE ≤1) AT EACH SITE[1]



- LISTERINE® users had more plaque-free sites—even in the hardest-to-reach areas of the mouth[1]

PI=Plaque Index.

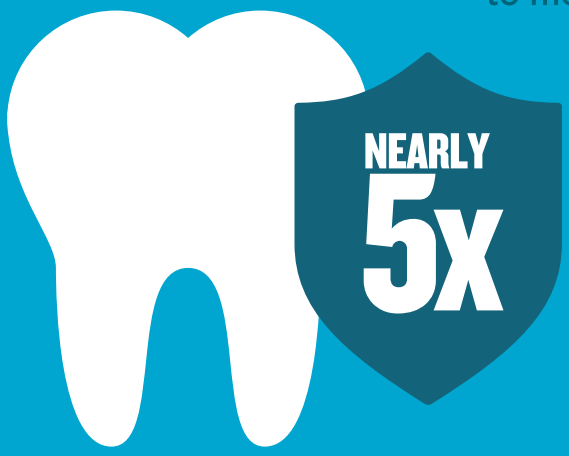
BRING OUT THE BOLD™

LISTERINE®

MORE PLAQUE-FREE SITES ARE ACHIEVABLE WITH LISTERINE

RESULTS FROM A LANDMARK ANALYSIS OF OVER 5000 SUBJECTS SHOW THAT:

Patients who added LISTERINE® to mechanical methods (MM) had



MORE PLAQUE-FREE SITES AT 6 MONTHS

vs. MM alone[1]

85% OF PATIENTS KNOW REMOVING PLAQUE PROMOTES GOOD ORAL HEALTH.* PROMOTE A RINSE TO REDUCE PLAQUE. BRING OUT THE BOLD™

*Based on self-reported data from a survey of patients in Brazil, Japan, Thailand, United Kingdom, and United States (N=4134).

Reference
1. Araujo M, Charles C, Weinstein R, et al. Meta-analysis of the effect of an essential oil-containing mouthrinse on gingivitis and plaque. *J Am Dent Assoc.* 2015;146(8):610-622 and/or post-hoc analyses of data.

LISTERINE USERS WERE MORE LIKELY TO HAVE A CLEANER, HEALTHIER MOUTH VS. MM ALONE

RESULTS FROM A LANDMARK ANALYSIS OF OVER 5000 SUBJECTS SHOW THAT:

Patients who added LISTERINE® to mechanical methods (MM) had

OVER 2x MORE HEALTHY GINGIVAL SITES AT 6 MONTHS

vs. MM alone[1]

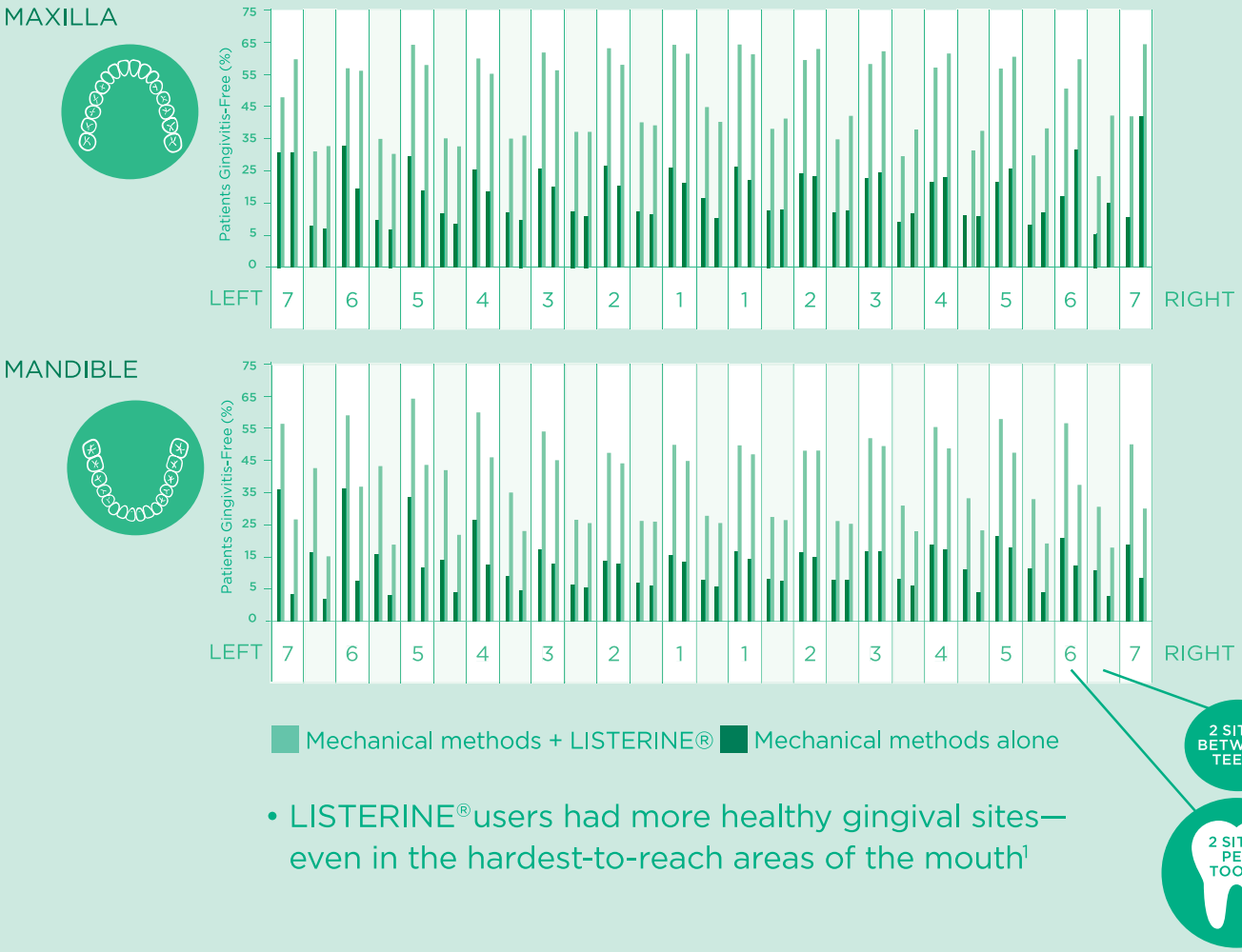
96% OF PATIENTS COMMIT TO AT LEAST 1 HEALTHY HABIT.* THINK THEY CAN COMMIT TO HEALTHY GUMS? BRING OUT THE BOLD™

*Based on self-reported data from a survey of patients in Brazil, Japan, Thailand, United Kingdom, and United States (N=4134).

Reference
1. Araujo M, Charles C, Weinstein R, et al. Meta-analysis of the effect of an essential oil-containing mouthrinse on gingivitis and plaque. *J Am Dent Assoc.* 2015;146(8):610-622 and/or post-hoc analyses of data.

IMPROVED GUM HEALTH AT EVERY SITE.

PERCENTAGE OF PATIENTS WITH A HEALTHY SITE (MGI SCORE ≤1) BY GINGIVAL SITE[1]



- LISTERINE®users had more healthy gingival sites—even in the hardest-to-reach areas of the mouth[1]

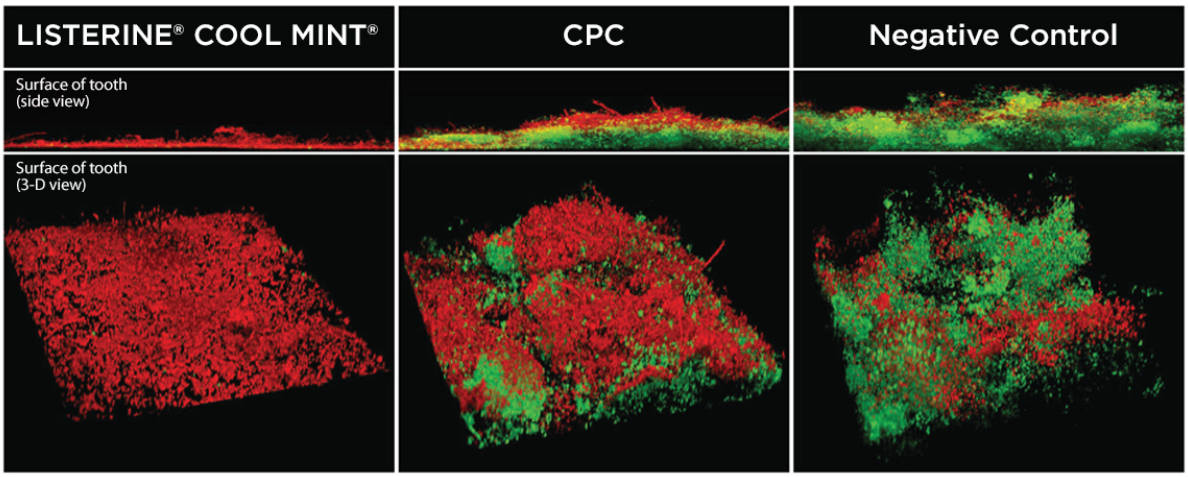
MGI=Modified Gingival Index.

BRING OUT THE BOLD™

LISTERINE®

A BOLD ACHIEVEMENT: BETTER PLAQUE REDUCTION THAN CPC.[1]

THE 4 ESSENTIAL OILS IN LISTERINE® REDUCE 2X MORE BACTERIA THAN CPC MOUTHRINSE[1]



- Confocal microscopy reveals a higher ratio of dead bacteria to living bacteria within the biofilm with LISTERINE® than with cetylpyridinium chloride (CPC) mouthrinse or negative control[1]
- LISTERINE® penetrates deeper into the plaque biofilm than CPC mouthrinse[1]

Reference
1. Data on file, Johnson & Johnson Consumer Inc.

LISTERINE®

SAFE. EFFECTIVE. 100% BOLD.

SAFE FOR BOTH DAILY AND LONG-TERM USE[1]

- Does not disrupt the normal balance of oral flora[2,3]
- No emergence of resistant strains, even with long-term use[2,3]
- Does not promote significant tooth stain or calculus (Tartar) formation[4-7]
- Does not promote oral dryness[8]

NO EVIDENCE OF AN INCREASED RISK OF ORAL CANCER WITH MOUTHWASHES CONTAINING ALCOHOL[9]

FACT: BEFORE STARTING A HEALTHY HABIT, 60% OF PATIENTS REQUIRE A PROFESSIONAL RECOMMENDATION. BRING OUT THE BOLD™

References
1. Boyle P, Koechlin A, Autier P. Mouthwash use and the prevention of plaque, gingivitis and caries. *Oral Dis.* 2014;20(suppl 1):1-68. 2. Minah GE, DePaola LG, Overholser CD, et al. Effects of 6 months use of an antiseptic mouthrinse on supragingival dental plaque microflora. *J Clin Periodontol.* 1989;16(6):347-352. 3. Walker C, Clark W, Wheeler T, Lamm R. Evaluation of microbial shifts in supragingival plaque following long-term antiseptic mouthrinse use. *J Dent Res.* 1989;68:412. Abstract 1845. 4. Overholser CD, Meiller TF, DePaola LG, Minah GE, Niehaus C. Comparative effects of 2 chemotherapeutic mouthrinses on the development of supragingival dental plaque and gingivitis. *J Clin Periodontol.* 1990;17(8):575-579. 5. DePaola LG, Overholser CD, Meiller TF, Minan GE, Niehaus C. Chemotherapeutic inhibition of supragingival dental plaque and gingivitis development. *J Clin Periodontol.* 1989;16(5):311-315. 6. Gordon JM, Lamster IB, Seiger MC. Efficacy of Listerine antiseptic in inhibiting the development of plaque and gingivitis. *J Clin Periodontol.* 1985;12(8):697-704. 7. Lamster IB, Alfano MC, Seiger MC, Gordon JM. The effect of Listerine Antiseptic® on reduction of existing plaque and gingivitis. *Clin Prev Dent.* 1983;5(6):12-16. 8. Fischman SL, Aguirre A, Charles CH. Use of essential oil-containing mouthrinses by xerostomic individuals: determination of potential for oral mucosal irritation. *Am J Dent.* 2004;17(1) :23-26. 9. Gandini S, Negri E, Boffetta P, La Vecchia C, Boyle P. Mouthwash and oral cancer risk: quantitative meta-analysis of epidemiologic studies. *Ann Agric Environ Med.* 2012;19(2):173-180.

A BOLD FORMULA FOR PLAQUE BIOFILM MANAGEMENT.

THE ANTIMICROBIAL ACTION OF LISTERINE® COMES FROM ITS UNIQUE FORMULA, WHICH CONTAINS A FIXED COMBINATION OF 4 ESSENTIAL OILS FOUND IN NATURAL PLANT SOURCES:

THYMOL

EUCALYPTOL

METHYL SALICYLATE

MENTHOL

- LISTERINE® reaches virtually every site in the mouth, reducing plaque biofilm in areas that patients may miss brushing or flossing
- The 4 essential oils in LISTERINE® penetrate deeply into the bottom layers of the plaque biofilm, breaking down its structure in places that are difficult for a toothbrush or dental floss to access[1-3]

References
1. Foster JS, Pan PC, Kolenbrander PE. Effects of antimicrobial agents on oral biofilms in a saliva-conditioned flowcell. *Biofilms.* 2004;1(1):3-10.
2. Minah GE, DePaola LG, Overholser CD, et al. Effects of 6 months use of an antiseptic mouthrinse on supragingival dental plaque microflora. *J Clin Periodontol.* 1989;16(6):347-352.
3. Walker C, Clark W, Wheeler T, Lamm R. Evaluation of microbial shifts in supragingival plaque following long-term use of an oral antiseptic mouthrines. *J Dent Res* 1989;68:412.

LISTERINE®