

CONTROL SO COMPLETE, IT'S LIKE YOU'RE ALWAYS THERE

Defend your patients' wounds between weekly debridements with PuraPly® AM

DESCRIPTION

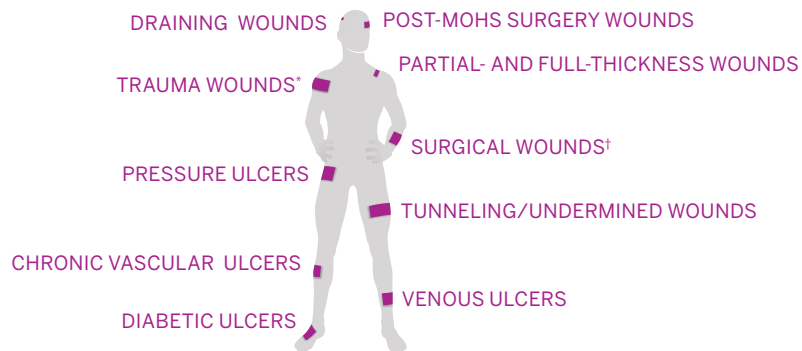
Only PuraPly AM has the power of plus: The unique combination of native, cross-linked ECM + broad-spectrum PHMB that provides a sustained antimicrobial barrier to keep you in command of the healing environment all week long.¹⁻³

- Cross-linked ECM resists degradation in wounds, supporting persistence between debridements²
- PHMB proactively disrupts bioburden³⁻⁵ and has high tissue compatibility and low cytotoxicity⁵⁻⁷

ECM=extracellular matrix; PHMB=polyhexamethylene biguanide

INDICATIONS

PuraPly AM is intended for the management of wounds and as an effective barrier to resist microbial colonization within the device and reduce microbes penetrating through the device. PuraPly AM is indicated for the management of various wounds, including³:



*Abrasions, lacerations, second-degree burns, skin tears.

†Donor sites/grafts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence.

REAL-WORLD EFFECTIVENESS

RESPOND registry

The Real-World Effectiveness Study of PuraPly AM on Wounds (RESPOND) is the first prospective, large (N=307), multicenter (28 sites) cohort study (NCT03286452) to assess the effectiveness of PuraPly AM in various difficult-to-heal wounds.⁸

The study population was primarily elderly with large, deep, refractory wounds of long durations.

86%

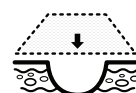
of all PuraPly AM-treated wounds demonstrated improvement in the wound bed condition⁸:



INCREASED HEALTHY GRANULATION TISSUE



REDUCED EXUDATE



READINESS FOR OTHER ADVANCED SKIN SUBSTITUTES

ANTIMICROBIAL EFFECTIVENESS

A preliminary study in a deep dermal porcine wound model evaluated the ability of PuraPly AM to reduce biofilm-associated bacteria (MRSA USA300, a clinically virulent strain of *Staphylococcus aureus*) vs 3 other treatment groups.¹

- **>98% reduction** of MRSA counts compared to baseline
- **>96% reduction** of MRSA counts vs untreated control on all assessment days
- **Largest reduction** of MRSA counts vs any of the other treatment groups
- **The only treatment** to substantially reduce MRSA within 2 days

AVAILABLE SIZES

PuraPly AM is supplied in individually sealed, dry sheets and packaged in sterile, sealed single pouches, which can be stored at room temperature. PuraPly AM is available in the following sizes to manage a wide variety of wound types.³

Product Number	Description	Total Size (cm ²)	Billable Units	HCPCS Code	UPC Number
515-032	PURAPLYAM-COM 1.6 DISC	2	2	Q4196	618474000190
515-014	PURAPLYAM-COM 2X2	4	4	Q4196	618474000084
515-016	PURAPLYAM-COM 2X4	8	8	Q4196	618474000091
515-044	PURAPLYAM-COM 3.02X3.02	10	10	Q4196	618474000299
515-065	PURAPLYAM-COM 3X4	12	12	Q4196	618474000435
515-046	PURAPLYAM-COM 3.76X3.76	15	15	Q4196	618474000305
515-048	PURAPLYAM-COM 4X4	16	16	Q4196	618474000312
515-008	PURAPLYAM-COM 5X5	25	25	Q4196	618474000107
515-018	PURAPLYAM-COM 6X9	54	54	Q4196	618474000114
515-020	PURAPLYAM-COM 8X16	128	128	Q4196	618474000121
515-067	PURAPLYAM-COM 3X4 EXTRA FENESTRATED	12	12	Q4196	618474000442
515-069	PURAPLYAM-COM 4X4 EXTRA FENESTRATED	16	16	Q4196	618474000459

APPLICATION

PuraPly AM can be applied from the onset and for the duration of the wound.

1. Prepare wound to ensure it is free of debris and necrotic tissue
2. Cut the dry sheet to the appropriate size and place in contact with wound bed
3. Hydrate with sterile saline
4. Use appropriate fixation and apply non-adherent dressing and secondary dressings
5. Assess weekly for reapplication

Please refer to the PuraPly AM Instructions for Use for complete prescribing information.

Manufactured and distributed by: Organogenesis Inc. Canton, MA 02021

References: **1.** Data on file. PDR-0001. Organogenesis Inc. **2.** Data on file. PDR-0002. Organogenesis Inc. **3.** PuraPly Antimicrobial [package insert]. Canton, MA: Organogenesis Inc; 2020. **4.** Brantley J, et al. *Wounds Int.* 2016;7(3):1-5. **5.** Gilbert P, et al. *J Appl Microbiol.* 2005;99(4):703-715. **6.** Hübner NO, et al. *Skin Pharmacol Physiol.* 2010;23(1 suppl):17-27. **7.** Sood A, et al. *Adv Wound Care.* 2014;3(8):511-529. **8.** Bain MA, et al. *J Comp Eff Res.* 2020;9(10):691-703. doi:10.2217/ce-2020-0058

