NeutraSal® Direct Access

Eligible patients can receive up to 10 boxes at little or no cost.*

Eligibility Restrictions and Requirements.

See full Terms and Conditions on the back of this form.

By signing below, you are confirming you meet the eligibility criteria and agree to the terms and conditions of this offer outlined below and as set forth on the back of this form.

Patient Consent for Shipment:

As the patient, I give consent for the dispensing pharmacy to ship the medication directly to your home as directed by your prescriber. For questions call 877-373-2734.

*Terms and Conditions: The NeutraSal Direct Access Program is available for US residents only. All prescriptions must be dispensed from a pharmacy qualified by the NeutraSal Direct Access Program. The copay assistance program is not valid for prescriptions eligible to be reimbursed, in whole or in part, by Medicare, Medicaid, Tricare, or any other federal- or state-funded healthcare benefit program, or by private plans or other health or pharmacy benefit programs which reimburse the patient for the entire cost of the prescription drugs. The maximum co-pay coverage is $1,500. The NeutraSal Direct Access Program does not represent prescription drug coverage or insurance and is not intended to substitute for such coverage. Insurance benefits may not be applied to NeutraSal® purchased through the Cash Purchase Program. OraPharma and Valeant Pharmaceuticals reserve the right to rescind, revoke, or amend this offer without notice. This offer is not valid for any person that is 65 years of age or older without commercial insurance. You must be 18 years of age or older to redeem this offer for yourself or a minor.

My signature indicates my authorization for BioSolutia Pharmaceutical Services, LLC, (Business Associate or BA), as the operator of the NeutraSal Direct Access Program, to obtain, use and disclose protected health information as defined in 45 CFR 160.103 (PHI) about my patients, and to disclose PHI to a valid SP and to track the status of medications dispensed by SPs for my patients for coordination of care and related purposes. BA may de-identify, use and disclose PHI of my patients to the extent allowed by 45 CFR 164.504, provided that the de-identification complies with the requirements of 45 CFR 164.514(b). BA shall maintain administrative, technical and physical safeguards to ensure the availability, integrity and confidentiality of PHI and shall notify me of any impermissible use or disclosure Security Incident and Breach of Unsecured PHI as required by law. This agreement incorporates and BA agrees to comply with requirements of 45 CFR 164.504 and 164.314(a)(2). This BA agreement shall terminate upon any material violation of this agreement by BA, upon the written request of physician, or two years after the signature date above. Upon termination, BA shall destroy PHI in its possession.
By signing the front of the prescription form, you confirm that you read, understand, and agree to comply with the following terms and conditions of this offer:

• This offer is only valid for patients with commercial insurance where NeutraSal\textsuperscript{®} supersaturated calcium phosphate rinse is a covered medication.

• This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any federal, state, or other governmental programs, including, but not limited to, Medicare (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs.

• You agree not to seek reimbursement for all or any part of the benefit received through this offer and are responsible for making any required reports of your use of this offer to any insurer or other third party who pays any part of the prescription filled.

• This offer is good only in the United States of America (including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands). This offer is not valid where otherwise prohibited, taxed, or otherwise restricted.

• This offer is not valid for any person that is 65 years of age or older without commercial insurance. You must be 18 years of age or older to redeem this offer for yourself or a minor.

• This offer cannot be redeemed at government-subsidized clinics.

• This offer is valid for one (1) initial prescription fill of NeutraSal\textsuperscript{®} and up to ten (10) prescription refills. The maximum benefit available is $1,500. You are responsible for all costs and expenses after the maximum benefit is reached.

• If you receive coverage through a health savings account (HSA) or similar arrangement, it is your responsibility to know how claims are processed and understand that amounts paid by the third party for your NeutraSal\textsuperscript{®} prescription may be deducted from your benefits limit automatically.

• This offer is not valid with other offers. The coupon has no cash value. No cash back.

• This offer is not health insurance. This offer expires on December 31, 2020.

• Bausch Health and OraPharma reserve the right to rescind, revoke, terminate, or amend this offer at any time, without notice.
The following information is provided to help dental professionals and office associates participating in the NEUTRASAL Direct Access program to correctly complete and submit the NEUTRASAL Prescription Form.

**PATIENT GENDER AND DATE OF BIRTH**

Patient Gender and Date of Birth are identifiers within the patient’s prescription benefit plan. They must be included to verify benefit eligibility and copy if coverage is available.

**DOCTOR’S NPI#**

New federal regulations require that all prescriptions are submitted with the doctor’s NPI#, not a practice NPI#.

**Rx PCN#**

NeutraSal® is being billed through the patient’s prescription drug benefit plan. The plan’s information is mandatory to obtain benefit eligibility.

**SIGN & DATE**

Both the prescriber and patient must sign and date the prescription form prior to submission.
When a patient requests a prescription to be filled through a retail or specialty pharmacy, pertinent information is collected from the patient’s prescription drug card:

- Name of health plan/PBM (Prescription Benefit Manager)
- Member or Cardholder ID#
- Member Group#
- Rx BIN#
- Rx PCN#

Both the Rx BIN# and PCN# are mandatory control numbers which specifically direct electronic pharmacy claims to be processed.

If the patient does not have a prescription drug card, a medical plan card can be used or the prescription benefit information can be found on the medical plan card as shown:

HELP IS JUST A PHONE CALL AWAY

Please contact NEUTRASAL Direct Access if you have any additional questions regarding proper completion of the NEUTRASAL Prescription Form.

NEUTRASAL Direct Access Service Center
1-877-373-2734 | Monday through Friday | 8 AM to 8 PM ET

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