

All fields required for submission



PATIENT

## 1 PATIENT INFORMATION (Medication will be delivered to patient's home)

### VERIFY PATIENT'S MAILING ADDRESS

Last name		First name	
Mobile phone		Alternate phone	
Home address		City	State Zip
Drug allergies			
Gender (check one): Male <input type="checkbox"/> Female <input type="checkbox"/>		Patient date of birth (mm/dd/yyyy):     /     /	



PRESCRIBER

## 2 PRACTICE INFORMATION

Practice name		Prescriber name	
Practice street address		City	State Zip
Practice contact email			
Phone #	Fax #	Preferred method of communication (check one): Phone <input type="checkbox"/> Fax <input type="checkbox"/>	
Prescriber NPI #		Today's date (mm/dd/yyyy):     /     /	



INSURANCE INFORMATION

Include a copy of front/back of BOTH insurance cards

## 3 PRESCRIPTION BENEFIT INSURANCE

## PRIMARY MEDICAL INSURANCE

Prescription insurance		Medical insurance	
Insured name		Insured name	
Drug cardholder ID #		Policy #	
Group #		Group #	
Bin #	Rx PCN #	Member services phone #	
Plan phone #			

## 4 PRESCRIPTION

The practitioner prescribing NeutraSal® (Supersaturated Calcium Phosphate Rinse) will determine the appropriate course of therapy for the patient.

**PRESCRIPTION: NeutraSal® (Supersaturated Calcium Phosphate Rinse)**

### DIRECTIONS:

Use \_\_\_\_\_ rinses per day for 30 days.

REFILL: \_\_\_\_\_

X \_\_\_\_\_  
Prescriber signature (DO NOT STAMP)

\_\_\_\_\_  
Date (mm/dd/yyyy)

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, to and from (i) patient's insurer, including eligibility and other benefit information, for my payment and/or healthcare operation purposes and (ii) healthcare providers, such as specialty pharmacies (SPs), for treatment purposes, including to forward the prescription and associated 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.

! **NOTE: Based on a 30-day supply.**

Number of rinses per day = Number of boxes sent to patient

## 5 NEUTRASAL DIRECT ACCESS COPAY ASSISTANCE

**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 confirm you understand and agree to comply with the terms and conditions of this offer outlined below and as set forth on the back of this form.

X \_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\*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.



PRESCRIBER & PATIENT SIGNATURES



## NEUTRASAL DIRECT ACCESS

### \*Copay Assistance Patient Eligibility Criteria Terms and Conditions



#### TERMS AND CONDITIONS

**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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> 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, 2017.
- Valeant Pharmaceuticals and OraPharma reserve the right to rescind, revoke, terminate, or amend this offer at any time, without notice.