



## ARESTIN Rx Access<sup>®</sup> Program

Phone: 1-855-684-7481 Fax: 1-855-630-9783



### Copay Assistance Program

#### Take Advantage of the ARESTIN Rx Access<sup>®</sup> Program and Save

We understand the importance of managing healthcare costs. That's why we're excited to tell you about a great opportunity allowing eligible patients to save on their ARESTIN<sup>®</sup> (minocycline HCl) microspheres, 1 mg prescription.

With the ARESTIN Rx Access<sup>®</sup> Program, you can receive a benefit of up to \$1,500 per calendar year to help cover the cost of your medication.

#### Here's how it works for you:

- **Automatic Savings:** The program benefit is automatically applied when your eligible prescription is filled, so there's no extra work for you.
- **Valid Once a Year:** You can use this valuable benefit once each calendar year, ensuring you have access to savings when you need them.

This program is exclusively for patients with private commercial insurance that covers ARESTIN. It's not available to those with government-funded plans like Medicare, Medicaid, or TRICARE. If you have a health savings account (HSA) or similar plan, it's a good idea to understand how these benefits might be processed.

## ARESTIN COPAY ASSISTANCE PROGRAM TERMS AND CONDITIONS

### **\*Offer Restrictions and Eligibility Requirements**

- This offer is only valid for patients with private commercial insurance, where ARESTIN® (minocycline HCl) microspheres, 1 mg 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.
- Offer is good only in the United States through the ARESTIN Rx Access® program. This offer is not valid where otherwise prohibited by law, taxed, or otherwise restricted.
- This offer is not valid with other offers. The coupon has no cash value. No cash back.
- This benefit can be used only for an ARESTIN prescription filled by Accredo Health specialty pharmacy and dispensed to the dental office on behalf of the patient as authorized below.
- 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 only valid on one prescription fill of ARESTIN per calendar year.
- This offer has a maximum benefit of \$1,500. You are responsible for all additional 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 ARESTIN may be automatically deducted from your benefits limit.
- This offer is not health insurance.
- Bausch Health US, LLC or its affiliates reserve the right to rescind, revoke, terminate, or amend this offer at any time, without notice.