

## YOU MAY QUALIFY FOR A **\$0 CO-PAY\*** ON YOUR ARESTIN® PRESCRIPTION

ARESTIN is the only locally applied antibiotic that helps fight gum disease at the site of infection by fighting the bacteria that cause gum disease.

### What is ARESTIN?

ARESTIN (minocycline HCl) Microspheres, 1mg is used in combination with scaling and root planing (SRP) procedures to treat patients with adult periodontitis (gum disease). ARESTIN may be used as part of an overall oral health program that includes good brushing and flossing habits and SRP.

### Important Safety Information

**Do not use ARESTIN** if you are allergic to minocycline or tetracyclines, ask your dentist if you are not sure. **Do not use ARESTIN** in children, pregnant or nursing women as the use of tetracycline class drugs, including ARESTIN, during tooth development may cause permanent discoloration of the teeth.

Please see below for additional Important Safety Information and [arestin.com/pi](http://arestin.com/pi) for full Prescribing Information.

**\$0 CO-PAY\***

**Arestin**® minocycline HCl 1mg  
MICROSPHERES

**Follow these simple steps to confirm if you are eligible for a co-pay as low as \$0\* on your ARESTIN treatment.**



**Bring your dental insurance card, medical insurance card, and prescription benefits card to your next dental appointment, or call your dentist's office following your visit and provide the information.**

Your dentist's office can help determine if your insurance or prescription benefits cover ARESTIN. Your private commercial medical insurance may cover ARESTIN, even if your dental insurance does not.



**Sign the ARESTIN enrollment form.**

The ARESTIN enrollment form allows the office to make a claim with your insurance. You can either sign it in-person at your dentist's office or request a digital copy over email.



**Request an express referral.**

An express referral is an expedited check of your coverage prior to your dentist submitting a prescription for ARESTIN. The office will typically have results from this process within an hour.



**Confirm your prescription status and book your follow-up appointment.**

About one week after your dental visit, contact the office to check on your prescription status and \$0\* co-pay eligibility. Book your ARESTIN treatment follow-up appointment within 30 days of your prescription order.

If there are any out-of-pocket costs, an ARESTIN representative will contact you. If you have any questions or need support, please call 1-855-684-7481 Monday-Friday 8:00am-8:00pm ET.

You may be required to repeat this process if you are prescribed ARESTIN again in the future.

### IMPORTANT SAFETY INFORMATION (CONT'D)

- ARESTIN may cause you to be sensitive to sunlight. Patients exposed to direct sunlight or ultraviolet light may develop a severe sunburn. At the first evidence of skin redness, call your dentist.
- Serious allergic reactions have occurred with oral minocycline. Get emergency help right away if you experience any signs of an allergic reaction including shortness of breath, swelling of the face, throat and tongue, rash, hives, itching, fever, or enlarged lymph nodes.
- Tetracyclines, including oral minocycline, have been associated with the development of autoimmune syndromes with symptoms such as joint pain, muscle pain, rash, swelling, fever, enlarged lymph nodes, and general body weakness.
- **Tell your dentist** about all the medicines you take, and about any health problems you have, including if you've had oral candidiasis ("thrush").
- ARESTIN has not been studied in patients with weakened immune systems, such as patients with HIV infections or diabetes, or those receiving chemotherapy or radiation.
- The most frequently reported non-dental side effects were headache, infection, flu symptoms, and pain.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit <http://www.fda.gov/medwatch> or call 1-800-FDA-1088.

Please see additional Information Safety Information above and [arestin.com/pi](http://arestin.com/pi) for full Prescribing Information.

### \*Terms and Conditions

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 good only in the United States through the ARESTIN by Appointment 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 for one prescription fill of ARESTIN. The maximum benefit available is \$1,500 per prescription fill. 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 prescription may be deducted from your benefits limit automatically. This offer is not health insurance. This offer expires on December 31, 2024. Bausch Health US, LLC reserves the right to rescind, revoke, terminate, or amend this offer at any time, without notice.