

FOR ILLUSTRATIVE PURPOSES ONLY



1 PATIENT INFORMATION

Name (first, last) Donald Smith				
Home Address 123 Noth Way Road		City Centerville	State PA	Zip 86324
Primary phone 878-555-1234		Patient date of birth (mm/dd/yyyy): 03 / 09 / 1965		
Alternate phone 878-555-0141		Gender (check one): Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
Primary language (check one): English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>			Drug allergies None	



2 PRACTICE INFORMATION

Practice name Dental Professionals, Inc.		Prescriber name Susan Jones, DDS		
Office contact name Marylou Brown		Office contact email mbrown@netmail.com		
Phone # 878-555-1212	Fax # 878-555-4141	Preferred method of communication (check one): Phone <input checked="" type="checkbox"/> Fax <input type="checkbox"/>		
Deliver to address 4100 West Boulevard, Suite 220		City Middletown	State PA	Zip 86324
NPI # 1234567890		Today's date (mm/dd/yyyy): 01 / 13 / 2017		

! **IMPORTANT SHIPPING INFORMATION:** Please note that product will be delivered within 14 business days of the prescription submission date if all required information is obtained. Product will always be delivered to the prescriber, Tuesday through Friday, except on major holidays or the day following a major holiday.



3 PRESCRIPTION BENEFIT INSURANCE

PRIMARY MEDICAL INSURANCE

Prescription insurance RX Prescription Drug Card		Medical insurance Aetna		
Insured name Donald Smith		Insured name Donald Smith		
Drug cardholder ID # 0123456789		Policy # W1999 45454		
Group # 12345678		Group # 12345-123-00001		
Bin # 123456	Rx PCN # 1234	Member services phone # 888-555-1234		
Phone # N/A				

CHECK HERE to provide patient quote to purchase medication directly from the pharmacy in the event the patient's benefit design does not cover the medication.

Submit copies of front/
back of BOTH cards



4 PRESCRIPTION

The dental practitioner prescribing ARESTIN will determine the appropriate course of therapy for the patient. Each prescription is a 30-day supply with no refills; a new prescription is required for each order. The prescription is for the patient listed on the prescription form and cannot be resold or used for any other patient.

Complete the following prescription prior to faxing. *The quantity dispensed represents no greater than a 30-day supply. New York Prescribers may attach an official NY prescription.*

ARESTIN® (minocycline hydrochloride) Microspheres, 1mg Cartridges

SIG: For administration by the dental practitioner into the periodontal pocket only for the treatment of adult periodontitis

Quantity: 24 cartridge(s) (1 cartridge per site diagnosed)

X <u>Susan Jones</u>	X _____	<u>01/13/2017</u>
Prescriber signature (DO NOT STAMP)	Prescriber signature (DO NOT STAMP)	Date (mm/dd/yyyy)
Dispense as written	Substitution permissible	



5 PRESCRIBER CONSENT: Check box below to confirm authorization was obtained

My signature indicates my authorization for BioSolutia Pharmaceutical Services, LLC (Business Associate or BA), as the operator of the ARESTIN® Rx 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 below. Upon termination, BA shall destroy PHI in its possession.

CHECK HERE: I have received oral authorization from my patient to act as his/her agent for the delivery receipt, storage, and administration of his/her ARESTIN prescription medication

X <u>Susan Jones</u>	X <u>Susan Jones</u>	<u>01/13/2017</u>
Prescriber name	Prescriber signature (DO NOT STAMP)	Date (mm/dd/yyyy)

PRESCRIPTION FORM INSTRUCTIONS/GLOSSARY OF TERMS

The following information is provided to help dental professionals and office associates participating in the ARESTIN Rx Access program to correctly complete and submit the ARESTIN 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 copay if coverage is available.



PATIENT

1 PATIENT INFORMATION

Name (first, last)	Donald Smith		
Home Address	123 Noth Way Road	City	Centerville
Primary phone	878-555-1234	State	PA
Alternate phone	878-555-0141	Zip	86324
Primary language (check one): English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>	Patient date of birth (mm/dd/yyyy): 03 / 09 / 1965		
Drug allergies	None		
	Gender (check one): Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		

DOCTOR'S NPI#

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



PRESCRIBER

2 PRACTICE INFORMATION

Practice name	Dental Professionals, Inc.	Prescriber name	Susan Jones, DDS
Office contact name	Marylou Brown	Office contact email	mbrown@netmail.com
Phone #	878-555-1212	Fax #	878-555-4141
Preferred method of communication (check one): Phone <input checked="" type="checkbox"/> Fax <input type="checkbox"/>	Deliver to address: 4100 West Boulevard, Suite 220		
NPI #	1234567890	City	Middletown
		State	PA
		Zip	86324
		Today's date (mm/dd/yyyy): 01 / 13 / 2017	

IMPORTANT SHIPPING INFORMATION: Please note that product will be delivered within 14 business days of the prescription submission date if all required information is obtained. Product will always be delivered to the prescriber, Monday through Friday, except on major holidays or the day following a major holiday.

Rx PCN#

ARESTIN is being billed through the patient's prescription drug benefit plan. The plan's information is mandatory to obtain benefit eligibility.



INSURANCE INFORMATION

Submit copies of front/back of BOTH cards

3 PRESCRIPTION BENEFIT INSURANCE

Prescription insurance	RX Prescription Drug Card	PRIMARY MEDICAL INSURANCE	Medical insurance	Aetna
Insured name	Donald Smith	Insured name	Donald Smith	
Drug cardholder ID #	0123456789	Policy #	W1999 45454	
Group #	12345678	Group #	12345-123-00001	
bin #	123456	Member services phone #	888-555-1234	
Phone #	N/A			

CHECK HERE to provide patient quote to purchase medication directly from the pharmacy in the event the patient's benefit design does not cover the medication.

PATIENT Rx CARD

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

Rx Prescription Drug Card

Member: Donald Smith
ID Number: XYZ123456789
RxPCN: 1234
RxBIN: 123456
RxGrp: 12345678

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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#

MEDICAL PLAN CARD

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:

Blue Advantage HMO	
Donald Smith	Grp#: 12345-123-0001
ID NO: XYZ123456789	Rx BIN 12345
00 DONALD SMITH	PCN 1234
PCP Name: Jonathan Q. Smith	M D Rx V
PCP Copay: \$15	Y N Y Y

HELP IS JUST A PHONE CALL AWAY

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



ARESTIN Rx Access Service Center
1-855-684-7481
Monday through Friday
8AM to 8PM ET