

From: <CustomerCare@email.ortho-dermatologics.com>

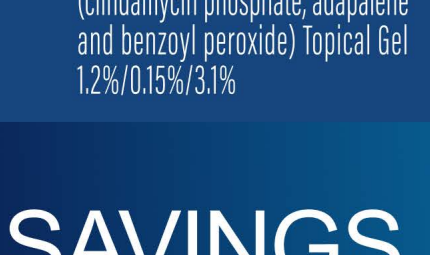
To: <First.LastName@Practice.com>

Subject:

1. Help your patients save on CABTREO® (clindamycin phosphate, adapalene, and benzoyl peroxide)
2. Access and savings for your patients on CABTREO® (clindamycin phosphate, adapalene, and benzoyl peroxide)
3. Patient savings and access for CABTREO® (clindamycin phosphate, adapalene, and benzoyl peroxide)
4. CABTREO® (clindamycin phosphate, adapalene, and benzoyl peroxide) savings and access for your patients

Links to: <https://www.cabtreo.com/globalassets/bhc/pi/cabtreo-pi.pdf>

Links to: www.cabtreo.com/hcp/ISI



[Full Prescribing Information](#) | [Important Safety Information](#)

SAVINGS OPTIONS FOR YOUR ELIGIBLE PATIENTS



{{customText[Hello|Hi|Dear]}} {{customText[Dr.|Mr.|Mrs.|Ms.]} } {{accLname}},

SAVINGS TO MEET YOUR PATIENTS' NEEDS

When you prescribe CABTREO, your eligible* commercially insured patients may benefit from substantial savings options with the Ortho Dermatologics Rx Access Program starting as low as a \$0 co-pay (1st Rx and eligible refills).†

\$65

Average commercially insured patient out-of-pocket co-pay for CABTREO

97.5%

of commercially insured patients pay \$75 or less for CABTREO‡

70%

of CABTREO Rx's are filled when written

Your eligible* patients can save on CABTREO with the Ortho Dermatologics Rx Access Program. For terms and conditions, please visit:

<https://www.orthorxaccess.com/>

Links to: <https://www.orthorxaccess.com/>

**ONE CO-PAY
FOR ONE 50 G PUMP
THAT LASTS UP TO 10 WEEKS¹**

START NOW

Links to: <https://www.orthorxaccess.com/>

STREAMLINE THE PRIOR AUTHORIZATION (PA) PROCESS

Proactively help your patients navigate insurance coverage hurdles by downloading a PA template and sample Letter of Medical Necessity.§

links to: <https://www.cabtreo.com/siteassets/hcp/pdf/cabtreo-prior-authorization-form.pdf>

Links to: <https://www.cabtreo.com/siteassets/hcp/pdf/cabtreo-medical-necessity-form.pdf>

PA Template

A PA may be needed to secure insurance approval for CABTREO for your patients by stating that it's medically necessary. You can fill this out on behalf of patients you've prescribed CABTREO for.

DOWNLOAD NOW

Sample Letter of Medical Necessity

Your practice may have to file an appeal if your commercially or governmentally insured patients are denied coverage for CABTREO.

DOWNLOAD NOW

INDICATION

CABTREO (clindamycin phosphate, adapalene and benzoyl peroxide) Topical Gel 1.2%/0.15%/3.1% is indicated for the topical treatment of acne vulgaris in adult and pediatric patients 12 years of age and older.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

CABTREO is contraindicated in patients with:

- known hypersensitivity to clindamycin, adapalene, benzoyl peroxide, any components of the formulation, or lincomycin.
- history of regional enteritis, ulcerative colitis, or antibiotic-associated colitis.

WARNINGS AND PRECAUTIONS

Hypersensitivity: Hypersensitivity reactions, including anaphylaxis, angioedema, and urticaria, have been reported. If a serious hypersensitivity reaction occurs, discontinue CABTREO immediately and initiate appropriate therapy.

Colitis: Clindamycin can cause severe colitis, which may result in death.

Discontinue CABTREO if diarrhea occurs.

Photosensitivity: CABTREO may increase sensitivity to ultraviolet light. Avoid or minimize exposure to sunlight and sunlamps. Wear sunscreen and protective clothing when sun exposure cannot be avoided.

Skin Irritation and Allergic Contact Dermatitis: Stinging/burning/pain, erythema, dryness, irritation, exfoliation, and dermatitis may occur with use of CABTREO and may necessitate discontinuation. Weather extremes, such as wind or cold, may be irritating to patients under treatment with CABTREO. Depending upon severity, patients can use a moisturizer, reduce frequency of application, or discontinue use. Avoid applying CABTREO to areas of broken, eczematous, or sunburned skin, and concomitant use with other potentially irritating topical products. Avoid use of “waxing” as a depilatory method on skin treated with CABTREO.

Use of CABTREO with concomitant topical acne therapy has not been evaluated.

ADVERSE REACTIONS

The most common adverse reactions (occurring in >1% of the CABTREO group and greater than the vehicle group) were application site reactions, pain, erythema, dryness, irritation, exfoliation, and dermatitis.

DRUG INTERACTIONS

Use CABTREO with caution in patients receiving neuromuscular blocking agents.

To report SUSPECTED ADVERSE REACTIONS, contact Bausch Health US, LLC at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please click [here](#) for full Prescribing Information.

Links to: <https://www.cabtreo.com/globalassets/bhc/pi/cabtreo-pi.pdf>

As always, please feel free to reach out at any time if you have any questions.

{{customText[Very Best,|Warm Regards,|Thank You,|Sincerely,]}}

{{userName}}

{{userPhone}}

{{userPhoto}}

* This offer is only valid for patients with commercial insurance. 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 healthcare programs. This offer is good only in the United States of America (including the District of Columbia, Puerto Rico and the U.S. Virgin Islands) at retail pharmacies owned and operated by Walgreen Co. (or its affiliates) and participating independent retail pharmacies. This offer is not valid in Massachusetts or Minnesota or where otherwise prohibited, taxed, or otherwise restricted. Go to OrthoRxAccess.com for full eligibility terms and conditions.

Links to: <https://www.orthorxaccess.com/>

† For most eligible patients whose commercial insurance covers CABTREO and when their deductible is met. Insured not covered is defined as a patient who has commercial insurance but the drug is not covered on the plan's formulary or has an NDC block, prior authorization, step edit, or other restriction that has not been met.

‡ For most eligible commercially insured patients, when CABTREO is not covered. If prior authorization is approved, patient will pay the covered amount listed at OrthoRxAccess.com. After the indicated number of fills, patient will pay the uninsured amount for any remaining fills available. Visit OrthoRxAccess.com for full terms and conditions.

§ These sample forms are provided for informational purposes only. As a reminder, it is the responsibility of the healthcare professional and/or their office staff, as appropriate, to determine the correct diagnosis, treatment protocol, and content of all such forms for each individual patient.

Links to: <https://www.orthorxaccess.com/>

Reference: 1. CABTREO. Prescribing Information. Ortho Dermatologics.

400 Somerset Corporate Boulevard, Bridgewater, NJ 08807

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Links to: <https://www.bauschhealth.com/terms/>

Please do not reply to this email. If you have questions related to our products, contact our Customer Care at: 1-800-321-4576.

Links to: <https://go.ortho-dermatologics.com/Ortho-Dermatology-Preferences-HCP-Existing.html>

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