



LILETTA Patient Savings Program®
100 Passaic Ave Suite 245 , Fairfield, NJ 07004

Program Help Desk: 1-855-706-4508
Program Fax: 1-888-683-4991

LILETTA Patient Savings Program® Rebate Request Form

Please upload or fax the Explanation of Benefits (EOB) form from your insurance company to www.LILETTAcard.com or 1-888-683-4991. Please ensure that the EOB provided includes the Name of the Insurance Company, Date of Service, Product Name/J-code, and Patient Responsibility amount. If unavailable, please provide supporting documentation. All checks will be issued to the patient only. Please call 1-855-706-4508 Monday through Friday 9 AM – 8 PM (except holidays) with any questions.

As per the Program Terms, Conditions, and Eligibility Criteria for the LILETTA Patient Savings Program®, to be eligible for participation you must submit the EOB within 60 days of LILETTA® insertion.

Patient Name: _____

Patient's Mailing Address: _____

Patient Telephone Number: _____ Date of Service (Insertion): _____

LILETTA® Card ID: **LIL** _____ Amount Requested: \$ _____

Doctor's Name: _____ Doctor's Telephone Number: _____

Signature of Patient: _____

We respect individual privacy and value the confidence of our customers. The information pertaining to you that we collect will be used in accordance with Allergan's Privacy Statement, which can be found at <http://www.allergan.com/privacy>.

Program Terms, Conditions, and Eligibility Criteria: 1. This offer is good for use only with a LILETTA® (levonorgestrel-releasing intrauterine system) 52 mg prescription at the time the prescription is filled or after the product is administered to the patient. 2. Depending on your insurance coverage, eligible patients pay \$100, then save up to a maximum of \$700, for the LILETTA® product. Check with your pharmacist or healthcare provider for your copay discount. Patient out-of-pocket expense may vary. 3. This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees. This offer is not valid for cash-paying patients. 4. Each card is valid for one LILETTA® prescription, which must be filled or administered to the patient before the program expires on 10/31/19. Savings requests must be submitted to www.LILETTAcard.com or faxed to 888-683-4991 within 60 days after the prescription is filled and the product is administered to the patient. 5. Allergan reserves the right to rescind, revoke, or amend this offer without notice. 6. Offer good only in the USA, including Puerto Rico, at participating pharmacies or healthcare providers. 7. Void where prohibited by law, taxed, or restricted. 8. This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. 9. This card has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. 10. This offer is not health insurance. 11. This card expires October 31, 2019. 12. By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

For patient assistance, please call 1-855-706-4508 Monday through Friday 9 AM – 8 PM (except holidays). For healthcare provider or pharmacist assistance, please call the 24 hr/7 day a week help desk at 1-866-242-9104.

Program managed by ConnectiveRx on behalf of Allergan.

Thank you for your interest in the LILETTA Patient Savings Program®.

Privacy Notice: You are receiving this letter because you have agreed to permit Allergan and its affiliates and vendors to contact you about the administration of the LILETTA Patient Savings Program®. If you wish to opt out from receiving this information, you may cancel your enrollment in this program at any time by calling 1-855-706-4508.

Confidentiality Notice: This facsimile transmission is intended only for the addressee shown above. It may contain information that is confidential or otherwise protected from disclosure. Any review, dissemination or use of this transmission or any of its contents by persons other than the addressee is strictly prohibited. If you received this fax in error, please call us immediately upon receipt and return this facsimile document(s) by first class mail to the address above. Thank you for your cooperation.

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