



LILETTA + LILETTA Patient Commitment Program<sup>SM</sup>  
 c/o TMG  
 100 Passaic Ave Suite 245  
 Fairfield, NJ 07004  
 Program Help Desk: 855.706.4508  
 Program Fax: 888.683.4991



## LILETTA + LILETTA Patient Commitment Program<sup>SM</sup> Rebate Request Form

Please upload or fax the Explanation of Benefits (EOB) from your insurance company or itemized bill from your healthcare provider's office to 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. This should include a receipt showing how much you paid for the product. If unavailable, please provide supporting documentation. All checks will be issued to the patient only. Please call us at 1.855.706.4508 (9 AM – 8 PM ET, Monday – Friday, except for holidays) with any questions.

Patient Program ID: \_\_\_\_\_

Patient Name\*: \_\_\_\_\_

Patient Telephone Number\*: \_\_\_\_\_

Patient Email Address\*: \_\_\_\_\_

Patient Mailing Address (to send Rebate Check)\*: \_\_\_\_\_

*Information marked with an asterisk (\*) is required to complete enrollment*

Date of Service (Insertion)\*: \_\_\_\_\_ 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>, and with The Macaluso Group Privacy Practices, which you can obtain by calling The Macaluso Group Chief Privacy Officer at (973) 244-9110.

**Program Terms and Conditions:** 1. This offer is good for use only by eligible patients who received their first LILETTA on or before October 31, 2018 and who have a valid prescription for a second LILETTA, at the time the second prescription is filled or after the second LILETTA is administered to the patient. 2. Depending on your insurance coverage, eligible patients wishing to continue with LILETTA may have their out-of-pocket cost reduced to \$0 for a second LILETTA, up to a maximum savings limit of \$700. Offer applies to product only, and does not apply to costs associated with medical examination or product administration. 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 who, at the time they received their first or second LILETTA, were 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, at the time they received their first or second LILETTA, they were Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees. This offer is also not valid for patients who were cash-paying patients at the time they received their first or second LILETTA. 4. This offer is valid for one LILETTA prescription, which must be for a second LILETTA for a patient wishing to continue with LILETTA, and must be filled or administered to the patient before the program expires on 10/31/22. Patients must enroll at LILETTAcard.com or by calling 1.855.706.4508 within 60 days after receiving their first LILETTA, providing Explanation of Benefits (EOB) documentation. Savings requests and required EOB documentation for the second LILETTA must be submitted to LILETTAcard.com or faxed to 1.888.683.4991 within 60 days after the second LILETTA prescription is filled and the second LILETTA 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 offer is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. 9. This offer 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 offer expires October 31, 2022. 12. **By redeeming this offer, 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 assistance, please call 1.855.706.4508 Monday through Friday 9 AM – 8 PM (except holidays).

Program managed by The Macaluso Group on behalf of Allergan.

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 + LILETTA Patient Commitment Program<sup>SM</sup>. 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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