

LILETTA™ Patient Savings Program

Information and materials for
your office and LILETTA patients

Set up your office today
by calling 855-706-4508



Liletta™ 
(levonorgestrel-releasing
intrauterine system) 52 mg

LILETTA™ Patient Savings Program Overview



With the LILETTA Patient Savings Program, your eligible commercially-insured patients may pay no more than \$75 for LILETTA, up to a maximum savings limit of \$500.*

Please note that the LILETTA Patient Savings Program only applies to the cost of the product. It does not cover the cost of insertion or administration.

Getting Started

Before we can provide savings to your patients, your office must first be set up to accept the card. Get started today by calling **855-706-4508**. You will only have to set up your office once.

*Eligible commercially-insured patients may pay no more than \$75 for LILETTA up to a maximum savings limit of \$500. Check with pharmacist or healthcare provider for copay discount. Patient out-of-pocket expense may vary. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. Program expires 9/30/15. **Please see full program Terms and Conditions on the next page or at www.LILETTAcard.com.**

Patient Eligibility

In order to participate in the LILETTA Patient Savings Program, patients must:

1. Have commercial health insurance†
2. Not participate in Medicaid, Medicare, TRICARE, or any other federal or state healthcare program (including state pharmaceutical assistance programs)
3. Have an out-of-pocket expense for LILETTA that is greater than \$75
4. Reside in the U.S. or Puerto Rico

Please see below for the full Terms and Conditions for the LILETTA Patient Savings Program.

†LILETTA may be covered under a health insurance plan's medical or pharmacy benefit.



For help determining patient eligibility and benefits investigation support, please visit LILETTAAccessConnect.com or call 855-LILETTA (855-545-3882).

Terms and Conditions: **1.** This offer is valid only for commercially-insured patients and 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 insured patients may pay no more than \$75 for LILETTA™ up to a maximum savings limit of \$500. 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 card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees. **4.** Each card is valid for one LILETTA™ prescription, which must be filled or administered to the patient before the program expires on 9/30/15. 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.** Actavis 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 if 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 expires September 30, 2015. **10. By redeeming this card, you acknowledge that you are an eligible insured patient and that you understand and agree to comply with the terms and conditions of this offer.**

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Steps for Your Office

STEP 1. Distribute the LILETTA™ Patient Savings Program brochure to your eligible commercially-insured patient.

STEP 2. Tell your patient to review the program Terms and Conditions and to activate the card at **LILETTAcard.com** or by calling **855-706-4508**.

BUY AND BILL

STEP 3. Process your patient's copy for LILETTA (if applicable) and submit a claim to her insurance company as usual.

STEP 4. Instruct your patient to submit a copy of the explanation of benefits (EOB) she receives from her insurer at **LILETTAcard.com** or by faxing to **888-683-4991**.

- If the patient has an activated card, it will then be loaded with the approved amount and can be used for payment to your office for the LILETTA product*
- Alternatively, patients who paid in full for LILETTA may receive a rebate via check.* Direct your patient to **LILETTAcard.com** for rebate instructions

Please note that all payments under the medical benefit should use the 16-digit account number found on the card.

SPECIALTY PHARMACY

STEP 3. When you call in your patient's prescription for LILETTA, provide the card number (example: **LILXXXXXXXX**) and **Rx BIN# 014310** to the Specialty Pharmacy.

STEP 4. Discuss the Specialty Pharmacy process with your patient:

- The Specialty Pharmacy may contact your patient to coordinate payment. Recommend that she confirm that the Specialty Pharmacy has her card information
- Alternatively, your patient can pay the Specialty Pharmacy in full and receive a rebate via check.* Direct your patient to **LILETTAcard.com** for rebate instructions

Please note that all payments under the pharmacy benefit should use the BIN# found on the card.

*A maximum savings limit of \$500 applies. Patient pays first \$75 plus any remaining balance after the maximum savings limit for the program is reached.

Information for Your Patients

Explanation of Benefits (EOB) submission

In order to have her card loaded or to submit a rebate request, your patient will be required to submit an EOB form to **LILETTAcard.com** or fax it to **888-683-4991**. Inform your patient that she will receive an EOB from her insurer after she receives LILETTA.

After submission, a confirmation will be automatically sent to the original fax or email, and the EOB will be reviewed for completeness. A follow-up communication will then be sent within 2 business days indicating the amount loaded onto the card or the additional information that is needed to complete the request. **Please note, this communication will be sent to the fax or email address used in the initial EOB submission, unless an alternative is provided.**

Specialty Pharmacy payment

A Specialty Pharmacy may coordinate payment with your patient. Please instruct her to provide the card number (example: **LILXXXXXXXX**) and the **Rx BIN# 014310** found on the card when contacted by the pharmacy.

Rebate information (if applicable)

If your patient paid her financial responsibility for LILETTA in full at the time of insertion, she may submit her EOB to **LILETTAcard.com** or fax it to **888-683-4991** for a rebate.



Note: Your patient is responsible for the first \$75 of the cost of LILETTA.[†]

[†]A maximum savings limit of \$500 applies. Patient pays the first \$75 plus any remaining balance after the maximum savings limit of \$500 is reached.

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Frequently Asked Questions



Q: What does the LILETTA™ Patient Savings Program cover?

A: Program savings apply only toward the cost of the product. The program does not cover costs for insertion or any other administration costs. Please note that the patient will be responsible for the first \$75 of costs for LILETTA.*†

Q: What if our office doesn't have a credit card terminal?

A: Your patient may pay for the LILETTA product in full at the time of insertion. Once she receives her EOB, she can submit it at **LILETTAcard.com** or fax it to **888-683-4991** for a rebate.

Q: Does the card work for Specialty Pharmacy costs?

A: Yes, the card can be used if LILETTA is acquired through a Specialty Pharmacy. Please have the Specialty Pharmacy use the **Rx BIN# 014310** found on the front of the card to process the payment.

Q: Can a patient still receive a rebate if she received LILETTA prior to activating her card?

A: Yes, savings requests must be submitted to **LILETTAcard.com** or faxed to **888-683-4991** within 60 days after the prescription is filled and the product is administered to the patient.

*Please see full program Terms and Conditions on page 3 of this brochure or at **LILETTAcard.com**.

†A maximum savings limit of \$500 applies. Patient pays the first \$75 plus any remaining balance after the maximum savings limit of \$500 is reached.

Q: What needs to be included on the EOB when it is submitted?

A: For complete and detailed submission, the EOB must include the Insurance Carrier, Date of Service, Product Name/J-Code, and Patient Responsibility.

Q: What if the patient loses her card?

A: A patient can call **855-706-4508** from your office between 9 am and 5 pm EST (Monday through Friday) to obtain her account number over the phone.

Q: How long will the program be available?

A: The Patient Savings Program will be available for prescriptions filled or insertions completed by September 30, 2015. Savings requests must be submitted to **LILETTAcard.com** or faxed to **888-683-4991** within 60 days after the prescription is filled and the product is administered to the patient.



Additional Support Available for LILETTA™

LILETTA AccessConnectSM offers you and your practice seamless support for all stages of procurement, billing, and benefits investigation. Please visit **LILETTAAccessConnect.com** for more information.



DESKTOP



MOBILE



PHONE



FAX



**ORDERING, INVOICING,
PAYMENT, INVENTORY
MANAGEMENT**

**REIMBURSEMENT
SERVICES**

**PATIENT
SAVINGS**

**RESOURCE
REQUESTS**

On-demand benefits investigation for real-time patient pre-verification before or during office visits

Online ordering, tracking, and customer service, with 24/7 online or live phone support from Monday to Friday, 8 am–8 pm EST



Please contact your Actavis representative for more information or to obtain additional brochures and cards.

Please see accompanying full Prescribing Information.

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