

**Allergan Patient Assistance Program
Frequently Asked Questions - FAQ's**

- How does the program work?
 - ✓ We have an application for you and your licensed health care provider to complete and send to our program by fax or mail. Once we receive a completed application, we will review the information and then send you and your health care provider a letter with the outcome of our review. If you are eligible, we will send a 90-day supply of medicine to your health care provider's office.
- How can I get an application?
 - ✓ You can download an application from this web site (www.allergan.com/patient-assistance-programs) or call us at 1-844-424-6727 and request that we email, mail or fax you an application.
- What paperwork do I need to send with the signed application?
 - ✓ We request that you submit the completed application and your proof of income. We prefer your most recent tax return, but also accept other documents if you do not have a tax return. If you have insurance, please include copies of your insurance cards and descriptions of any out of pocket prescription or medical cost you would like us to consider.
- Where will you ship the medicine?
 - ✓ We typically ship medicine to your health care provider's office.
 - ✓ If your physician will not accept the medicine or if you have difficulties getting to your physician's office, please contact us at 1-844-424-6727 to discuss other options.
- How do I submit my application
 - ✓ You are welcome to fax the application to 1-844-708-0036 from your health care provider's office with your health care provider's fax banner included on the fax. You may also mail the completed application to:

Allergan Patient Assistance Program
PO BOX 66764
St. Louis, MO 63166
- How long does it take to find out the status of my application?
 - ✓ Once we receive all the information needed, we usually review application within 7 business days. We will contact you and your health care provider to let you know about the results of our review.
- If approved, for how long will I be eligible?
 - ✓ If you are approved for assistance, we will provide you with free medicine for up to one year. We approve Medicare enrollees until the end of the calendar year. At the end of your enrollment, you can re-apply for continued assistance.
- If I am denied can I appeal the decision?
 - ✓ Yes, you can appeal the decision based on out of pocket prescription and other medical expenses. We suggest that you call the program at 1-844-424-6727 to discuss information needed for further review.
- Once approved how do I reorder my medication?
 - ✓ You or your health care provider can call us at 1-844-424-6727 to request a refill. Your health care provider can also fax the reorder request to attn refill 1-844-708-0036