

Allergan Pharma Inc.
Patient Assistance Program
Frequently Asked Questions - FAQ's

- How does the program work?
 - An application must be completed by the applicant and the licensed prescriber and submitted by mail or fax. If the applicant is eligible under the Allergan guidelines they will be enrolled for a 12 month time period. Medicare enrollees will only be enrolled until the end of the calendar year. Once the application is approved a 90 day supply of the requested medication(s) or device(s) will be shipped to the applicant's licensed prescriber for dispensing. If approved, there is no cost for any of the medications on this program.
- How can I get an application?
 - The application is available to download on the website (www.Allergan.com/pap) or Contact us at 800-851-0758 and request an application be mailed or faxed to you.
- What paperwork needs to be sent with the signed application?
 - A valid prescription written for a three-month supply of the medication(s) or device(s) from the licensed prescriber who signed the application.
 - Proof of gross monthly household income.
 - A photocopy of the applicant's LIS denial letter (Medicare Part D enrollees only). The date on the letter is valid for 5 years (or such shorter time in accordance with the Medicare guidance). The letter then will be kept on file until it expires or the program terminates, whichever comes first.
 - A signed notarized Power of Attorney (POA) for signatures other than the applicants' signature.
- Where can the medication(s) be shipped?
 - Your medication must be shipped to your physicians' office.
 - IF the physician will not accept the medication please contact us at 1-800-851-0758 and we will work with you to determine if there is an approved pharmacy in your area that we can work with to have your medication delivered to. We will need a letter from your physician allowing the pharmacy to dispense the medication on their behalf and a letter from the receiving pharmacy stating they will receive and dispense the medication at no cost to the applicant.
 - The medication cannot be shipped to the applicants' residence.
- Can copies be made of the application
 - You are welcome to make copies of the front page of the application as long as none of the information has changed. However we must have new signatures and a new prescription with current dates for each application.
- How do I submit my application
 - You are welcome to fax the application to 1-844-708-0036, applications faxed must be faxed from the physicians' office with their fax banner attached.
 - You are welcome to mail the application to
 - Allergan PAP Program
 - PO BOX 66764
 - St. Louis, MO 63166



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- How soon can I check the status of my application?
 - Contact the Allergan program at 800-851-0758; please allow 5-7 business days from the date the application was submitted.
- If approved how long am I eligible for?
 - Non Medicare enrollees are approved for 12 months of eligibility.
 - Medicare enrollees are approved until the end of the calendar year.
- If I am denied can I appeal the decision?
 - Yes, you can appeal the decision; you will need to submit the completed application and prescription, a letter requesting an appeal detailing your monthly income and budget; income verification; benefit verification and a letter from the physician stating the need to the financial situation.
- Once approved how do I reorder my medication?
 - Once approved your physician can fax the reorder to (1-844-708-0036) or call 1-800-851-0758 and request a refill through our automated system
- How much medication will I receive?
 - You will receive a 90 day supply of the medication.
- Can my doctor write for refills?
 - No, your physician will need to fax in a prescription every 3 months or call the automated line and request a reorder.
- How do I reorder my medication?
 - Please contact your physician and ask him/her to fax in a prescription to (1-844-708-0036) or your physician can call 1-800-851-0758 and request a reorder through our automated system.
- When will I need to re-apply?
 - You will need to reapply about 30 days from your application expiration date; we will send you a reminder letter in the mail when it is time to reapply.
 - If you receive Medicare you will need to reapply after open enrollment annually.
- How long will it take for me to receive my medication?
 - Once the application is approved it takes approximately 10 business days to be delivered to your physicians' office.
- What should I do if I have a change in dose?
 - If you have a change in dose your licensed prescriber must write a new prescription and indicate "Dose Change" on the revised prescription. Please make sure your name, date of birth, and address is clearly written on the prescription. Have your licensed prescriber fax the revised prescription to (1-844-708-0036)
- My doctor is away or I had to change doctors. Can I have another doctor write my prescription?
 - We will need a new signature page for the physician and prescription



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- LIS (Low-Income Subsidy) Questions
 - What is LIS?
 - LIS is a government program which helps individuals pay for prescription costs. If you are applying to the Allergan PAP and are a Medicare Part D enrollee, then you must also apply for LIS by calling (800)772-1213; TTY (800)325-0778 or going to www.socialsecurity.gov/prescriptionhelp/.
 - If I am approved for LIS, will I qualify for the program?
 - In most cases, you must be denied for LIS first in order to qualify for the Allergan program. However, if you are taking an Allergan medication(s) or device(s) that is not on any Medicare Part D formulary, then you may receive assistance from the Allergan PAP regardless of your LIS status.
 - Do I need to apply for LIS if I live in a US territory?
 - No. Applicants living in a US territory are not eligible for the LIS program and the denial letter is not required.
 - Do I have to apply for LIS if I don't have Medicare Part D?
 - No. Only Medicare Part D enrollees are required to apply for LIS.
- Guidelines for gross monthly household income
 - What is gross monthly household income?
 - This is the total amount of money you receive in one month's time before any deductions are taken out of your check(s). For the purposes of this program, gross monthly income is defined as the following: (1) Monetary compensation for services, including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or veteran's payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; (14) other cash income, including cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources.

