Start Saving on Your BOTOX® Treatment Costs Today!*  

Learn how you may be able to save on your out-of-pocket costs for BOTOX®.

**IMPORTANT SAFETY INFORMATION**

BOTOX® may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:

- **Problems swallowing, speaking, or breathing,** due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months.

- **Spread of toxin effects.** The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms including: loss of strength and all-over muscle weakness, double vision, blurred vision and drooping eyelids, hoarseness or change or loss of voice, trouble saying words clearly, loss of bladder control, trouble breathing, trouble swallowing.

BOTOX® may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of taking BOTOX®. **If this happens, do not drive a car, operate machinery, or do other dangerous activities.**

Please see additional Important Safety Information on the following pages.

Please see accompanying full Product Information, Including Boxed Warning and Medication Guide.

*Restrictions apply. Please see full Eligibility Rules for more details.
WHO QUALIFIES?

This program is for commercially insured patients currently receiving or new to BOTOX® treatment for Overactive Bladder.

To see if you qualify, first visit BOTOXSavingsCard.com or call 1-800-44-BOTOX, Option 4.

You must meet the following requirements:

• 18 years or older
• Commercially insured and not insured by Medicare, Medicaid, or another federal or state government healthcare program
• Either currently or planning to receive BOTOX® treatment for OAB symptoms, including (but not limited to) overactive bladder caused by a neurologic condition, when an anticholinergic has been ineffective or intolerable

FDA approved uses of BOTOX® for OAB

BOTOX® is a prescription medicine that is injected into the bladder muscle and used:

• To treat overactive bladder symptoms such as a strong need to urinate with leakage or wetting accidents; urgency and frequency in adults when another type of medication (anticholinergic) does not work well enough or cannot be taken
• To treat leakage of urine (incontinence) in adults, with overactive bladder due to neurologic condition, who still have leakage or cannot tolerate the side effects after trying an anticholinergic medication

THE BOTOX® SAVINGS CARD

Most major insurance plans, including Medicare and Medicaid, cover the cost of BOTOX® treatment.†

However, if you are a commercially insured patient who has remaining out-of-pocket costs associated with treatment, you may be eligible for additional savings from Allergan. With this offer, most commercially insured patients are able to have their BOTOX® treatment for little to no out-of-pocket cost.

†Based on data pulled from IMS/Pharmetrics claims database, treatment dates January 2013-December 2014 (1549 total claims).

IMPORTANT SAFETY INFORMATION (continued)

Do not take BOTOX® if you: are allergic to any of the ingredients in BOTOX® (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); have an infection at the planned injection site.

Please see additional Important Safety Information on the following pages.
THE SAVINGS

• Savings on out-of-pocket costs related to your BOTOX® treatment†
  - based on the amount of out-of-pocket costs listed on your insurance Explanation of Benefits (EOB) or Specialty Pharmacy Provider (SPP) receipt—post-treatment

Eligible patients can save§:
• Up to $500 on out-of-pocket costs for treatments occurring between January and June 2016
• Up to $300 on out-of-pocket costs for treatments occurring between July and December 2016

†The amount you receive on the card will not be higher than your out-of-pocket costs for BOTOX® treatment.
§Maximum of $800 savings per patient per year.

IMPORTANT SAFETY INFORMATION (continued)

Do not take BOTOX® for the treatment of urinary incontinence if you: have a urinary tract infection (UTI) or cannot empty your bladder on your own (and are not routinely catheterizing). Due to the risk of urinary retention (difficulty fully emptying the bladder), only patients who are willing and able to initiate catheterization post-treatment, if required, should be considered for treatment.

• Your BOTOX® Savings Card can be used for up to 4 BOTOX® treatments within a 12-month period
  - BOTOX® treatment for OAB can last up to 6 months before the effects wear off. (As your symptoms return, talk to your doctor about retreatment, but no sooner than 12 weeks from prior treatment)
• With registration, you are also able to gain the benefits of the My Answers, My Support® program

IMPORTANT SAFETY INFORMATION (continued)

Patients treated for overactive bladder due to neurologic condition
In clinical trials, 30.6% of patients (33/108) who were not using clean intermittent catheterization (CIC) prior to injection, required catheterization for urinary retention following treatment with BOTOX® 200 Units as compared to 6.7% of patients (7/104) treated with placebo. The median duration of post-injection catheterization for these patients treated with BOTOX® 200 Units (n=33) was 289 days (minimum 1 day to maximum 530 days) as compared to a median duration 358 days (minimum 2 days to maximum 379 days) for patients receiving placebo (n=7). Among patients not using CIC at baseline, those with MS were more likely to require CIC post-injection than those with SCI.

Please see additional Important Safety Information on the following pages.
**HOW IT WORKS**

With approved enrollment, we’ll send you a Welcome Kit with everything you’ll need to submit a claim and get your BOTOX® Savings Card. If you’ve received your Welcome Kit, follow these steps to get your savings.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Receive BOTOX® treatment from your doctor.</td>
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<tr>
<td>2</td>
<td>Fill out the claim form.</td>
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<tr>
<td>3</td>
<td>Get a copy of the explanation of benefits (EOB) from your insurance company and/or your Specialty Pharmacy Provider (SPP) receipt. (If your BOTOX® prescription was filled by a Specialty Pharmacy Provider [SPP], you will also need an SPP receipt.)</td>
</tr>
<tr>
<td>4</td>
<td>Submit your forms by mail in the prepaid envelope supplied with the Welcome Kit or complete your form online and submit at BOTOX Savings Card.</td>
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**IMPORTANT SAFETY INFORMATION (continued)**

The dose of BOTOX® is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported. They include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Get medical help right away if you experience symptoms; further injection of BOTOX® should be discontinued.

It takes about 7-10 business days to review your claim; expect to receive the results of your claim review and/or your BOTOX® Savings Card in the mail within 10 business days.

Activate your card by calling the phone number on the front of the card. Remember to save your card, as future savings will be loaded directly onto the same card (up to 4 treatments in 12 months).

Use your savings card anywhere VISA is accepted. Consider using your BOTOX® Savings Card toward your next BOTOX® treatment.

Tell your doctor about all your muscle or nerve conditions such as ALS or Lou Gehrig’s disease, myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including difficulty swallowing and difficulty breathing from typical doses of BOTOX®.

For patients treated for overactive bladder due to a neurologic condition:

Tell your doctor if you have any breathing-related problems. Your doctor will want to monitor you for any breathing problems during your treatment with BOTOX® for overactive bladder associated with a neurologic condition. The risk of pulmonary effects in patients with compromised respiratory status is increased in patients receiving BOTOX®.

Please see additional Important Safety Information on the following pages.
Autonomic dysreflexiaAutonomic dysreflexia associated with intradetrusor injections of BOTOX® could occur in patients treated for detrusor overactivity associated with a neurologic condition and may require prompt medical therapy. In clinical trials, the incidence of autonomic dysreflexia was greater in patients treated with BOTOX® 200 Units compared with placebo (1.5% versus 0.4%, respectively).

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; have symptoms of a urinary tract infection (UTI) and are being treated for urinary incontinence. Symptoms of a urinary tract infection may include pain or burning with urination, frequent urination, or fever; have problems emptying your bladder on your own and are being treated for urinary incontinence; are pregnant or plan to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to (it is not known if BOTOX® passes into breast milk).

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal products. Using BOTOX® with certain other medicines may cause serious side effects. **Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.**

**Other side effects of BOTOX® include:** urinary tract infection, painful urination, and/or inability to empty your bladder on your own. If you have difficulty fully emptying your bladder after receiving BOTOX®, you may need to use disposable self-catheters to empty your bladder up to a few times each day until your bladder is able to start emptying again. Other side effects include dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.

For more information refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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There are some guidelines for special transactions that you should be aware of before you shop:

**Gas stations** — The self-service terminals at gas stations pre-charge a defined amount prior to pumping gas; therefore, it is necessary to go inside to pay, depending on your balance.

**Restaurants** — Restaurants may pre-charge the tip to your bill, exceeding your balance. This will cause your card to be declined. Make sure you understand the restaurant’s policy and verify that you have enough funds in your card to cover the dining bill, including any pre-charged tip.

**Hotels** — Hotels may put a “hold” on the amount of your estimated bill, making that amount unavailable for other purchases. When you check out, that hold may take a few days to be removed.
TERMS AND CONDITIONS

By participating, you understand and agree to comply with the Program rules as set forth below.

Offer is valid only for BOTOX® and BOTOX® treatment-related costs not covered by your insurance plan. The BOTOX® Savings Card will be funded upon approval of your claim. Your claim must be submitted with your Explanation of Benefits (EOB) or Specialty Pharmacy Provider (SPP) receipt. (If your BOTOX® prescription was filled by a Specialty Pharmacy Provider, you must send both your EOB and SPP receipt.)

All claims must be submitted within 90 days of the date of service listed on the EOB. BOTOX® Savings Card may not be combined with any other offer or discount. This BOTOX® Savings Card is not health insurance.

Offer not valid for patients participating in Medicare, Medicaid, or any similar federal or state healthcare program, including any state medical or pharmaceutical assistance programs. If patients are eligible for drug benefits under any such program, they cannot use this BOTOX® Savings Card. Offer void where prohibited by law, taxed, or restricted. Offer good only in the United States. Allergan, Inc., reserves the right to rescind, revoke, and amend this offer without notice.

The BOTOX® Savings Card can be used for up to 4 treatments and/or related procedures in a 12-month period.

Allergan and its authorized partners use the information you provide for legitimate business purposes only and will not sell, share, or otherwise distribute your personal information to third parties.

The BOTOX® Savings Card is issued by Metropolitan Commercial Bank, member FDIC, pursuant to license by Visa USA, Inc. “Metropolitan Commercial Bank” and “Metropolitan” are registered trademarks of Metropolitan Commercial Bank © 2014. See the Cardholder Agreement for Terms and Conditions. By accepting, signing, or using this savings card, you agree to the Terms and Conditions of the Cardholder Agreement. This savings card will remain the property of the issuing institution and the privilege of its use may be withdrawn at any time.
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