Kyleena® (levonorgestrel-releasing intrauterine system) 19.5 mg
Mirena® (levonorgestrel-releasing intrauterine system) 52 mg
Skyla® (levonorgestrel-releasing intrauterine system) 13.5 mg

Reimbursement Rebate Program for
Kyleena®, Mirena®, Skyla® Effective January 1, 2025

Program Description and Eligibility:	Customers with Kyleena®, Mirena® and Skyla® inventory purchased **January 1, 2025 through September 30, 2025**, which is subsequently reimbursed by a **commercial payer** at less than the customers' net acquisition cost, are eligible to participate in the program. For each Kyleena, Mirena or Skyla unit that is under-reimbursed for **patient dates of service from January 1, 2025 through September 30, 2025**, customers may receive a rebate up to the difference between the customer's net acquisition cost for the unit and the documented payer reimbursement allowable. The "net acquisition cost" is the cost for the unit including any Volume and/or Contracted Discounts. Reimbursement allowable is the total provider reimbursement for that unit, including any patient cost share. Customers will not be required to sign a contract to participate in the program. Please note that the maximum possible rebate amount is **$250 per unit.** **This program does not apply to any reimbursement received from state or federal healthcare programs, such as Medicaid, Managed Medicaid, Tricare, or Medicare.**
Rebate Request Form Submission Instructions:	✓ Provide information for each **Kyleena, Mirena or Skyla** unit for which you are requesting a rebate on the attached Reimbursement Rebate Request Form. You may submit requests for multiple units on the same form, and attach additional pages as needed. ✓ Submit the Reimbursement Rebate Request Form for Kyleena, Mirena or Skyla (refer to next page) to Bayer with copies of: ○ (1) the Bayer Direct or AmerisourceBergen Specialty Distributor (ASD) invoice. ○ (2) the de-identified paid claim/Explanation of Benefits (EOB) for each unit that was under-reimbursed. ○ (3) your current W-9 form. ✓ **The latest date to submit a reimbursement rebate request to Bayer is December 31, 2025.** ✓ **Note: Patient Health Information (PHI) MUST be redacted or the submission will be denied.** ✓ Be sure to sign the rebate request form before submitting. Two ways to submit the attached form and supporting documentation: 1. E-mail to: **whcrebates@bayer.com** Either email address can be used to submit forms for any Bayer IUD reimbursement rebate request. 2. Fax to **862-404-2111** Please allow up to 6 weeks for processing after a complete rebate request form has been submitted. If information is missing from the submitted request form, a Bayer representative will contact you to obtain the missing information. Rebate checks will be made payable to the entity listed as the "bill to" addressee on the **Bayer Direct** or **ASD** invoice.
Reporting Requirements:	**Customers who receive rebates under this program must comply with all federal and state healthcare program reporting and disclosure rules for discounts and rebates.**
Questions:	If you have questions about how to fill out the request form, or you want to check the status of a submitted request, please contact Bayer at **855-966-4584, option 2**, for assistance.

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Reimbursement Rebate Request Form for Kyleena®, Mirena® and Skyla® - Effective January 1, 2025

Provider Name:	Office Contact Name and Title:
Office Contact Phone Number:	Office Contact E-mail address:

By signing below I certify that the information provided on this form and any attachments is accurate. I also certify that I am not requesting a rebate for units provided to patients covered by a government health benefit program.

Signature: _____ Date: _____

Total number of pages submitted with this request, including this one: _____

You may e-mail or fax the completed form and documents.
Email: whcrebates@bayer.com reimbursement rebate request.
Fax: 862-404-2111

- ✓ Be sure to include a copy of your Bayer Direct and/or ASD invoice.
- ✓ For explanation of benefits (EOBs), **please remove/blackout** all Patient Health Information (PHI) to maintain HIPAA compliance.
- ✓ Please include a copy of your most recent W-9.

Patient ID number	**Patient Date of Service**	**Total Reimbursement Allowable Including Any Patient Cost-Share for: J7296 (Kyleena)*, J7298 (Mirena), J7301 (Skyla),**	**Net Acquisition Cost (from Invoice)**	**Payer Name**	**Paid Claim/EOB (insert check mark)**
					Attached___
					Attached___
					Attached___
					Attached___

***Note: Some payers may continue the use of Q9984 or S4989 to describe coding and billing for Kyleena.**

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Reimbursement Rebate Request Form for Kyleena®, Mirena® and Skyla® - Effective January 1, 2025

Patient ID number	Patient Date of Service	Total Reimbursement Allowable Including Any Patient Cost-Share for: J7296 (Kyleena)*, J7298 (Mirena), J7301 (Skyla),	Net Acquisition Cost (from Invoice)	Payer Name	Paid Claim/EOB (insert check mark)
					Attached___
					Attached___
					Attached___
					Attached___
					Attached___
					Attached___
					Attached___
					Attached___
					Attached___
					Attached___

***Note: Some payers may continue the use of Q9984 or S4989 to describe coding and billing for Kyleena.**

You may request not to receive future faxes from Bayer HealthCare Pharmaceuticals, Inc. WHC Business Unit. To stop receiving such faxes, please do one of the following: call 866-647-3646, or send an e-mail to jessie.yoh@bayer.com at any time. Your fax or communication must include the specific telephone number of the fax machine(s) at which you do not wish to receive faxes from us. We will remove your fax number from our lists and will not send you additional faxes. Failure to comply with your request within 30 days is unlawful. If you wish to receive such faxes from us after you have requested to be removed from our lists, you must provide express consent to receive such faxes at the fax number, telephone number, or e-mail address listed above.