


Copay Rebate Form

PFIZER DERMATOLOGY
patient access™

REBATE PROGRAM INSTRUCTIONS:

If your pharmacy does not accept or cannot process your CIBINQO™ (abrocitinib)/LITFULO™ (ritilecitinib)/EUCRISA® (crisaborole) Copay Savings Card, use this rebate form to request reimbursement of your out-of-pocket copay costs for CIBINQO/LITFULO/EUCRISA.*

- 1 **Complete** the rebate form below.
- 2 **Circle** the medication name, the date, and the amount you paid for CIBINQO/LITFULO/ EUCRISA on your original pharmacy receipt. (Cash register receipt is *not* valid.)
- 3 **Ensure** your pharmacy receipt includes the following information:
 - Patient name and address
 - Pharmacy name, address, and phone number
 - Doctor or healthcare provider name, address, and phone number
 - Prescription # (Rx #), fill date, drug name, strength, NDC #, and quantity
 - Overall prescription price and copay/out-of-pocket expense paid
- 4 **Send in** the completed rebate form along with your pharmacy receipt:

 **By mail:** Attn: Claims Processing Department, IQVIA, Inc.
77 Corporate Dr., Bridgewater, New Jersey 08807

 **By fax:** 1-631-822-2893 (toll-free)

 **By email:** Complete and email the rebate form and your pharmacy receipt to claim.support@iqvia.com.

COMPLETE AND RETURN THIS FORM:

NAME		
ADDRESS		
CITY		
STATE	ZIP CODE	PHONE
EMAIL		
DATE OF BIRTH		
COPAY SAVINGS CARD MEMBER ID #		DAYS SUPPLY
SIGNATURE		DATE

By my signature, I certify that I meet and agree to the terms and conditions listed on this rebate form, as well as the eligibility requirements and restrictions that I received when I activated my card.

To validate, you must sign and date this rebate form. The rebate check will arrive in 6-8 weeks. An additional rebate form is provided in the event it is necessary to submit another request for reimbursement.

QUESTIONS?

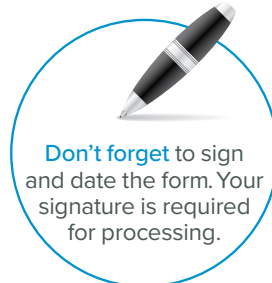
Please call 1-833-956-3376
Monday–Friday, 8:00 AM–8:00 PM ET

*Limits, terms, and conditions apply, listed on this page.

COPAY SAVINGS CARD REBATE TERMS AND CONDITIONS

By sending this rebate you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- Patients are not eligible to participate in this program if they are enrolled in a state- or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as “La Reforma de Salud”).
- This rebate is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs.
- For CIBINQO, you will receive a maximum benefit of \$15,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year, and may pay as little as \$0 per month copay. After a maximum of \$15,000, you will be responsible for paying the remaining monthly out-of-pocket costs.
- For LITFULO, you will receive a maximum benefit of \$15,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year, and may pay as little as \$0 per month copay. After a maximum of \$15,000, you will be responsible for paying the remaining monthly out-of-pocket costs.
- For EUCRISA, you will receive a maximum benefit of \$3880 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year, and may pay as little as \$10 per tube. After a maximum of \$3880, you will be responsible for paying the remaining monthly out-of-pocket costs.
- Patient must submit a completed rebate request form and the original, dated store-identified receipt accompanying your prescription as proof of purchase to the address provided on this form. Receipt will not be returned. See instructions on rebate request form.
- Rebate will be mailed to patients approximately 6 to 8 weeks after receipt of required documentation or earlier, as required by law.
- You must deduct the value received under this rebate from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf.
- Patient is responsible for reporting receipt of rebate to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription for which the patient receives a rebate, as may be required. You should not use this program if your private insurer or health plan prohibits use of manufacturer coupons, copay cards, debit cards, or similar savings programs.
- This rebate is not valid where prohibited by law.
- This rebate cannot be combined with any other savings, free trial, or similar offer for the specified prescription.
- **This rebate is not health insurance.**
- Offer good only in the U.S. and Puerto Rico.
- No other purchase is necessary.
- Data related to your redemption of the rebate may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer’s programs. Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other rebate redemptions and will not identify you.
- Pfizer reserves the right to rescind, revoke, or amend the program without notice.
- The rebate is applicable to all CIBINQO, LITFULO, and EUCRISA formulations.
- Rebate and Program expires 12/31/[XXXX].



For questions or additional support, call 1-833-956-3376, write to Pfizer Inc., at PO Box 29387, Mission, KS 66201, or visit the CIBINQO website at www.Cibinqo.com, the LITFULO website at www.Litfulo.com, or the EUCRISA website at www.Eucrisa.com.

