

## HCP Portal User Guide

How to enroll patients and connect them to savings, resources, and support

[PfizerDermatologyHCPPortal.com](https://PfizerDermatologyHCPPortal.com)



## Use the Healthcare Provider (HCP) Portal to help patients access their prescribed medication, related resources, and support



- Enroll patients in Pfizer Dermatology Patient Access™
- e-Prescribe and coordinate with the patient's pharmacy
- Request an electronic benefits investigation
- Complete and submit an electronic prior authorization
- Activate a Copay Savings Card for eligible, commercially insured patients\*
- Access financial options for eligible patients†
- Enroll or re-enroll patients in the Pfizer Patient Assistance Program‡
- Track and receive patient status notifications throughout the prescription process
- Download program forms and resources
- Communicate securely with a Patient Support Representative

**This guide explores the key features and functions of the Pfizer Dermatology Patient Access HCP Portal**

\*Eligibility required. No membership fees. For CIBINQO, the maximum benefit per patient is \$15,000 per calendar year. For EUCRISA, individual savings limited to \$970 per tube or \$3,880 in maximum total savings per calendar year. Only for use with commercial insurance. If you are enrolled in a state or federally funded prescription insurance program, you may not use the copay card. Terms and conditions apply.

†Some offerings are provided through third-party organizations that operate independently and are not controlled by Pfizer. Availability of offerings and eligibility requirements are determined solely by these organizations.

‡The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. Free medicines from Pfizer are provided through the Pfizer Patient Assistance Foundation. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

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Please see full [Prescribing Information](#) for CIBINQO, including **BOXED WARNING** and [Medication Guide](#), at [CIBINQOHCP.com](https://CIBINQOHCP.com).

**CIBINQO**  
(abrocitinib) tablets

**eucrisa**  
crisaborole ointment 2%



## Be prepared for efficient registration

Streamline the registration process by having relevant information on hand

	Office staff	Prescribers
 <b>LOG-IN</b>	<ul style="list-style-type: none"> <li>Your practice email address for account activation</li> <li>An 8-character password and answers to common security questions</li> </ul>	
 <b>ACCOUNT VERIFICATION</b>	<ul style="list-style-type: none"> <li>Access to the prescriber's fax machine for account verification               <ul style="list-style-type: none"> <li>— A form may also be downloaded for a prescriber signature and returned by fax or email</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Answers to questions asked for identity verification</li> </ul>
 <b>SHARING ACCESS</b>	<ul style="list-style-type: none"> <li>Information for prescribers you're associated with               <ul style="list-style-type: none"> <li>— Names</li> <li>— Practice addresses</li> <li>— NPI numbers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Practice email addresses for the office staff who will be using the HCP Portal</li> </ul>

Because enrollment involves identity verification, allow time to check your email and fax as part of the registration process

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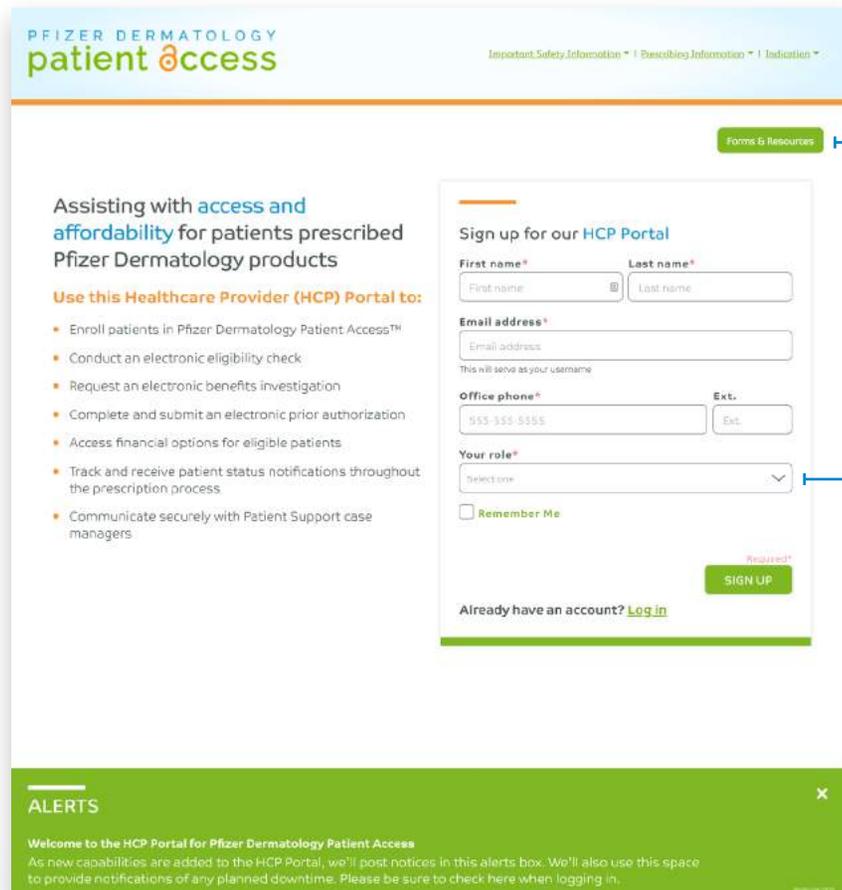
Please see full [Prescribing Information](#) for CIBINQO, including **BOXED WARNING** and [Medication Guide](#), at [CIBINQOHCP.com](https://CIBINQOHCP.com).



## Users can sign up on the home page

Registered users have access to:

- Global pages (for all users)
- Specific pages (unique to prescribers or office staff)



### Forms & Resources

The Prescription and Patient Enrollment Form, Pfizer Patient Assistance Program Application, and other resources are available without having to log in

Users specify their role as **“Prescriber”** or **“Office Staff”** during account registration

**Onscreen alerts** provide updates as new features become available

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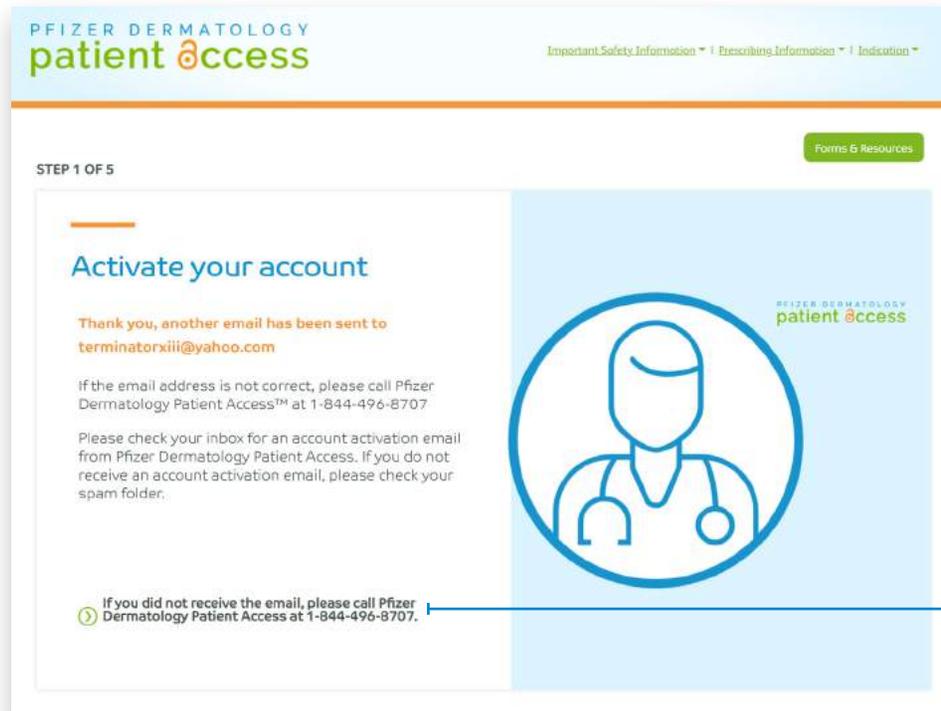
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## Office staff registration: 5 steps

- 1** Activate account
- 2** Set your password and security questions
- 3** Add prescriber
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**patient @ccess**

Important Safety Information | Prescribing Information | Indication

Forms & Resources

STEP 1 OF 5

### Activate your account

Thank you, another email has been sent to terminatorxiii@yahoo.com

If the email address is not correct, please call Pfizer Dermatology Patient Access™ at 1-844-496-8707

Please check your inbox for an account activation email from Pfizer Dermatology Patient Access. If you do not receive an account activation email, please check your spam folder.

**PFIZER DERMATOLOGY patient @ccess**

**1** If you did not receive the email, please call Pfizer Dermatology Patient Access at 1-844-496-8707.

If you have questions during registration, please call Pfizer Dermatology Patient Access at 1-844-496-8707, Monday-Friday, 8:00 AM to 8:00 PM ET

Registration begins once you click the link in the email you will receive after filling in the **“Sign up”** box on the home page; if you didn’t receive the email, you can have it re-sent

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patient @ccess
[Important Safety Information](#) \* | [Prescribing Information](#) \* | [Indication](#) \*

[Forms & Resources](#)

**STEP 2 OF 5**

### Set your password and security questions

Please create your secure password and choose a security question. Your email and password will allow you to access your account later. This site securely stores your personal information.

We will communicate with you primarily through the secure message center and send you email notifications to let you know when new information is available for this account.

**Set your password** \*Required

Passwords must contain at least 8 characters.  
Previous 9 passwords cannot be reused.  
Password must contain the following characteristics:

- Uppercase characters (A through Z)
- Lowercase characters (a through z)
- Numerals (0 through 9)
- Special characters (such as -!'\*"#\$%&'()\*+,-./:;<=>?@[ \ ] )

**Create password\***

**Confirm password\***

Passwords must contain at least 8 characters and the following characteristics:

- Uppercase characters (A through Z)
- Lowercase characters (a through z)
- Numerals (0 through 9)
- Special characters such as -!'\*"#\$%&'()\*+,-./:;<=>?@[ \ ] )

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**Add prescriber**

You must associate your profile with at least one prescriber to finish activating your account. Multiple prescribers from this practice may be associated to your profile. Office staff and prescriber accounts are required to be created with a unique email address for each user and cannot be shared.

1. Search by prescriber's name or NPI (required). Add address, city, state, and Zip code to narrow the list.
2. Click the "Add" button to add a prescriber to your approved list of providers.

Prescriber name\*  OR Prescriber NPI\*

Site street address  Site city  Site state  Site ZIP Code

**SEARCH**

**Search results**

PRESCRIBER NAME	NPI	SITE ADDRESS	SITE FAX NUMBER
Brittany Stumpf	1982872925	1430 Tulane Ave - TW22, New Orleans, LA, 70112	<b>ADD</b>
Asha Gupta	1669463691	260 Riverside Dr, Johnson City, NY, 13790	607-770-7035 <b>REMOVE</b>

User can search by **prescriber's name** or **NPI** (required); add address, city, state, and ZIP code to narrow the list

The **Add** button associates the corresponding prescriber with the office staff user's account

The **Remove** button removes the corresponding prescriber from the office staff user's account

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# Office staff registration: 5 steps

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- 4** Validate your account profile
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Office staff users can verify a prescriber to add them to their account by downloading a form that can be signed by the prescriber or by having a code sent via fax

**STEP 4 OF 5** Forms & Resources

## Validate your account profile

Please select one of the methods below to verify the prescriber associated with your account profile. If you have access to the prescriber's fax number, you will receive a verification code to enter within the HCP Portal. If you do not have access to the prescriber's fax number, select "Download a form," have the form signed by the prescriber, and fax or email it back to Pfizer Dermatology Patient Access™ for verification. You will receive an email once the verification has been completed.

Download a form now for prescriber signature and fax to the call center for your account to be verified within 24 hours.
   
 Send verification code to fax number\* (few minutes' delay)

Required\*

PRESCRIBER NAME Gojra, Ajeet	SELECT PRESCRIBER'S FAX NUMBER* 315-464-8206
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**PROVIDER AUTHORIZATION** PFIZER DERMATOLOGY patient access

RELEASED: 1-14-10 01:00 FAX: 1-877-548-1734 REVISED: 02-14-10 03:00 BY: 01-301

**Office Staff:** Please complete the information below and fax this form to Pfizer Dermatology Patient Access™ for verification. Once your information is verified, you can access and track your patient's status through the Pfizer Dermatology Patient Access HCP Portal.

Note: Healthcare provider's signature and NPI number must be included in order to receive access to patient information via the Pfizer Dermatology Patient Access HCP Portal.

**Office Staff Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

**Healthcare Provider Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 NPI Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 NPI Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 NPI Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax the completed form to 1-877-548-1734. Requests will be processed within 1-2 business days.

**Healthcare Provider Authorization**

By signing this form, I hereby request that I be provided access to the Pfizer Dermatology Patient Access HCP Portal. I certify that I have submitted patient enrollment forms to Pfizer Dermatology Patient Access and that I am managing the treatment of the patients for whom I have prescribed a Pfizer product and submitted an enrollment form for Pfizer Dermatology Patient Access.

I acknowledge and agree that I may not share my log-in name and password or disclose any information I obtain from the Pfizer Dermatology Patient Access HCP Portal to any other individual or entity. I agree to report any abuse or misuse of this system to Pfizer Dermatology Patient Access.

PFIZER PP-ADR-USA-034-01 © 2011 Pfizer Inc. All rights reserved. December 2011

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The screenshot shows the 'Enter verification code' step of the registration process. The page header includes the Pfizer Dermatology logo and navigation links for 'Important Safety Information', 'Prescribing Information', and 'Indication'. A 'Forms & Resources' button is visible in the top right. The main content area is titled 'STEP 5 OF 5' and 'Enter verification code'. Below the title, there is a message: 'Please enter the verification code received on the fax to complete your registration for the Pfizer Dermatology Patient Access™ HCP Portal.' A table below contains the following information:

PRESCRIBER NAME	FAX NUMBER	VERIFICATION CODE*
Timothy Stump	212-752-8122	<input type="text" value="Code"/> <input type="button" value="VALIDATE"/> <a href="#">Resend Code</a>

At the bottom of the form are 'BACK' and 'NEXT' buttons. A red asterisk next to 'VERIFICATION CODE\*' indicates it is a required field.

If office staff users choose to have the code sent via fax, it is entered here. **“Resend Code”** will appear for prescribers who have not been verified yet

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Please see full [Prescribing Information](#) for CIBINQO, including **BOXED WARNING** and [Medication Guide](#), at [CIBINQOHCP.com](https://CIBINQOHCP.com).

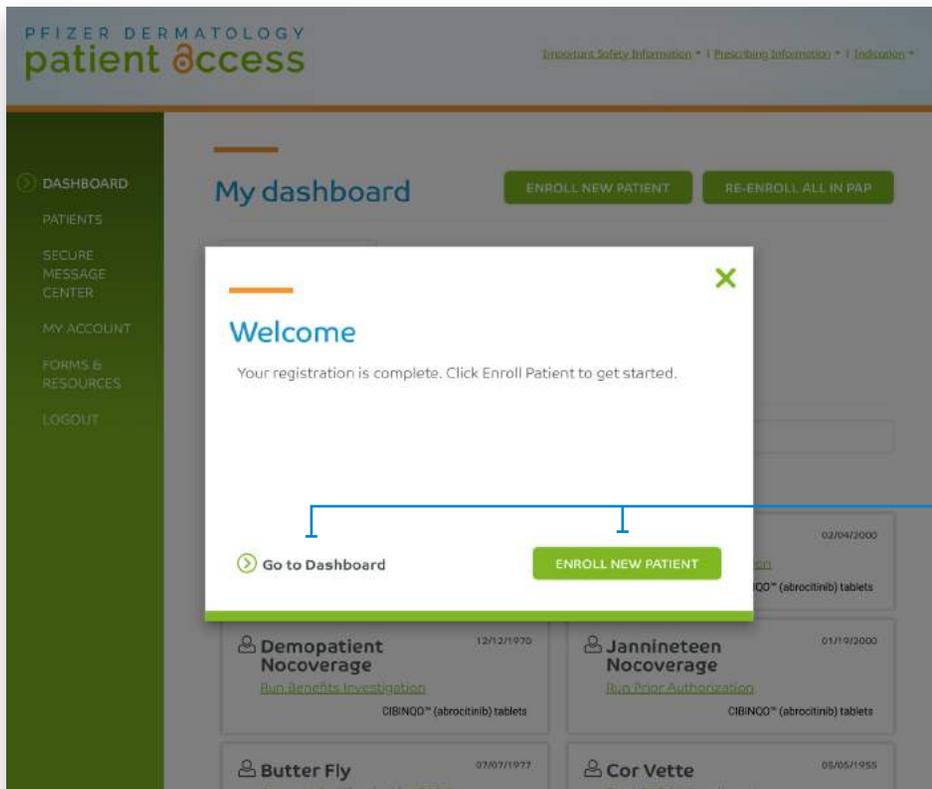
**CIBINQO**  
(abrocitinib) tablets

**eucrisa**  
crisaborole ointment 2%



## Office staff registration: 5 steps

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Once a user is registered, a pop-up welcomes the user and lets them know they can **Enroll New Patient** or **Go to Dashboard**

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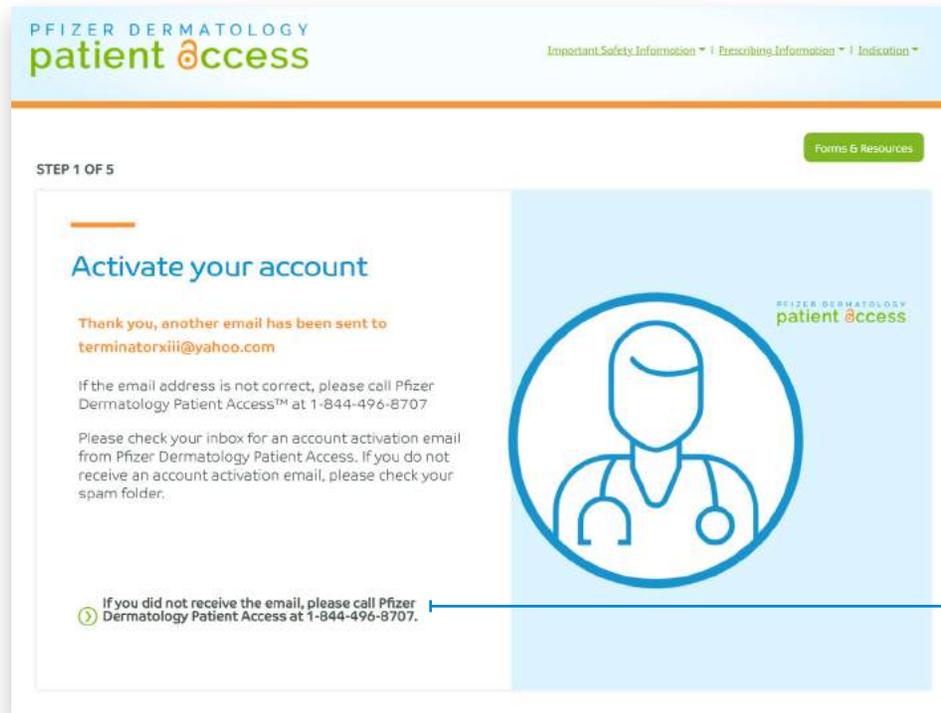
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## Prescriber registration: 5 steps

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[Important Safety Information](#) \* | [Prescribing Information](#) \* | [Indication](#) \*

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[Forms & Resources](#)

STEP 2 OF 5

### Set your password and security questions

Please create your secure password and choose a security question. Your email and password will allow you to access your account later. This site securely stores your personal information.

We will communicate with you primarily through the secure message center and send you email notifications to let you know when new information is available for this account.

**Set your password** \*Required

Passwords must contain at least 8 characters.  
Previous 9 passwords cannot be reused.  
Passwords must contain the following characteristics:

- Uppercase characters (A through Z)
- Lowercase characters (a through z)
- Numerals (0 through 9)
- Special characters (such as -!'""#\$%&'()\*+,-./:;<=>?@[{}<br><=;>?@[{}])

**Create password\***

**Confirm password\***

Passwords must contain at least 8 characters and the following characteristics:

- Uppercase characters (A through Z)
- Lowercase characters (a through z)
- Numerals (0 through 9)
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[Important Safety Information](#) \* | [Prescribing Information](#) \* | [Indication](#) \*

STEP 3 OF 5 Forms & Resources

### Prescriber identity verification

To allow e-Prescribing, an authentication process is required to verify prescriber identity. You will be presented with two interactive challenge/response questions once you begin the process.

**This information you provide below will be utilized for the purposes of identity proofing only. Sonexus Health does not use or store your personal information other than for identity proofing services for use on this website.**

Required\*

**Prescriber Validation**

NPI\*

FIRST NAME    LAST NAME

---

**Personal Home Address**

Street Address\*    City\*  
   

State\*    Zip Code\*  
   

Knowledge-based authentication through Experian is used to verify prescriber identity. The information you provide will be used for identity verification only; neither Pfizer nor Sonexus Health stores your personal information

[PfizerDermatologyHCPPortal.com](https://PfizerDermatologyHCPPortal.com)

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**patient access**

[Important Safety Information](#) | [Prescribing Information](#) | [Indication](#)

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[Forms & Resources](#)

STEP 4 OF 5

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To allow e-Prescribing, an authentication process is required to verify prescriber identity. You will be presented with two interactive challenge/response questions once you begin the process.

**This information you provide below will be utilized for the purposes of identity proofing only. Sonexus Health does not use or store your personal information other than for identity proofing services for use on this website.**

Required\*

**Question 1\***

According to your credit profile, you may have opened a mortgage loan in or around July 2020. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.\*

- SUN WEST MTG
- FREDDIE MAC
- BK OF AMER
- CALIFORNIA FEDERAL
- NONE OF THE ABOVE/DOES NOT APPLY

**Question 2\***

Which of the following is a license plate number that is associated with an automobile registered in your name? If there is not a matched license plate, please select 'NONE OF THE ABOVE'.\*

- EIM8572
- IR2536
- LAD7038
- BCDMKE1234

The questions presented are directly from Experian and will not be stored by Pfizer or Sonexus Health

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Please see full [Prescribing Information](#) for CIBINQO, including **BOXED WARNING** and [Medication Guide](#), at [CIBINQOHCP.com](https://CIBINQOHCP.com).





## Prescriber registration: 5 steps

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The screenshot shows the 'STEP 5 OF 5' screen for inviting office staff. The header includes the Pfizer Dermatology logo and navigation links for 'Important Safety Information', 'Prescribing Information', and 'Indication'. A 'Forms & Resources' button is in the top right. The main heading is 'Invite office staff to your account', followed by a paragraph explaining the purpose: 'Alert members of your staff who may need to participate in the benefits investigation, prior authorization, patient enrollment, or prescribing process by entering their email address and role below. Each user must have a unique email address. Click "Send Invites" when done.' Below this is the 'Add Users' section, which contains a table with two columns: 'Email Address\*' and 'Assign Role\*'. The first row has 'NAME@EMAIL.COM' in the email field and 'Office Staff' in the role dropdown. A green 'x' icon is to the right of the role dropdown. Below the table is a '+ Add Additional Users' button. At the bottom, there are two buttons: 'Skip For Now' and 'SEND INVITES'.

You may add office staff to your account now or at any time by going to **My Account**

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Please see full [Prescribing Information](#) for CIBINQO, including **BOXED WARNING** and [Medication Guide](#), at [CIBINQOHCP.com](https://CIBINQOHCP.com).

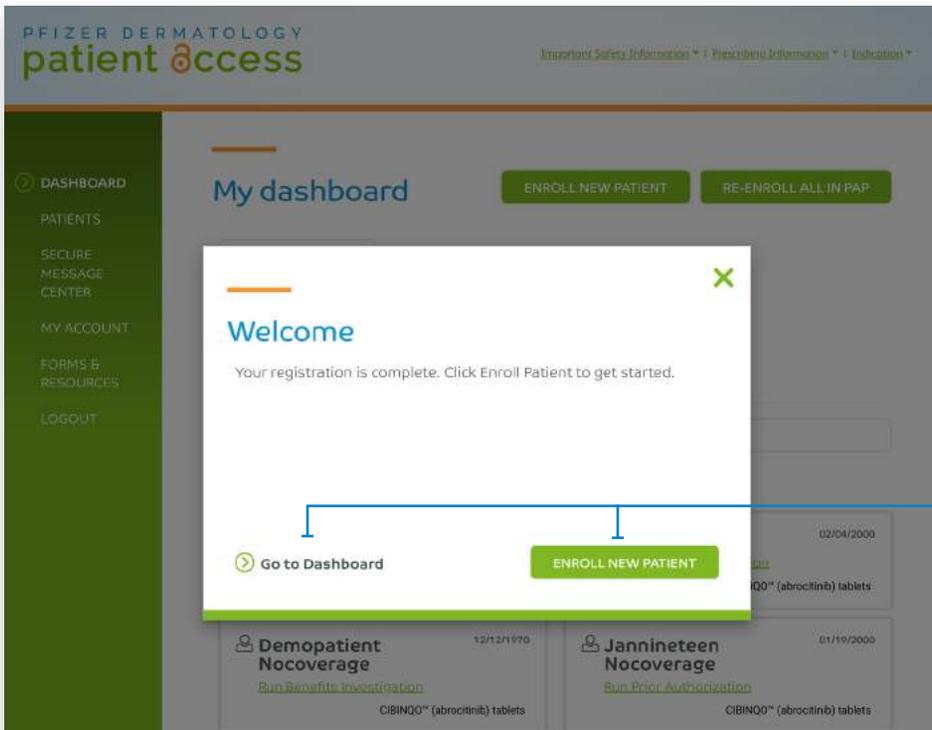
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Once a user is registered, a pop-up welcomes the user and lets them know they can **Enroll New Patient** or **Go to Dashboard**

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## Using My Dashboard

Once registered, the user is taken to **My Dashboard**, the first of 5 main navigation tabs.

**OFFICE STAFF VIEW**

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Important Safety Information \* | Prescribing Information \* | Indication \*

PRESCRIBER VERIFICATION IS PENDING: [Click Here](#)

**My dashboard** **ENROLL NEW PATIENT** **RE-ENROLL ALL IN PAP**

**NEW FILTER** **SAVED FILTER** **SAVED FILTER** **SAVED FILTER**

**SAVED FILTER** **SAVED FILTER** **SAVED FILTER**

**SAVED FILTER**

Search patients by first name, last name or DOB (format must be MM/DD/YYYY)

**Action Required (24)** Showing 1-8 of 24 items

**Jannineteen Nocoverage** 01/19/2000  
[Run Prior Authorization](#)  
CIBINQO® (abrocitinib) tablets

**Demopatent Nocoverage** 12/12/1970  
[Run Benefits Investigation](#)  
CIBINQO® (abrocitinib) tablets

**Patients, Secure Message Center, and Forms & Resources pages are the same for all users of the Pfizer Dermatology Patient Access HCP Portal**

**My Dashboard** and **My Account** pages are unique to the user

**Enroll New Patient** button is always visible for both office staff and prescriber views

Prescriptions that are pending review and signature appear in the **Action Required** section. Only prescribers are able to review and sign pending prescriptions

**Patients, Secure Message Center, and Forms & Resources pages are the same for all users of the Pfizer Dermatology Patient Access HCP Portal**

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## Using My Dashboard

Once registered, the user is taken to **My Dashboard**, the first of 5 main navigation tabs.

Patients, Secure Message Center, and Forms & Resources pages are the same for all users of the Pfizer Dermatology Patient Access HCP Portal

Only the prescriber view has the **Invite User** button to add office staff to the account

Clicking the **Review & Sign** button on a pending prescription generates a pop-up

Patients, Secure Message Center, and Forms & Resources pages are the same for all users of the Pfizer Dermatology Patient Access HCP Portal

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).



## Reviewing and signing prescriptions

When the prescriber selects the **Review & Sign** button on a pending prescription on the dashboard, a pop-up is generated. The pop-up links prescribers to the e-Prescribing functionality. The prescriber can **Review & Sign** the pending prescription.

**PRESCRIBER VIEW**

**Prescription REVIEW & SIGNATURE**

The prescription has been generated by your office staff and awaits your review and signature within the e-Prescribing module.

The prescription below is for CIBINQO™ (abrocitinib) tablets.

**RETURN TO DASHBOARD**

**ak test** 10/10/1990  
ENCOUNTER [Icons]  
New Rx [Star] [Close] 87664 (R) (E) - 1235 S BUCKNER BLVD, DALLAS TX [Search] [List] [Trash]

Please confirm this patient's allergies

**Patient** [Edit]

ak test 10/10/1990 female  
Patient Consent: [Yes] [No] [No]

Pharmacy: 87664 (R) (E) - 1235 S BUCKNER BLVD, DALLAS TX 75217 [Search] [List] [Trash]

Prescription Benefit: No Prescription Benefit Available

SEX	DOB	PRESCRIBER	EMAIL ADDRESS	HEIGHT	WEIGHT	ADDRESS
Female	10/10/1990			0 cm	0	mail st overland park, KS 66223

HOME PHONE: (234) 234-2342 | EMAIL: archana.kondrlik@sonexushealth.com

CREATED 07/20/2021  
CIBINQO (abrocitinib) tablets: 100 mg  
CIBINQO™ (abrocitinib) tablets  
**REVIEW & SIGN**

CREATED 08/02/2021  
CIBINQO (abrocitinib) tablets: 200 mg  
CIBINQO™ (abrocitinib) tablets  
**REVIEW & SIGN**

**Ak Test** 10/10/1990  
CREATED 07/20/2021  
CIBINQO (abrocitinib) tablets: 100 mg  
CIBINQO™ (abrocitinib) tablets  
**REVIEW & SIGN**

[PfizerDermatologyHCPPortal.com](https://PfizerDermatologyHCPPortal.com)

Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

**CIBINQO**  
(abrocitinib) tablets

**eucrisa**  
crisaborole ointment 2%



## Secure Message Center

The Secure Message Center appears the same for prescribers and office staff.

Users can:

- Compose and send messages to a Case Inquiry Team member
- Review responses in the message center



Clicking **Compose** will generate a pop-up that enables the user to send a secure message

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Composing a secure message

When the **Compose** button is selected, a dynamic pop-up appears.

**UNIVERSAL VIEW**

PFIZER DERMATOLOGY patient @ccess
✕

### Compose new secure message

**Product:**

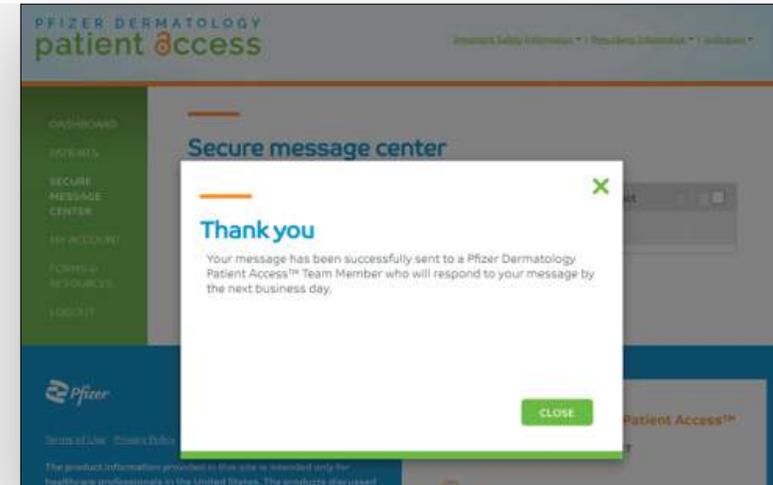
**To:**

**Subject:**

**Patient:**

**Message:**  
  
Add Attachment

Cancel
SEND



User chooses a subject and patient, composes their message, and hits **Send**

A Case Inquiry Team member will respond to your message by the next business day

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## My Account page for prescribers

Selecting the **My Account** navigation link takes the user to their individual account page.

Users can:

- Manage their password and security questions
- Add or remove office staff linked to their account

The screenshot shows the 'My account' page for a prescriber named Ajeet Gajra. The page has a green sidebar with navigation options: DASHBOARD, PATIENTS, SECURE MESSAGE CENTER, MY ACCOUNT (highlighted), FORMS & RESOURCES, and LOGOUT. The main content area includes an 'ENROLL NEW PATIENT' button and a table of account details:

Ajeet Gajra		
NPI	PHONE NUMBER	EMAIL ADDRESS
		niks1611@yahoo.com
PASSWORD	SECURITY QUESTION	IDENTITY PROOFING STATUS
<a href="#">Change</a>	<a href="#">Change</a>	Approved

Below the table is an 'OFFICE STAFF' section with an 'INVITE USER' button. A blue arrow points from the 'INVITE USER' button to the text: 'Invite User button allows prescribers to add office staff to their accounts'.

**Invite User** button allows prescribers to add office staff to their accounts

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).



## Forms & resources page

This page is available to registered and nonregistered HCP Portal users and is a convenient repository of downloadable forms:

- **Pfizer Patient Assistance Program Application**
  - Help qualifying patients apply to the Pfizer Patient Assistance Program\* by mailing or faxing this form
- **HCP Portal Enrollment Form**
  - Register for the HCP Portal online or by faxing this form
- **Prescription and Patient Enrollment Form**
  - Patients can be enrolled into Pfizer Dermatology Patient Access by fax as well as through the HCP Portal
- **Other forms available include:**
  - Prior Authorization Checklist
  - Appeals Checklist
  - Sample Letter of Medical Necessity

The forms have fillable fields that allow them to be completed electronically. They can also be printed and filled out manually.

If a user is registered, the application and enrollment forms can be completed within the HCP Portal.

\*For eligible patients. The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. Free medicines from Pfizer are provided through the Pfizer Patient Assistance Foundation. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

[PfizerDermatologyHCPPortal.com](https://PfizerDermatologyHCPPortal.com)

Please see full [Prescribing Information](#) for CIBINQO, including **BOXED WARNING** and [Medication Guide](#), at [CIBINQOHCP.com](https://CIBINQOHCP.com).



## Enrolling a new patient

The **Enroll Patient** button appears on many pages throughout the HCP Portal.

The enrollment process mirrors the same steps that would be required on a printed Patient Enrollment Form.

UNIVERSAL VIEW

Enroll new patient

CIBINQO™ (abrocitinib) tablets

1 SELECT PRODUCT

2 PATIENT INFORMATION

3 CONTACT INFORMATION

4 SELECT PRESCRIBER

5 SELECT DIAGNOSIS

6 PATIENT AUTHORIZATION

7 HCP HIPAA CONSENT & TCPA ATTESTATION

Required\*

Save & Quit

BACK NEXT

First name\* Middle Initial

Last name\*

DOB\* Gender\*

MM/DD/YYYY Select one

Preferred pharmacy

Select a pharmacy

There are **4 main components** required to enroll a new patient:

- 1 Product selection
- 2 Patient information and contact information
- 3 Prescription information
- 4 Patient Authorization to Receive Communications and HCP HIPAA Consent and TCPA Attestation

We will take a closer look at the Patient Authorization to Receive Communications and HCP HIPAA Consent and TCPA Attestation on the following pages.

TCPA=Telephone Consumer Protection Act.

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Enrolling a new patient: Patient Authorization

**Patient Authorization** requires the patient's email address so consent forms and a secure link can be sent to obtain the patient's digital signature.

**UNIVERSAL VIEW**

**Enroll new patient**

- 1 SELECT PRODUCT
- 2 PATIENT INFORMATION
- 3 CONTACT INFORMATION
- 4 SELECT PRESCRIBER
- 5 SELECT DIAGNOSIS
- 6 **PATIENT AUTHORIZATION**
- 7 HCP HIPAA CONSENT & TCPA ATTESTATION

Required\*

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**Email patient consent**

Please enter the patient's or patient representative's email in the box below to receive the **Patient Authorization To Share Health Information** consent form and the **Patient Authorization To Receive Communication** consent form.

Email\*

Save & Quit Skip For Now BACK NEXT

Action required (24) showing 1-8 of 24 items

Enter the patient's email address here

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Enrolling a new patient: HCP HIPAA Consent and TCPA Attestation

User must confirm that **HCP HIPAA Consent and TCPA Attestation** has been provided to successfully enroll patient.

**UNIVERSAL VIEW**

**Enroll new patient**

- 1 SELECT PRODUCT
- 2 PATIENT INFORMATION
- 3 CONTACT INFORMATION
- 4 SELECT PRESCRIBER
- 5 SELECT DIAGNOSIS
- 6 PATIENT AUTHORIZATION
- 7 **HCP HIPAA CONSENT & TCPA ATTESTATION**

**CIBINQO™ (abrocitinib) tablets**

**HCP HIPAA Consent & TCPA Attestation**

I certify that I am the healthcare professional who has prescribed the therapy identified in this form. I further certify that I have made an independent judgment that the above therapy is medically necessary and that the information provided in this form is accurate to the best of my knowledge. I authorize Pfizer, and its affiliates, agents, representatives and service providers to act on my behalf for the purposes of transmitting this prescription to the appropriate pharmacy.

By my signature, I certify that I have obtained any and all authorizations and consents from the patient or the patient's authorized personal representative necessary under HIPAA and state law to release protected health information, including that contained on this form, to Pfizer and its employees or agents for purposes relating to Pfizer's patient support programs, including, assisting the patient with benefits verification, prior authorization/appeals assistance, financial assistance resources and information, such as copay support or free drug programs, for which the patient may be eligible, and other support for CIBINQO™ (abrocitinib) tablets or EUCRISA® (crisaborole) ointment, 2%.

I certify that I have obtained consent from the patient or the patient's caregiver to be contacted by Pfizer, Pfizer Dermatology Patient Access™, and/or parties acting on their behalf using an autodialer or prerecorded voice at the telephone number(s) provided regarding the purposes described above and for other non-marketing purposes. I also give my permission to receive calls related to these services from Pfizer, Pfizer Dermatology Patient Access, and parties acting on their behalf, including calls made with an autodialer or prerecorded voice at the phone number(s) provided.

**I confirm\***

**Healthcare provider name\***

Healthcare provider name

Optional: Prescriber Name (if required)

**Signature\***

Signature

Signature is required.

Ensure that the **I confirm** box is checked

TCPA=Telephone Consumer Protection Act.

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Enrolling a new patient: HCP HIPAA Consent and TCPA Attestation (cont'd)

A pop-up appears when a patient has been successfully enrolled.

The screenshot shows a web interface with a search bar at the top. A pop-up window is displayed in the center, titled "John Doe has been enrolled" with a green checkmark icon. Below the title, it says "Run a Benefits Investigation now or return to the dashboard to enroll more patients." At the bottom of the pop-up are two buttons: "Return To Dashboard" and "RUN BENEFITS INVESTIGATION". A vertical orange bar on the left side of the screenshot is labeled "UNIVERSAL VIEW". Two blue callout boxes with lines pointing to the buttons provide instructions: "Prescriber or office staff can **Return to Dashboard**" and "Click **Run Benefits Investigation** to continue the process for the enrolled patient".

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Benefits investigation: 3 steps

- 1 Select medication
- 2 Confirm insurance information
- 3 Request patient authorization

UNIVERSAL VIEW

Benefits investigation

CIBINQO™ (abrocitinib) tablets

PATIENT INFORMATION

Demopatient 12/12/1970 (817) 458-6958  
Nocoverage

CIBINQO (abrocitinib) tablets: 50 mg

CIBINQO (abrocitinib) tablets: 100 mg

CIBINQO (abrocitinib) tablets: 200 mg

\*Required

Save & Quit

NEXT

The **Benefits Investigation** (BI) process can be accomplished in real time

User selects medication, then clicks **Next**

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Benefits investigation: 3 steps

- 1 Select medication
- 2 Confirm insurance information
- 3 Request patient authorization

UNIVERSAL VIEW

**Benefits investigation**

1 SELECT MEDICATION

2 INSURANCE INFORMATION

3 PATIENT AUTHORIZATION

CIBINQO® (abrocitinib) tablets

PATIENT INFORMATION

**Fred Rxeists** 11/15/1979 (817) 875-4598

This portal integrates with third-party pharmacy benefit manager (PBM)s to pull in real-time patient-specific benefit information. If the patient benefit information is incorrect, or unavailable, please [click here](#) to manually enter benefit information for verification. If you manually enter the benefit information, it will be passed to a case manager to initiate the benefits investigation.

INSURANCE TYPE	
INSURANCE RXPBM1 - MITSU-036R	PLAN STATUS Active
TERMINATION DATE 12/31/2099	EFFECTIVE DATE 08/01/2015
POLICY ID# HT234567891	GROUP # R230036
RX BIN # 001264	RX PCN # MT-R23-36
POLICY HOLDER NAME TEAGUE RODGERSSON	RELATIONSHIP TO INSURED Self

The **Benefits Investigation** (BI) process can be accomplished in real time

Patient-specific **insurance information** appears in real time\*

\*If the patient's insurance information is incorrect or unavailable, the user selects a link to manually enter it. This is then passed to a Case Inquiry Team member, who initiates the BI.

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Benefits investigation: 3 steps

- 1 Select medication
- 2 Confirm insurance information
- 3 Request patient authorization

UNIVERSAL VIEW

Benefits investigation

CIBINQO™ (abrocitinib) tablets

PATIENT INFORMATION

Demopatient Nocoverage 01/01/1988 (844) 555-5555

1 SELECT MEDICATION

2 INSURANCE INFORMATION

3 PATIENT AUTHORIZATION

HAVE PATIENT SIGN NOW

REQUEST PATIENT CONSENT VIA EMAIL

\*Required

Save & Quit Skip For Now BACK NEXT

The **Benefits Investigation** (BI) process can be accomplished in real time

Patient Authorization forms can be **signed electronically** while the patient is in the HCP office. The signed forms will remain on file in the HCP Portal

If **Patient Authorization** forms are not on file, they can be sent to the patient by email, or the patient can sign hard copies while they're in the HCP office

The user is then prompted to **Review Benefit Summary**

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Requesting prior authorization

Completing and submitting a Prior Authorization (PA) request can be done online. The request is initiated on the **Patient status** page.

UNIVERSAL VIEW

CIBINQO™ (abrocitinib) tablets

### Prior authorization

- 1 PATIENT INFORMATION
- 2 PATIENT AUTHORIZATION
- 3 SELECT DIAGNOSIS
- 4 INSURANCE & PRESCRIBER INFORMATION
- 5 WRITE PRESCRIPTION
- 6 REVIEW PRESCRIPTION
- 7 SEND PRESCRIPTION

Required\*

**PATIENT INFORMATION**

**Jannineteen  
Nocoverage** 01/19/2000 (555) 555-5555

FIRST NAME	MIDDLE INITIAL
Jannineteen	
LAST NAME	DATE OF BIRTH
Nocoverage	01/19/2000
GENDER	
Male	

Save & Quit NEXT

[PfizerDermatologyHCPPortal.com](https://PfizerDermatologyHCPPortal.com)

Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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## Copay Savings Program

Activating a Copay Savings Card for eligible, commercially insured patients is initiated on the Patient status page.

The screenshot shows the Pfizer Dermatology Patient Access portal interface. On the left is a vertical navigation menu with options: DASHBOARD, PATIENTS, SECURE MESSAGE CENTER, MY ACCOUNT, FORMS & RESOURCES, and LOGOUT. The main content area displays patient information for Jasmine Aladdin, including DOB (01/05/1990), GENDER (F), PHONE NUMBER (234-234-2342), and EMAIL ADDRESS (archana.kondralla@sona-xushhealth.com). Below this, there is a section for CIBINQO (abrocitinib) tablets. Under the heading 'Actions', there are four cards: Benefits Investigation, Prior Authorization, Copay Savings Card, and Pfizer Patient Assistance Program. The 'Copay Savings Card' card is highlighted with a blue line pointing to the bulleted text on the right. The card's description reads: 'Reduce eligible patients' out-of-pocket costs by using the Copay Savings Card.' Below the description is a 'Proceed' button.

- Eligible, commercially insured patients with coverage for CIBINQO® pay as little as **\$0 per month**
- Eligible, commercially insured patients with coverage for EUCRISA® pay as little as **\$10 per month per tube**
- Patients enrolled in Pfizer Dermatology Patient Access pay as little as \$35 if they have commercial insurance that does not cover EUCRISA\*

\*Eligibility required. No membership fees. For CIBINQO, the maximum benefit per patient is \$15,000 per calendar year. For EUCRISA, individual savings limited to \$970 per tube or \$3,880 in maximum total savings per calendar year. Only for use with commercial insurance. If you are enrolled in a state or federally funded prescription insurance program, you may not use the copay card. Terms and conditions apply.

[PfizerDermatologyHCPPortal.com](https://PfizerDermatologyHCPPortal.com)

Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).





## Enrolling patients in the Copay Savings Program

To successfully enroll a patient into the Copay Savings Program, user must:

- Attest to receiving the patient's **consent**
- Answer questions to determine **patient eligibility**

Once complete, users have the option to either print the card or email it to the patient.

**UNIVERSAL VIEW**

### Copay savings program

- 1 CONSENT
- 2 SELECT OPTIONS

✔ Copay Savings Card: TERMS AND CONDITIONS

**By using the Pfizer Dermatology Patient Access™ Copay Savings Card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:**

- You are not eligible to use this card if you are enrolled in a state or federally funded prescription 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").
- You must have commercial insurance. Offer is not valid for cash-paying patients.
- By using this copay card at participating pharmacies, eligible patients with commercial prescription drug insurance coverage for CIBINQO™ (abrocitinib) may pay as little as \$0 per month. Eligible patients with commercial prescription drug coverage may 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. After a maximum of \$15,000, you will be responsible for paying the remaining monthly out-of-pocket costs.

CIBINQO™ (abrocitinib) tablets

**PATIENT INFORMATION**

**Johnnie Apple**    09/18/1965    (832) 444-2433

**Pfizer Dermatology Patient Access™ Copay Savings Card for Eligible Commercially Insured Patients:**

- Patients whose insurance covers CIBINQO™ (abrocitinib) pay as little as \$0
- Financial restrictions, terms and conditions apply (available to the left).

To determine if the patient is eligible for the Pfizer Dermatology Patient Access™ Copay Savings Card, have the patient answer the questions below and indicate the answer in the boxes provided.

Pfizer understands that your personal and health information is private and will only use your information in accordance with our [Privacy Policy](#). The information you provide will only be used by Pfizer and parties acting on its behalf to send you the materials you requested as well as other helpful product and/or related product information, disease state information, offers, and services.

\* I have confirmed that the insured is 18 years of age or older.

Yes    No

To receive a Copay Savings Card, patients must have commercial insurance and meet eligibility requirements

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).





## Patients page

Selecting the **Patients** navigation tab takes the user to an alphabetized list of their enrolled patients.

User can:

- Scroll and select a name from the list
- Use the A-Z sorter to locate patients whose last name begins with a selected letter
- Search patients by first name, last name, or date of birth (MM/DD/YYYY)

**UNIVERSAL VIEW**

PFIZER DERMATOLOGY  
patient @ccess

Important Safety Information | Prescribing Information | Indication

DASHBOARD  
PATIENTS  
SECURE MESSAGE CENTER  
MY ACCOUNT  
FORMS & RESOURCES  
LOGOUT

ENROLL NEW PATIENT

139 ENROLLED PATIENTS

24 ACTION REQUIRED

Search patients by first name, last name or DOB (format must be MM/DD/YYYY)

Patient Name	DOB	Status	Prescriber
A'testderm, A'test	09/09/1978		
EUCRISA® (crisaborole)		Prior Authorization Request - Hub Support / Copay Card - Activated	Stump, Timothy
Patient Name	DOB	Status	Prescriber
Addrduringenro Il, Niketa	08/08/2000		

Numbers in circles and surrounding color vary based on how many are in each category

- Patients enrolled
- Patients needing action

Search bar

A-Z sorter column

User can see where each patient is in the enrollment process

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and Medication Guide, at [CIBINQOHCP.com](https://CIBINQOHCP.com).

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(abrocitinib) tablets

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## Patient status page

When the user selects a patient listed on the Patients page, the **Patient status** page appears.

The screenshot shows the Pfizer Dermatology Patient Access interface. On the left is a green sidebar with a vertical orange bar labeled 'UNIVERSAL VIEW' and a menu with options: DASHBOARD, PATIENTS, SECURE MESSAGE CENTER, MY ACCOUNT, FORMS & RESOURCES, and LOGOUT. The main content area has a header with 'PFIZER DERMATOLOGY patient @ccess' and navigation links for 'Important Safety Information', 'Prescribing Information', and 'Indication'. Below the header is a 'Back' button. The patient's name 'Jasmine Aladdin' is displayed with a '+ sign' to expand information. A table shows patient details: DOB (01/05/1990), GENDER (F), PHONE NUMBER (234-234-2342), and EMAIL ADDRESS (archana.kondrolla@sone.xushealth.com). A 'View All Patient Information' button is below the table. The status is 'Benefits Investigation In Progress' for 'CIBINQO® (abrocitinib) tablets'. An 'Actions' section contains four cards: 'Benefits Investigation' (Run Again), 'Prior Authorization' (Run), 'Copay Savings Card' (Proceed), and 'Pfizer Patient Assistance Program' (Apply).

User can expand any of the **Patient Results** by selecting the + sign

Only actions relevant to the selected patient will be visible

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).



## Patient status page: patient results

Scrolling down the Patient status page takes the user to **Patient results**.

**UNIVERSAL VIEW**

PFIZER DERMATOLOGY  
**patient @ccess**

Important Safety Information | Prescribing Information | Indications

Back

**Aenroll Aenrollderm** To edit additional patient information, please call 1-844-496-8707 +

Edit

DOB	GENDER	PHONE NUMBER	EMAIL ADDRESS
09/09/1972	M	656-121-2223	

View All Patient Information

EUCRISA® (crisaborole) Status: Prior Authorization Required

**Actions**

**Benefits Investigation**

Determine benefit, coverage requirements, and coding guidance.

Run Again

**Prior Authorization**

Determine whether insurance will cover the prescribed medication.

Run

**Copay Savings Card**

Reduce eligible patients' out-of-pocket costs by using the Copay Savings Card.

Proceed

**Patient Results**

NOT COVERED

**Patient Results**

NOT COVERED

**Benefits Investigation**  
 Last Updated 02/28/2022

BENEFIT SUMMARY	INSURANCE PLAN	PHARMACY TYPES
	EUHSA (Primary)	Mail Order Pharmacy

**COVERAGE ALERTS**

Excessive Utilization: Please verify this patient does not have an excessive number of active prescriptions for this medication!

**ALERTS**

FORMULARY STATUS	DRUG STATUS CODE
Unknown	Pending PA
PRIOR AUTHORIZATION REQUIRED?	
Yes	

**DEDUCTIBLE**

DEDUCTIBLE APPLIED	DEDUCTIBLE REMAINING
0.18	444.20

**INSURANCE**

PLAN PAID AMOUNT	ESTIMATED PATIENT PAY AMOUNT
193	20.00

Expanding the Benefits Inquiry box provides:

- Information that includes the patient's insurance plan(s), pharmacy types, deductible, and/or out-of-pocket costs
- Coverage and other alerts, such as formulary status and if prior authorization is required

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Please see full Prescribing Information for CIBINQO, including **BOXED WARNING** and **Medication Guide**, at [CIBINQOHCP.com](https://CIBINQOHCP.com).



PFIZER DERMATOLOGY  
patient ccess

Thank you

For any questions, please call the Case Inquiry Team  
at 1-844-496-8707, available Monday-Friday, 8:00 AM to 8:00 PM ET