Access and Affordability Resource Guide

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for CIBINQO™, or visit CIBINQOHCP.com.

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for LITFULO™, or visit LITFULOHCP.com.

CIBINQO™ (abrocitinib) tablets | Litfulo™ (ritlecitinib) | eucrisa® crisaborole ointment 2%

Copay Savings Card

PFIZER DERMATOLOGY patient access™

Pay as little as*:

$0 CIBINQO (abrocitinib) tablets | $0 Litfulo (ritlecitinib) | $10 eucrisa crisaborole ointment 2%

Eligible, commercially insured patients may pay as little as
$0 for CIBINQO | $0 for LITFULO | $10 for EUCRISA
with the Copay Savings Card*

*Eligibility required. No membership fees. This is not health insurance. For CIBINQO, the maximum benefit per patient is $15,000 per calendar year. For LITFULO, 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 (see page 9).

For CIBINQO and LITFULO: Interim Care Rx

If a delay or coverage denial occurs during the prior authorization or appeals process, eligible, commercially insured patients enrolled in Pfizer Dermatology Patient Access™ may receive CIBINQO or LITFULO for up to 2 years at no cost, shipped to them through Interim Care Rx.†

†The free product for this program is for certain commercially insured patients only. Not available to residents in the states of MA, MI, MN, or RI. See terms and conditions on page 10.

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for CIBINQO™, or visit CIBINQOHCP.com.
Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for LITFULO™, or visit LITFULOHCP.com.

To receive their Copay Savings Card, your patients can:

Enroll in the Mobile Savings Program‡
to have the copay card sent to their mobile device.
- **Text** COPAY2 to 82000
- **Visit** CIBINQO.com, LITFULO.com or EUCRISA.com

Obtain a Copay Savings Card from you
- **Download** a Copay Savings Card at PDPACopayCard.com or from the HCP Portal (see page 5)

Use the Patient Portal
to sign up for the Copay Savings Card (for CIBINQO and LITFULO only)

Call 1-833-956-DERM
(1-833-956-3376) to request a Copay Savings Card

Download their Copay Savings Card
online at PDPASavingsCard.com. May be downloaded as a PDF or saved to a digital wallet.

‡See terms and conditions for mobile messaging on page 10 and Pfizer's Privacy Policy at Pfizer.com/privacy. Up to 10 messages/month. Message and data rates may apply. Text HELP to 82000 for information and STOP to opt out.

PFIZER DERMATOLOGY
patient access™

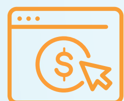
Confidence in patient support

Coverage assistance

Providing assistance throughout the coverage process, including benefits investigation, prior authorization, and the appeals process

Pharmacy coordination

Helping make prescription fulfillment through the pharmacy as smooth as possible



Financial assistance

No matter what type of insurance your patients have, financial support may be available

Live, personal support

You and your patients can connect with a Patient Support Representative by calling 1-833-956-DERM (1-833-956-3376), Monday – Friday, 8 AM – 8 PM ET

Visit **PfizerDermatologyPatientAccess.com** to access additional resources for you and your patients.

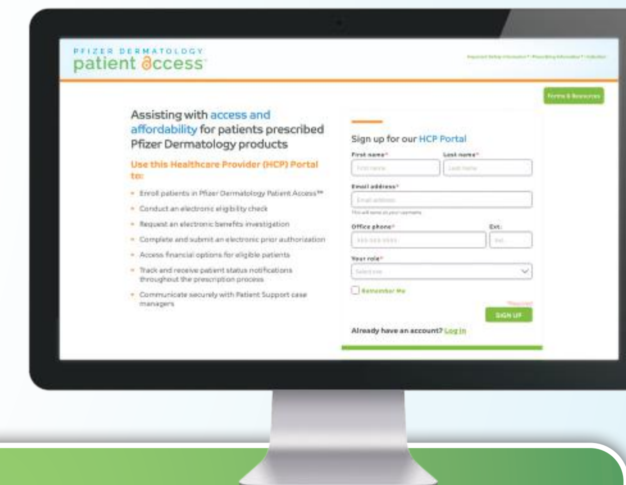
Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for CIBINQO™, or visit CIBINQOHCP.com.
Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for LITFULO™, or visit LITFULOHCP.com.

HCP Portal

Register at **PfizerDermatologyHCPPortal.com** to access resources and support for your patients online.

Your office can use it to:

- Enroll patients
- Request an electronic benefits investigation
- Complete and submit an electronic prior authorization
- Access possible financial options for eligible patients including Copay Savings Card
- Track and receive patient status notifications throughout the prescription process
- Download program forms and resources
- Upload documentation and securely communicate with PDPA



The HCP Portal also allows your office to **communicate securely with a Patient Support Representative**.

Connect Your Patients to Resources and Support

PFIZER DERMATOLOGY
patient access™

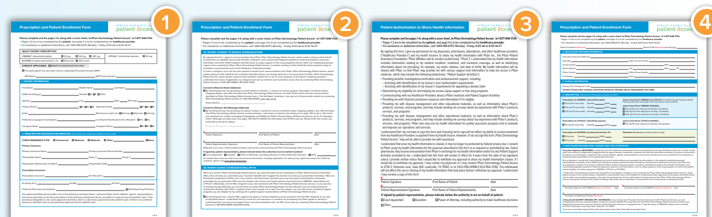
1 ENROLL

Ways to enroll your patients today

e-Prescribe: Send prescription directly to Sonexus Health Pharmacy Services* NCPDP: 5910206; NPI: 1447680210

HCP Portal†: Log in or register at PfizerDermatologyHCPPortal.com

Fax: Complete and fax pages 1 through 4 of the Prescription and Patient Enrollment Form, along with a fax cover sheet, to 1-877-548-1734



Request printable consent forms from Pfizer Dermatology Patient Access™ by calling 1-844-496-8707.

*If you choose to e-Prescribe directly to Sonexus Health Pharmacy Services, you are certifying that you have received patient consent for Sonexus Health Pharmacy Services and Pfizer Dermatology Patient Access™ to contact your patient and provide them services. Sonexus Health Pharmacy Services is categorized as a mail-order pharmacy in EMR/EHR systems and is located at 2730 S. Edmonds Lane, Suite 400, Lewisville, TX 75067.

2 GET CONSENT

Obtain patient consent for certain services

HCP Portal:

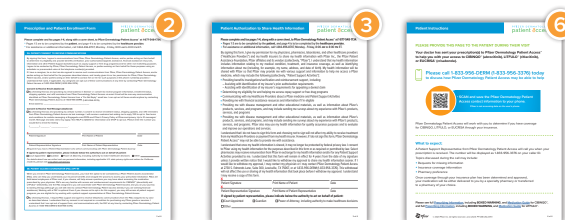
- A link can be sent by email to allow patients to opt in and sign the forms online

Patient Portal:

- Patients can register and log in to sign consent forms electronically

Print:

- Patients can provide consent to receive communications and opt in to the Patient Access Coordinator (PAC) service on page 2 of the Prescription and Patient Enrollment Form
- Patients can sign page 3 of the Prescription and Patient Enrollment Form
- Provide page 6 of the enrollment form to patients. It gives patients an overview of what to expect from Pfizer Dermatology Patient Access™



3 TRACK

Track your patient's prescription status

HCP Portal:

- If you've registered to use the HCP Portal†, you can check a patient's case status online in real time, upload documentation, and securely communicate with Pfizer Dermatology Patient Access via the Secured Messaging Feature‡

Patient Portal:

- Direct your patients to PfizerDermatologyPatientPortal.com so they can sign consent forms electronically and check their prescription status

Phone:

- Speak directly with a Patient Support Representative by calling 1-844-496-8707 (available Monday – Friday, 8:00 AM – 8:00 PM ET)

In Person:

- Contact your Field Reimbursement Manager (FRM) for an in-person discussion. FRMs can assist with patient-related or portal-related inquiries

Register at **PfizerDermatologyHCPPortal.com** to access patient status online.

†See page 5 for more details on the HCP Portal.

‡Secured messages from your office will be answered within 2 business hours.

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for CIBINQO™, or visit CIBINQOHCP.com.

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for LITFULO™, or visit LITFULOHCP.com.

Prescription and Patient Enrollment Form Reminders

PFIZER DERMATOLOGY patient access™

PAGE 1

PAGE 2

PAGE 4

A If your patient has a preferred pharmacy, please enter the information here to authorize its use, if applicable.

B Remember to have the patient sign the form or provide their email address if they prefer to provide consent online. Patient consent is required for certain services.

C Remind your patient they can opt in to receive Patient Access Coordinator (PAC) support.

D Remember to include the primary diagnosis and ICD-10 code.*

E If you choose to e-Prescribe directly to Sonexus Health Pharmacy Services, you are certifying that you have received patient consent for Sonexus Health Pharmacy Services and Pfizer Dermatology Patient Access™ to contact your patient and provide them services.

Important: Please ensure your patient completes all sections requiring their consent and signature so they can receive support services.

*For additional information, go to the Centers for Medicare and Medicaid Services website at www.cms.gov or consult with your practice administrator.

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for CIBINQO™, or visit CIBINQOHCP.com.

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for LITFULO™, or visit LITFULOHCP.com.

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.
- By using this copay card at participating pharmacies, eligible patients with commercial prescription drug insurance coverage for LITFULO™ (ritlecitinib) 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.
- By using this copay card at participating pharmacies, eligible patients with commercial prescription drug insurance coverage for EUCRISA® (crisaborole) may pay as little as $10 per tube. Eligible patients with commercial prescription drug insurance coverage that **does not** cover EUCRISA may pay as little as $100 per tube. Individual savings are limited to $970 per tube. Individual patient savings are limited to $3,880 in maximum total savings per calendar year.
- This copay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your commercial insurance plan or any other health or pharmacy benefit program.
- You must deduct the value of this copay card from any reimbursement request submitted to your commercial insurance plan, either directly by you or on your behalf.
- You are responsible for reporting use of the copay card to any commercial insurer, health plan, or other third party that pays for or reimburses any part of the prescription filled using the copay card, as may be required. You should not use the copay card if your insurer or health plan prohibits use of manufacturer copay cards.
- Eligible, commercially insured patients prescribed CIBINQO must be 18 years of age or older to redeem the card.
- This copay card is not valid where prohibited by law.
- Copay card cannot be combined with any other savings, free trial, or similar offer for the specified prescription.
- **Copay card will be accepted only at participating pharmacies.**
- **If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer.**
- **This copay card is not health insurance.**
- Offer good only in the United States and Puerto Rico.
- Copay card is limited to 1 per person during this offering period and is not transferable.
- A copay card may not be redeemed more than once per 30 days per patient.
- No other purchase is necessary.
- Data related to your redemption of the copay card 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 copay card redemptions and will not identify you.
- Pfizer reserves the right to rescind, revoke, or amend this offer at any time without notice.
- Offer expires 12/31/2025.

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 ww.EUCRISA.com

Interim Care Rx Program: TERMS AND CONDITIONS

Interim Care Rx is not health insurance and is available for eligible, commercially insured patients only. Offer is only available to patients who have been diagnosed with an FDA-approved indication for CIBINQO™ (abrocitinib) or LITFULO™ (ritlecitinib). No claim for reimbursement for product dispensed pursuant to this offer may be submitted to any third-party payer. Not available to patients covered under Medicaid, Medicare or other federal or state healthcare programs, including any state prescription drug assistance programs and the Government Health Insurance Plan or for residents of Massachusetts, Michigan, Minnesota, or Rhode Island. Available up to a 30-day supply. Refills are subject to limitations.

Interim Care Rx offer does not require, nor will be made contingent on, purchase requirements of any kind. Pfizer reserves the right to amend, rescind, or discontinue this program at any time without notification. Interim Care Rx can only be dispensed by the exclusive pharmacy and only after benefits investigation has been completed and a delay occurs in the prior authorization or appeals process. Offer good only in the U.S. and Puerto Rico. Prescription must be provided by a healthcare provider licensed in the U.S. or Puerto Rico. Continued eligibility for the program requires submission of two appeals within 180 days of enrollment. After 12 months of program enrollment, an updated prescription and benefits investigation is required to confirm continued eligibility. Additional eligibility criteria may apply. Contact Pfizer Dermatology Patient Access™ at 1-833-956-3376 for details.

Mobile Text Program: TERMS

1. By opting into the Pfizer Dermatology Patient Access mobile program (“Program”), in which you can receive your Copay Savings Card via text, you consent to receive up to 10 text messages and/or push notifications per month from Pfizer Inc. Such messages may be marketing or non-marketing messages and may include, for example, refill reminders, fill confirmation, website information for Pfizer Dermatology Patient Access support, etc. Carriers are NOT liable for delayed or undelivered messages.
2. To stop receiving text messages, text STOP to 82000. DOING SO WILL ONLY OPT YOU OUT OF THE PFIZER DERMATOLOGY PATIENT ACCESS MOBILE PROGRAM; you will remain opted in to any other Pfizer Inc. text message program(s) to which you separately opted in. You may unsubscribe from the Mobile Wallet Message Program at any time by disabling push notifications or removing the Mobile Wallet pass from your device for Mobile Wallet programs.
3. To request more information or to obtain help, text HELP to 82000. You can also call customer service at 1-833-956-3376.
4. You represent that you are the account holder for the mobile telephone number(s) that you provide to opt in to the texting program. You are responsible for notifying Pfizer Inc. immediately if you change your mobile telephone number. You may notify Pfizer Inc. of a number change by re-enrolling in the program.
5. Message and data rates may apply to each text message sent or received in connection with the texting program, as provided in your mobile telephone service rate plan, in addition to any applicable roaming charges. Charges are both billed and payable to your mobile service provider or deducted from your prepaid account. Pfizer Inc. does not impose a separate fee for sending text messages.
6. Data obtained from you in connection with this Short Message Service (SMS) texting program may include your telephone number; your carrier’s name; and the date, time, and content of your messages. Pfizer Inc. may use this information to contact you and to provide the services you request from us.
7. You understand that data obtained from you in connection with your registration for, and use of, the Program may include, for example, your phone number, related carrier information, device information, and elements of pharmacy claim information. This data may be used to administer this program and to provide program benefits such as savings offers, information about your prescription, refill reminders, as well as program updates and alerts sent directly to your device. Please read our full corporate **Privacy Policy**, which is incorporated by reference into these Terms.
8. In addition to the data use practices described in the Privacy Policy, we may send you Offer-related push notifications when your device is in the physical proximity of your pharmacy or healthcare provider. This is done through geofencing technology, which is built in to your device. Your device’s location will not be known or tracked by Pfizer Inc. or its service providers. Nonetheless, you may opt out of geofencing and receiving these notifications at any time by (1) disabling location services for your Mobile Wallet app in your device’s settings, (2) disabling notifications (i.e., automatic updates) within the Mobile Wallet app, or (3) removing the eCard from your Mobile Wallet by selecting “Remove Pass” within the Mobile Wallet app.
9. Pfizer Inc. will not be liable for any delays in the receipt of any SMS messages, as delivery is subject to effective transmission from your network operator.
10. The service is available only on these US participating mobile carriers: Verizon Wireless, Sprint, Nextel, Boost Mobile, T-Mobile, AT&T, Alltel, ACS Wireless, Bluegrass Cellular, Carolina West Wireless, Cellcom, Cellular One of East Central Illinois (ECIT), Cincinnati Bell, Cricket Wireless, C Spire Wireless, Duet IP (AKA Max/Benton/Albany), Element Mobile, Epic Touch, GCI Communication, Golden State Cellular, Hawkeye (Chat Mobility), Hawkeye (NW Missouri Cellular), Illinois Valley Cellular (IVC), Inland Cellular, iWireless, Keystone Wireless (Immix/PC Management), MetroPCS, Mobi PCS, Mosaic Telecom, MTPCS/Cellular One (Cellone Nation), Nex-Tech Wireless, nTelos, Panhandle Telecommunications, Pioneer, Plateau, Revol Wireless, Rina-Custer, Rina-All West, Rina-Cambridge Telecom Coop, Rina-Eagle Valley Comm, Rina-Farmers Mutual Telephone Co, Rina-Nucla Nutria Telephone Co, Rina-Silver Star, Rina-South Central Comm, Rina-Syringa, Rina-UBET, Rina-Manti, Simmetry Wireless, South Canaan (Cellular One of NEPA), Thumb Cellular, Union Wireless, United Wireless, U.S. Cellular, Viaero Wireless, Virgin Mobile, West Central Wireless (includes Five Star Wireless).
11. You agree to indemnify Pfizer Inc. and parties texting on its behalf in full for all claims, expenses, and damages related to or caused in whole or in part by your failure to notify us if you change your telephone number, including but not limited to all claims, expenses, and damages related to or arising under the Telephone Consumer Protection Act.
12. Pfizer Inc. may suspend or terminate your receipt of text messages if it believes you are in breach of these SMS Terms and Conditions. Your receipt of text messages is also subject to termination in the event that your mobile telephone service terminates or lapses. Pfizer Inc. reserves the right to modify or discontinue, temporarily or permanently, all or any part of the text messaging services you receive, with or without notice.
13. Pfizer Inc. may revise, modify, or amend these SMS Terms and Conditions at any time. Any such revision, modification, or amendment shall take effect when it is posted to Pfizer Inc.’s website. You agree to review these SMS Terms and Conditions periodically to ensure that you are aware of any changes. Your continued consent to receive text messages will indicate your acceptance of those changes.

▼ FULL PRESCRIBING INFORMATION ▼

- **Savings** for eligible, commercially insured patients with the Copay Savings Card
- **Personalized support** including coverage assistance, pharmacy coordination, and financial assistance resources
- **Access** to patient prescription status through multiple channels and real-time tracking of patient cases

HCP Portal

Register and log in at PfizerDermatologyHCPPortal.com

Phone

Call 1-844-496-8707 to speak live with a case manager Monday – Friday, 8:00 AM – 8:00 PM ET

Email

Contact the Case Inquiry Team via the secured messaging feature on PfizerDermatologyHCPPortal.com

Scan here to learn more

PFIZER DERMATOLOGY patient access™

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for CIBINQO™, or visit CIBINQOHCP.com.

Please see the enclosed full Prescribing Information, including BOXED WARNING, and Medication Guide for LITFULO™, or visit LITFULOHCP.com.

© 2023 Pfizer Inc. All rights reserved. July 2023. PP-CIB-USA-0783