# patient dermatology patient dccess™

To order a one-time, 30-day trial supply for CIBINQO or 28-day trial supply of LITFULO, for patients NEW to CIBINQO or LITFULO:



## Complete form to the right

Please complete the information to the right. Then, fax this voucher request form to Pfizer Dermatology Patient Access at 1-877-548-1734.

Inform the patient or caregiver to expect a call to schedule delivery for a one-time, 30-day trial supply of CIBINQO or 28-day trial supply of LITFULO.

This free trial will be supplied through PDPA. Vouchers and samples cannot be combined to support one single patient and may not be used to address financial hardship and insurance delays. See terms and conditions below.



SEE REVERSE SIDE FOR VOUCHER TERMS AND CONDITIONS FOR THE PATIENT

## Voucher for a one-time, 30-day trial supply of CIBINQO® (abrocitinib) or 28-day trial supply of LITFULO™ (ritlecitinib)

PATIENT INFORMATION		
First Name	Last Name	
DOB (mm/dd/yyyy)	Phone	
Address		
City	State	ZIP
HEALTHCARE PROVIDER INFORMATION		
Prescriber Name (First, Middle Initial, Last)		
Street Address		
City	State	ZIP
NPI#	State License #	Fax
Office Contact	Phone	
	THORE	
PRESCRIPTION INFORMATION		
Patient Name (First, Middle Initial, Last)	Patien	t DOB (mm/dd/yyyy)
Please select: CIBINQO ☐ 50 mg, PO, once daily, 30 table	ets	
☐ 100 mg, PO, once daily, 30 tablets		
☐ 200 mg, PO, once daily, 30 tablets		
LITFULO ☐ 50 mg, PO, once daily, 28 capsules		
X		
Prescriber Signature		Date

## What to Expect

Pfizer Dermatology Patient Access™ will call you to schedule delivery for a one-time, 30-day trial supply of CIBINQO® (abrocitinib) or 28-day trial supply of LITFULO™ (ritlecitinib).



### **SCAN** and **SAVE**

our contact information so you will be ready to answer when PDPA calls you from **1-833-956-DERM** (**1-833-956-3376**)

Pfizer is not collecting data on the user's phone.

patient access



#### **VOUCHER TERMS AND CONDITIONS FOR THE PATIENT**

By redeeming this voucher, you acknowledge that you currently meet the eligibility criteria and will comply with the terms & conditions described below:

You will receive a one-time, 30-day trial supply of CIBINQO or 28-day trial supply of LITFULO. Only new patients may use this voucher and each patient is limited to one voucher. By redeeming this voucher, you certify that you are not currently using CIBINQO or LITFULO. This voucher may not be transferred, sold, purchased, traded, or counterfeited. An original voucher and a valid prescription must be presented to the pharmacy. The voucher will be accepted only at participating pharmacies. You must not submit any claim for reimbursement for product dispensed pursuant to this voucher to any third-party payor, including Medicare, Medicaid, or any other federal or state health care program. You cannot apply the value of the free product received through this voucher toward any government insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP). This voucher is not valid where prohibited by law. This voucher cannot be combined with any other external savings, free trial, or similar offer for the specified prescription. This voucher should not be combined with samples for the specified prescription. This free trial voucher is not health insurance. This free trial voucher may not be used to address delays or gaps in health insurance coverage for the specified prescription. Offer good only in the U.S. and Puerto Rico. No purchase is necessary. Patients have no obligation to continue to use CIBINQO or LITFULO. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. This voucher expires 12/31/2027.

Please see full <u>Prescribing Information</u>, including BOXED WARNING, and <u>Medication Guide</u> for CIBINQO, and full <u>Prescribing Information</u>, including BOXED WARNING, and <u>Medication Guide</u> for LITFULO.



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