

Pfizer is committed to helping your patients access their prescribed therapy

Three Steps to Support Patient Access to CIBINQO® or LITFULO®

1 Enroll Your Patient in Copay Savings

Eligible, commercially insured patients may pay as little as

\$0 for CIBINQO | \$0 for LITFULO

with the Pfizer Dermatology Copay Savings Card.*

INSTRUCT PATIENTS TO:



TEXT SAVEWEB to **82000** and complete a simple registration†

OR



REQUEST a Copay Savings Card online at PDPASavingsCard.com

*Eligibility required. No membership fees. This is not health insurance. For CIBINQO, the maximum benefit per patient is \$4,000–\$15,000 per calendar year. For LITFULO, the maximum benefit per patient is \$4,000–\$15,000 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. Please see full [terms and conditions](#) on page 3.

2 Send eRx to Specialty Pharmacy of Choice

Any Specialty Pharmacy can dispense CIBINQO. LITFULO is only available to be dispensed by select Specialty Pharmacies listed below.

Specialty Pharmacy Provider (SPP)	Phone Number	Fax Number	Accepts Copay Savings Program for COVERED Patients	Accepts Copay Savings Program for NON-COVERED‡ Patients
Accredo® Health Group, Inc. accredo.com	(866) 839-2162	(866) 531-1025	✓	
Amber Specialty Pharmacy amberpharmacy.com	(888) 370-1724	(844) 519-9538	✓	
BioPlus® Specialty Pharmacy bioplusrx.com	(888) 292-0744	(800) 269-5493	✓	✓
CenterWell Specialty Pharmacy centerwellspecialtypharmacy.com	(800) 486-2668	(877) 405-7940	✓	
CVS Specialty® Pharmacy cvsspecialty.com	(800) 237-2767	(800) 323-2445	✓	
Optum Specialty Pharmacy specialty.optumrx.com	(855) 427-4682	(877) 342-4596	✓	✓
Senderra Specialty Pharmacy senderrarx.com	(888) 777-5547	(888) 777-5645	✓	✓
Walgreens Specialty Pharmacy walgreensspecialtyrx.com	(888) 347-3416	(877) 231-8302	✓	✓

Pfizer has contracted with several Specialty Pharmacies to provide product-specific support. Pfizer does not endorse the use of any particular pharmacy.

†Please see full [terms and conditions](#) for mobile messaging on page 3 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.

‡Specialty Pharmacy staff will contact you via phone regarding the savings card for eligible, commercially non-covered patients. Eligible patients may pay \$25 per prescription fill of CIBINQO or LITFULO. See full [terms and conditions](#) on page 3.

Please see full [Prescribing Information](#), including **BOXED WARNING** and [Medication Guide](#) for CIBINQO.

Please see full [Prescribing Information](#), including **BOXED WARNING** and [Medication Guide](#) for LITFULO.

3 Complete Prior Authorization (PA)

Key Documentation Reminders

Diagnosis and Severity

- Confirmed diagnosis and ICD-10 code(s)
- Severity classification at diagnosis
- Date of initial diagnosis
- Severity at initial diagnosis
- Duration of current disease activity or symptoms
- Anatomical areas impacted

Treatment History

- Prior therapies, including:
 - Injections
 - Topical therapies
 - Oral therapies (e.g., immunosuppressants)
- Biologics
- Start and end dates for each therapy
- Reason for discontinuation
- Contraindicated or inappropriate therapies



Include a copy of chart notes, lab tests, or TB test with Prior Authorization when required.

[CLICK HERE](#) for a full list of PA requirements for CIBINQO®

[CLICK HERE](#) for a full list of PA requirements for LITFULO®

Need additional support? Enroll your patients in PDPA.

PFIZER DERMATOLOGY
patient access™

To enroll a patient, prescribe CIBINQO or LITFULO directly to Sonexus Health Pharmacy Services.*

State: TX | NCPDP: # 5910206 | NPI: # 1447680210

*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.

Working through an appeal or need additional support?

Scan the QR code to contact your local Field Reimbursement Manager (FRM) or visit PACpdpa.com for information on Patient Access Coordinators (PAC).



Mobile Text TERMS

- 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.
- 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.
- To request more information or to obtain help, text HELP to 82000. You can also call customer service at 1-833-956-3376.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- The service is available only on these U.S. 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, Viera Wireless, Virgin Mobile, West Central Wireless (includes Five Star Wireless).
- 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.
- 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.
- 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.

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").
- Patient must have private 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 \$4,000-\$15,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum of \$4,000-\$15,000, you will be responsible for paying the remaining monthly out-of-pocket costs. Eligible patients with commercial prescription drug insurance coverage and an FDA approved indication that does not cover CIBINQO may pay \$25 per prescription fill. Card may be used for up to a maximum of 13 prescription fills per calendar year.
- By using this copay card at participating pharmacies, eligible patients with commercial prescription drug insurance coverage for LITFULO® (ritilecitinib) may pay as little as \$0 per month. Eligible patients with commercial prescription drug coverage may receive a maximum benefit of \$4,000-\$15,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum of \$4,000-\$15,000, you will be responsible for paying the remaining monthly out-of-pocket costs. Eligible patients with commercial prescription drug insurance coverage and an FDA approved indication that does not cover LITFULO may pay \$25 per prescription fill. Card may be used for up to a maximum of 13 prescription fills per calendar year.
- This copay card 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 program.
- You must deduct the value of this copay card from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf.
- You are responsible for reporting use of the copay card to any private insurer, health plan, or other third party who 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.
- This copay card is not valid where prohibited by law.
- The benefit under the co-pay card program is offered to, and intended for the sole benefit of, eligible patients and may not be transferred to or utilized for the benefit of third parties, including, without limitation, third party payers, pharmacy benefit managers, or the agents of either.
- Copay card cannot be combined with any other external savings, free trial, or similar offer for the specified prescription (including any program offered by a third party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as "accumulator" or "maximizer" programs).
- Third party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the co-pay card program.
- 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 12/31/2027.

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 or the LITFULO website at www.LITFULO.com.

Specialty Pharmacy Copay Savings Program for Non-Covered Patients: TERMS AND CONDITIONS

By using the Pfizer Dermatology Patient Access™ Specialty Pharmacy Copay Savings Program for Non-Covered Patients (the "Program"), 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 Program 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 private insurance that does not cover CIBINQO® (abrocitinib) or LITFULO® (ritilecitinib).
- Offer is only available to patients who have been diagnosed with an FDA-approved indication for CIBINQO® (abrocitinib) or LITFULO® (ritilecitinib).
- No claim for reimbursement for product dispensed pursuant to this offer may be submitted to any third-party payer.
- Assistance may be available for eligible patients for up to a maximum of 13 prescription fills per calendar year or two years in total, which is the lifetime maximum per patient. Eligible patients may pay \$25 per prescription fill.
- Refills are subject to limitations. Program 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.
- This Program is only available at participating pharmacies.
- Offer good only in the U.S. and Puerto Rico. The program is not available to Massachusetts residents.
- Program is not available where prohibited by law.
- Prescription must be provided by a healthcare provider licensed in the U.S. or Puerto Rico.
- Continued eligibility for the Program requires, 1. submission of first appeal within 60 days of enrollment (or within the required payer timeline, if sooner) in the Program and submission of the second appeal, if allowed by the payer, within 60 days of the date of the first appeal denial (or within the required payer timeline, if sooner), 2. satisfying all payer appeal requirements and 3. patients schedule their initial prescription dispense within 60 days of enrollment. **Pfizer may conduct periodic benefits investigation to determine if there is a payer coverage change. If payer coverage is identified, and allowed by the payer, Pfizer may require submission of a new Prior Authorization request and an appeal, if denied, within 60 days (or within the required payer timeline, if sooner) of either, 1. the date of completion of the benefits investigation, provided by the Program to the patient's authorized healthcare provider, or 2. the date a new submission is allowed by the payer, for continued eligibility in the program, whichever is later.**
- At 12 months of Program enrollment, an updated prescription and benefits investigation is required to confirm continued eligibility. All payer appeal timelines must be met for continued assistance. The Program is applicable to all CIBINQO® (abrocitinib) or LITFULO® (ritilecitinib) formulations.
- Additional eligibility criteria may apply.
- This Program may not be redeemed more than once per 30 days per patient.
- No other purchase is necessary.
- Offer expires 12/31/2027.
- For questions or additional support, call 1-800-471-0197, or write to Pfizer Inc., 430 Mountain Avenue, Suite 105, New Providence, NJ 07974

Please see full [Prescribing Information](#), including **BOXED WARNING** and [Medication Guide](#) for CIBINQO.

Please see full [Prescribing Information](#), including **BOXED WARNING** and [Medication Guide](#) for LITFULO.