



Getting Started on Your Specialty Medication

What are specialty medications?

Specialty medications are therapies prescribed to patients who have chronic medical conditions. Patients taking these may need to see their healthcare provider on a regular basis and have one-on-one counseling and education over the phone. Specialty pharmacies handle and store these medications, and they typically send patients their prescriptions through the mail.

Your healthcare provider can either send your prescription to Pfizer Dermatology Patient Access™ and enroll you in the program, or they can send it directly to a specialty pharmacy. If your prescription is sent directly to a specialty pharmacy, you'll be contacted to provide some information and complete a few steps.



Receiving Your Prescription from a Specialty Pharmacy

What can you expect?

1

The specialty pharmacy calls you for your insurance information.

- They'll also discuss options that may help reduce your out-of-pocket medication costs
- The specialty pharmacy will contact your insurance plan to confirm your coverage, including copayments

! Important: Expect a call from the specialty pharmacy.

Save their number in your phone. A call from them may show up as "unknown caller" if you don't have their number stored.

✓ Helpful Tip: Sign up for the Copay Savings Card.* If you have commercial insurance, you may be eligible for savings. See next page.

2

The specialty pharmacy contacts you when it's time to set up delivery.

- Once your health plan approves coverage of your medication, the specialty pharmacy calls you to schedule delivery
- During the call, they will collect your copayment, if applicable
- If you have a Copay Savings Card*: Have it handy so you can share card information with them

! Important: If you haven't heard from the specialty pharmacy within a week of being prescribed your medication, call your healthcare provider to check on the status.

3

Your first prescription fill is delivered to your address.

- If you have a Copay Savings Card,* your benefit will be applied to each refill
- Most specialty pharmacies will continue to call you with assistance to help schedule your refills

✓ Helpful Tip: Stay on Track

Set up refill reminders and schedule auto-refills with your specialty pharmacy.

Track your results and share them with your healthcare provider—before-and-after photos may be helpful.

* Terms and conditions apply. Please see terms and conditions on page 3.

See the next page to learn about eligibility for the Copay Savings Card.*

Find out if you're eligible for a Pfizer Dermatology Patient Access™ Copay Savings Card

Eligible commercially insured patients may pay as little as \$0 per month.*

Get the Copay Savings Card at PDPASavingsCard.com

Other ways to get the Card:



CALL
1-833-956-DERM
(1-833-956-3376)



TEXT
COPAY1
to 82000†



*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.



Through Pfizer Dermatology Patient Access™, you can receive:

- Personalized, live support from a Patient Support Representative
- A review of your insurance coverage
- Financial assistance resources



For Interim Care Rx

If there is an issue with your insurance coverage—for example, a delay or coverage denial—eligible commercially insured patients enrolled in Pfizer Dermatology Patient Access™ may receive CIBINQO™ (abrocitinib) or LITFULO™ (ritlecitinib) for up to 2 years at no cost, shipped to them through Interim Care Rx.‡

Talk to your healthcare provider to start your enrollment process today.
Learn more at PfizerDermatologyPatientAccess.com.

**A Pfizer Dermatology Representative is with you every step of the way.
Questions? You can get live support:**



CALL
1-833-956-DERM
(1-833-956-3376)
Monday-Friday, 8 AM-8 PM ET.



Or **SCAN** and save the Pfizer Dermatology Patient Access™ contact information to your phone. Pfizer is not accessing data on the user's phone.

†See [terms and conditions](#) for mobile messaging. Message and data rates may apply. Message frequency varies. Text HELP for information or STOP to opt out.

‡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 Interim Care Rx terms and conditions on the next page.

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

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.
- 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 www.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.

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

