

Supporting Patients Every Step of the Way

The **Pfizer Dermatology Patient Access™** program is designed to provide savings and support resources for patients, and to help them access the Pfizer dermatology medication that's been prescribed for them. We can help patients along their dermatology treatment access journey by supporting them every step of the way.



FOR HEALTHCARE PROFESSIONALS >

< FOR PATIENTS AND CAREGIVERS



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Patients should always ask their doctors for medical advice about adverse events. You are encouraged to report adverse events related to Pfizer products by calling 1-800-438-1985 (US only). If you prefer, you may contact the US Food and Drug Administration (FDA) directly. Visit <http://www.fda.gov/MedWatch> or call 1-800-FDA-1088.

Pfizer Dermatology Patient Access offerings are available to residents of the United States and Puerto Rico only. The product information provided in this site is intended only for residents of the United States and Puerto Rico. The products discussed may have different product labeling in different countries.

The health information in this site is provided for educational purposes only and is not intended to replace discussions with a healthcare provider. All decisions regarding patient care must be made with a healthcare provider, considering the unique characteristics of the patient.



Welcome to Pfizer Dermatology Patient Access™

Watch the video to learn more



ON THIS PAGE | [Enrollment Form](#) | [Copay Savings Card](#)

Confidence in Patient Support

Pfizer Dermatology Patient Access helps patients with access to resources and support for their Pfizer dermatology medication. See below for what the program offers.



Coverage assistance

We provide assistance throughout the coverage process, including benefits investigation, prior authorization, and the appeals process.

[MORE ACCESS INFO](#)



Financial assistance

Eligible, commercially insured patients may save with the Copay Savings Card.* No matter what type of insurance your patients have, financial support may be available.

[MORE FINANCIAL INFO](#)



Pharmacy coordination

Based on the medication you have prescribed and your patient's preferred pharmacy, we strive to make prescription fulfillment as smooth as possible.

Call **1-833-956-DERM** (1-833-956-3376).



Live, personal support

A Patient Support Representative is available by phone, Monday-Friday, 8 AM-8 PM ET, to respond to questions from you, your office staff, and your patients.

Call **1-833-956-DERM** (1-833-956-3376).

Additional live reimbursement support



Pfizer Field Reimbursement Manager (FRM)

The Pfizer FRM can answer any questions you or your office staff may have regarding access and reimbursement requirements.

[HOW A PFIZER FRM CAN HELP](#)

Enroll your patients in Pfizer Dermatology Patient Access

The enrollment form may be downloaded and completed, then sent via fax or mail.

[DOWNLOAD ENROLLMENT FORM](#)

You can also enroll your patients online. [Find out more.](#)



Copay Savings Card



Eligible commercially insured patients may pay as little as*:

\$0 **CIBINQO** (abrocitinib) tablets | **\$10** **eucrisa** crisaborole ointment 2%

You can get Copay Savings Cards for your patients

Please select one

[GET 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 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.

Information for pharmacists

For insured patients, process a coordination of benefits (COB/split bill) claim using patient's prescription insurance for PRIMARY claim. Submit SECONDARY claim to OPUS Health under BIN 601341. For help processing this card, call **1-800-364-4767**.



Reimbursement Support

The Pfizer Field Reimbursement Manager (FRM) can support your patients enrolled in Pfizer Dermatology Patient Access by providing your office with access and reimbursement requirements.

Call **1-844-496-8707**
Monday-Friday, 8 AM-8 PM ET



HCP Portal

The Pfizer Dermatology Patient Access HCP Portal offers real-time tracking of patient cases, including the status of each enrolled patient.

[REGISTER NOW](#)

[Download HCP Portal User Guide](#)

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This site is intended only for healthcare professionals.

[Visit HCP Portal](#)

[Visit Patient Site](#)



[Important Safety Information](#) 

[Prescribing Information and Medication Guide](#) 

[Indications](#) 

[CIBINQO™ \(abrocitinib\) tablets](#)

[EUCRISA® \(crisaborole\) ointment 2%](#)

For support, call **1-833-956-DERM** (1-833-956-3376)

Monday-Friday, 8 AM-8 PM ET



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[FORMS AND RESOURCES](#)

[FAQs](#)

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Important Safety Information 

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[ACCESS AND ENROLLMENT](#)

[FINANCIAL SUPPORT](#)

[FORMS AND RESOURCES](#)

[FAQs](#)



Welcome to Pfizer

PFIZER DERMATOLOGY
patient access™

CONFIDENCE IN
PATIENT
SUPPORT

Confidence

Pfizer Dermatology... their Pfizer
dermatology medication. See below for what the program offers.



Helping Patients With Access to Their Medication

The **Pfizer Dermatology Patient Access™** team can conduct a benefits investigation to determine your patient's health insurance coverage, including out-of-pocket costs. Personalized support is always available for eligible patients during the coverage approval process.

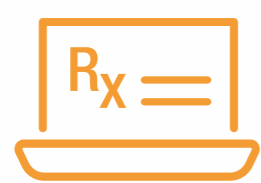


The Patient Access Journey



Enrollment

There are 3 ways to enroll a patient:



e-Prescribe

Send prescription directly to Sonexus Health Pharmacy Services*

NCPDP: 5910206; NPI: 1447680210



HCP Portal ⓘ

Log in or register at PfizerDermatologyHCPPortal.com

[VISIT THE HCP PORTAL](#)

[Download HCP Portal Quick Reference Guide](#)



FAX

Download and fax a completed and signed prescription and enrollment form to **1-877-548-1734**

[ENROLLMENT FORM](#)

*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.



Ensure patients sign consent forms

These forms are an important part of enrollment and allow the Pfizer Dermatology Patient Access team to communicate with patients. After the forms are submitted, patients receive a confirmation call or text, verifying their enrollment in the program.



Remind patients to respond

Tell patients to answer a call or text from **1-833-956-3376** to complete enrollment.



Benefits investigation



Prior authorization (PA)



Appeals (if applicable)



Reauthorization (if applicable)



Reimbursement Support

The Pfizer Field Reimbursement Manager (FRM) can support your patients enrolled in Pfizer Dermatology Patient Access by providing your office with access and reimbursement requirements.



Call 1-844-496-8707
Monday-Friday, 8 AM-8 PM ET



HCP Portal

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Helping Patients With Access to Their Medication

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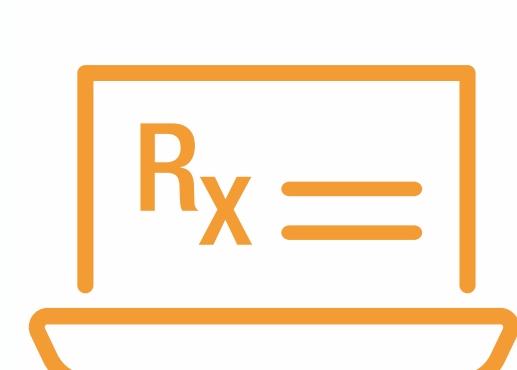


The Patient Access Journey



Enrollment

There are 3 ways to enroll a patient:



e-Prescribe

Send prescription directly to Sonexus Health Pharmacy Services*

NCPDP: 5910206; NPI: 1447680210

*If you choose to e-Prescribe directly to Sonexus Health Pharmacy Services and Pfizer Pharmacy Services is categorized as a mail-order pharmacy, please call 1-833-956-3376, ext. 75067.



HCP Portal

The Pfizer Dermatology HCP Portal is an easy-to-use, secure, real-time platform to:

- Enroll patients
- E-Prescribe and coordinate with the patient's pharmacy
- Request an electronic benefits investigation
- Complete and submit electronic prior authorizations
- Download program forms and resources
- Access possible financial options for eligible patients
- Track and receive patient status notifications throughout the prescription process



FAX

Download and fax a completed and signed prescription and enrollment form to **1-877-548-1734**

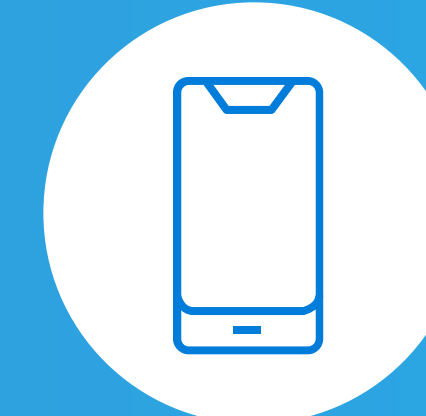
[ENROLLMENT FORM](#)

Received patient consent for their services. Sonexus Health Pharmacy Services, 10000 Woodlands Lane, Suite 400, Lewisville, TX 75067.



Ensure patients sign consent forms

These forms are an important part of enrollment and allow the Pfizer Dermatology Patient Access team to communicate with patients. After the forms are submitted, patients receive a confirmation call or text, verifying their enrollment in the program.



Remind patients to respond

Tell patients to answer a call or text from **1-833-956-3376** to complete enrollment.



Benefits investigation



The Pfizer Dermatology Patient Access team can conduct your patient's benefits investigation to determine their health insurance coverage and plan-specific prior authorization (PA) requirements if applicable.



Call 1-844-496-8707 to begin your patient's benefits investigation process today.



Prior authorization (PA)



Some dermatology medications may require a PA. The Pfizer Dermatology Patient Access team can research your patient's health plan for PA requirements and forms. For your convenience, and to help simplify this process, please download, and review the PA checklist.

[PA CHECKLIST](#)



Appeals (if applicable)



If a dermatology medication has been denied coverage, an appeal may be appropriate. The Pfizer Dermatology Patient Access team can provide information to assist patients who would like to appeal a PA denial. To help with this process, please download and review the APPEALS CHECKLIST and sample LETTER OF MEDICAL NECESSITY.

[APPEALS CHECKLIST](#)

[LETTER OF MEDICAL NECESSITY SAMPLE](#)



Reauthorization (if applicable)



For some dermatology medications, plans may require your patient to be reapproved to continue treatment. Reauthorization frequency and requirements can vary by plan.

Pfizer Dermatology Patient Access and/or the Specialty Pharmacy will begin coordinating with you prior to expiration to help prevent any lapse in therapy for your patient. Pfizer Dermatology Patient Access or the Specialty Pharmacy can provide you with information about how to request reauthorization. You or your office may need to request reauthorization from the patient's plan.



Reimbursement Support

The Pfizer Field Reimbursement Manager (FRM) can support your patients enrolled in Pfizer Dermatology Patient Access by providing your office with access and reimbursement requirements.



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Helping Eligible Patients Get the Support They Need



The **Pfizer Dermatology Patient Access™** team can help patients understand their insurance benefits—regardless of insurance type—and, if eligible, offer options for financial assistance.

ON THIS PAGE | [Interim Care Rx](#) | [Medicare/Government Insurance](#) | [Uninsured](#)

Commercially insured patients

Copay Savings Card



Eligible commercially insured patients may pay as little as*:

\$0 CIBINQO™ (abrocitinib) tablets | **\$10** eucrisa™ crisaborole ointment 2%

You can get Copay Savings Cards for your patients

Please select one

GET 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 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.

Other ways for you to get Copay Savings Cards for your patients

- Download a Copay Savings Card at:
 - [CIBINQOHCP.com/copay](#)
 - [EUCRISAHCP.com/savings-and-support](#)
 - [Pfizer Dermatology HCP Portal](#)
- Copay Savings Cards are included in the Copay Savings Card brochure or in the CIBINQO Welcome Kit
- Request Copay Savings Cards from your Pfizer Sales Representative

For CIBINQO: 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 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, MO, OH, or RI. See [terms and conditions](#).

Medicare/government-insured patients

If a patient has coverage under Medicare, Veterans Affairs, TRICARE®, or Medicaid, the Pfizer Dermatology Patient Access team will guide them on where they may find financial assistance:



Medicare Extra Help

If patients who have government insurance need financial assistance, we'll check their eligibility for Medicare Part D Low-Income Subsidy (Extra Help). If a patient appears to be eligible based on income, we can help them understand how to apply.

Pfizer Patient Assistance Program†

If patients are turned down for Medicare Extra Help, they will be evaluated for eligibility in the Pfizer Patient Assistance Program.

Uninsured patients

For patients who have no insurance, the Pfizer Dermatology Patient Access team can help identify potential resources for coverage:



Medicaid

We will check to see if your patients may be eligible for Medicaid and, if so, explain how they can contact Medicaid to apply.

Pfizer Patient Assistance Program†

If eligible, uninsured patients may be able to get free medicine through the Pfizer Patient Assistance Program. Patients must meet the eligibility requirements and reapply as needed.

†Criteria depend on a number of factors, including the specific medicine prescribed, insurance status, and household size and income. 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.



Reimbursement Support

The Pfizer Field Reimbursement Manager (FRM) can support your patients enrolled in Pfizer Dermatology Patient Access by providing your office with access and reimbursement requirements.



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[Download HCP Portal User Guide](#)

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Commercially insured patients

Copay Savings Card



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(abrocitinib) tablets

\$10 **eucrisa**[®]
crisaborole ointment 2%

You can get Copay Savings Cards for your patients

Please select one

Copay Savings Program for **CIBINQO**[™]

Copay Savings Program for **EUCRISA**[®]

*Eligibility required. No membership fees. This is not health insurance. 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.

Other ways for you to get Copay Savings Cards for your patients



Download a Copay Savings Card at:

- CIBINQOHCP.com/copay
- EUCRISAHCP.com/savings-and-support
- [Pfizer Dermatology HCPPortal](#)



Copay Savings Cards are included in the Copay Savings Card brochure or in the CIBINQO Welcome Kit



Request Copay Savings Cards from your Pfizer Sales Representative

Commercially insured patients

Copay Savings Card



Eligible commercially insured patients

may pay as little as*:

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(abrocitinib) tablets

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crisaborole ointment 2%

You can get Copay Savings Cards for your patients

Copay Savings Program for CIBINQO[™]



GET THE COPAY SAVINGS CARD

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Other ways for you to get Copay Savings Cards for your patients



Download a Copay Savings Card at:

- CIBINQOHCP.com/copay.
- EUCRISAHCP.com/savings-and-support
- [Pfizer Dermatology HCPPortal](#)



Copay Savings Cards are included in the Copay Savings Card brochure or in the CIBINQO Welcome Kit



Request Copay Savings Cards from your Pfizer Sales Representative



Copay Savings: 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 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 12/31/2023.

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 EUCRISA website at www.EUCRISA.com.

For CIBINQO: 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 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,

Interim Care Rx Terms and Conditions



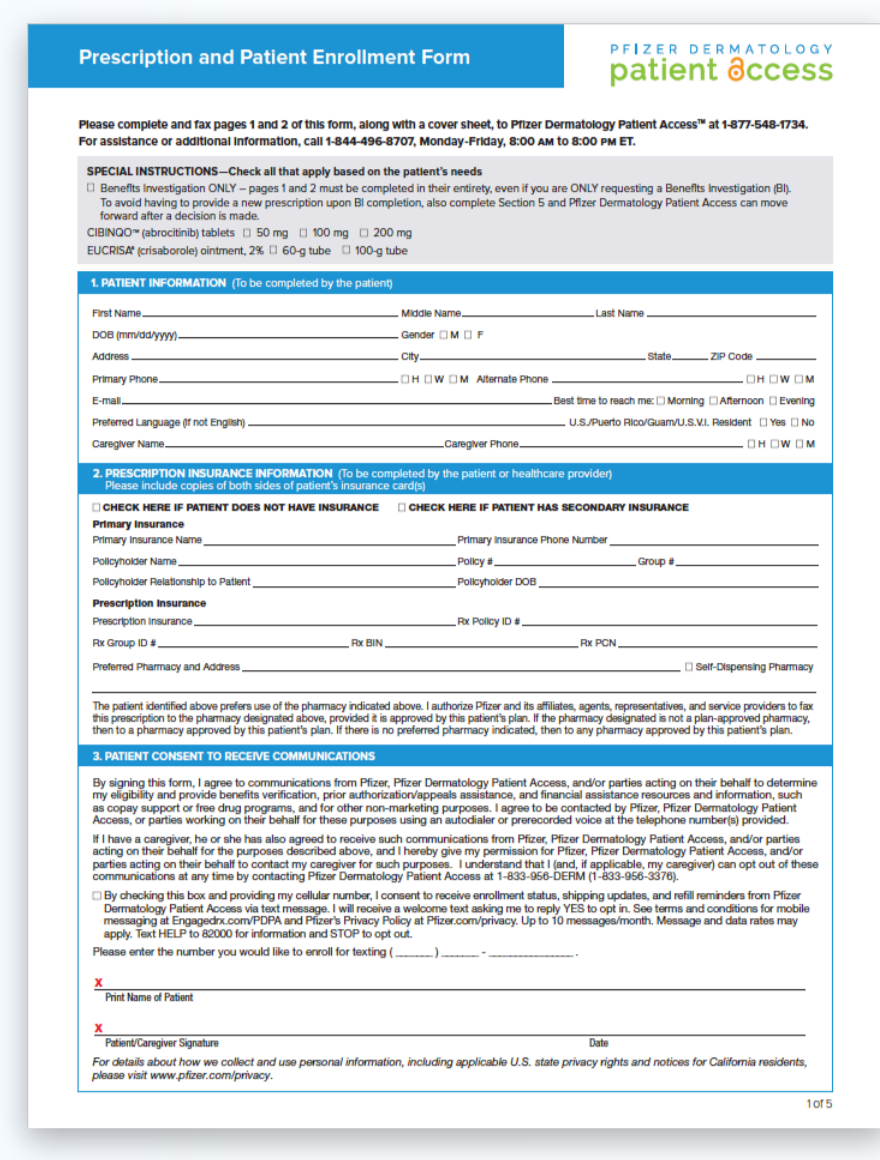
Interim Care Rx is not health insurance and is available for eligible, commercially insured patients only. Offer is only available to patients who have been diagnosed with an FDA-approved indication for CIBINQO™ (abrocitinib). No claim for reimbursement for product dispensed pursuant to this offer may 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, Missouri, Ohio, 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.

Uninsured Patients

For patients who have no insurance, the **Pfizer Dermatology Patient Access** team can help identify potential resources for coverage:

Forms and Resources

Pfizer Dermatology Patient Access™ offers a variety of resources to enable you to help your patients get started on their medication.



Pfizer Dermatology Patient Access Enrollment Form

The enrollment form may be downloaded, completed, and returned by fax or mail.

[ENROLLMENT FORM](#)

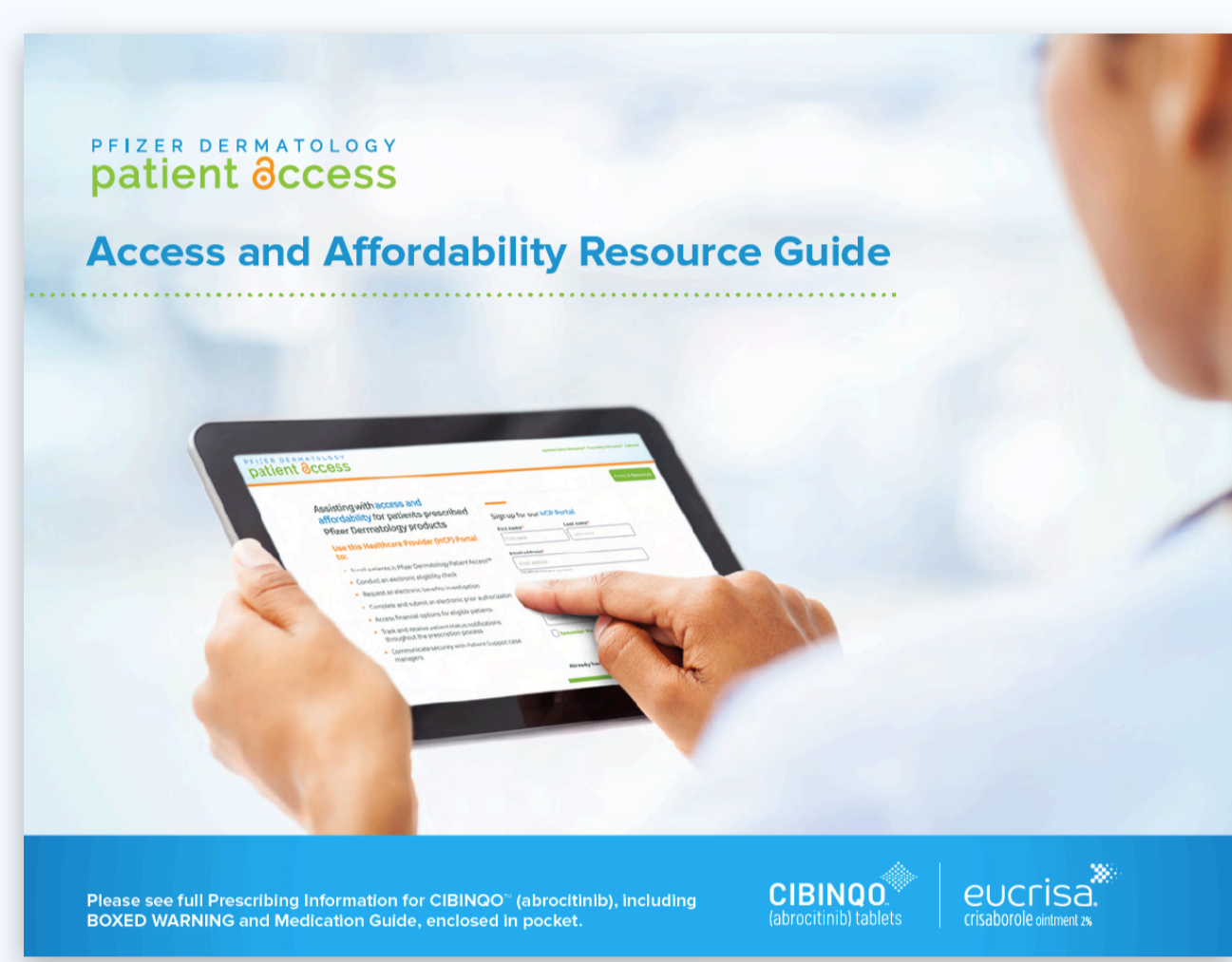
You can also enroll your patients online. [Find out more.](#)



Pfizer Dermatology Patient Access Video

Get an overview of the support offered by Pfizer Dermatology Patient Access.

[Watch the video to learn more](#)



HCP Access Brochure

An overview of patient access for Pfizer dermatology medications.

[HCP ACCESS BROCHURE](#)

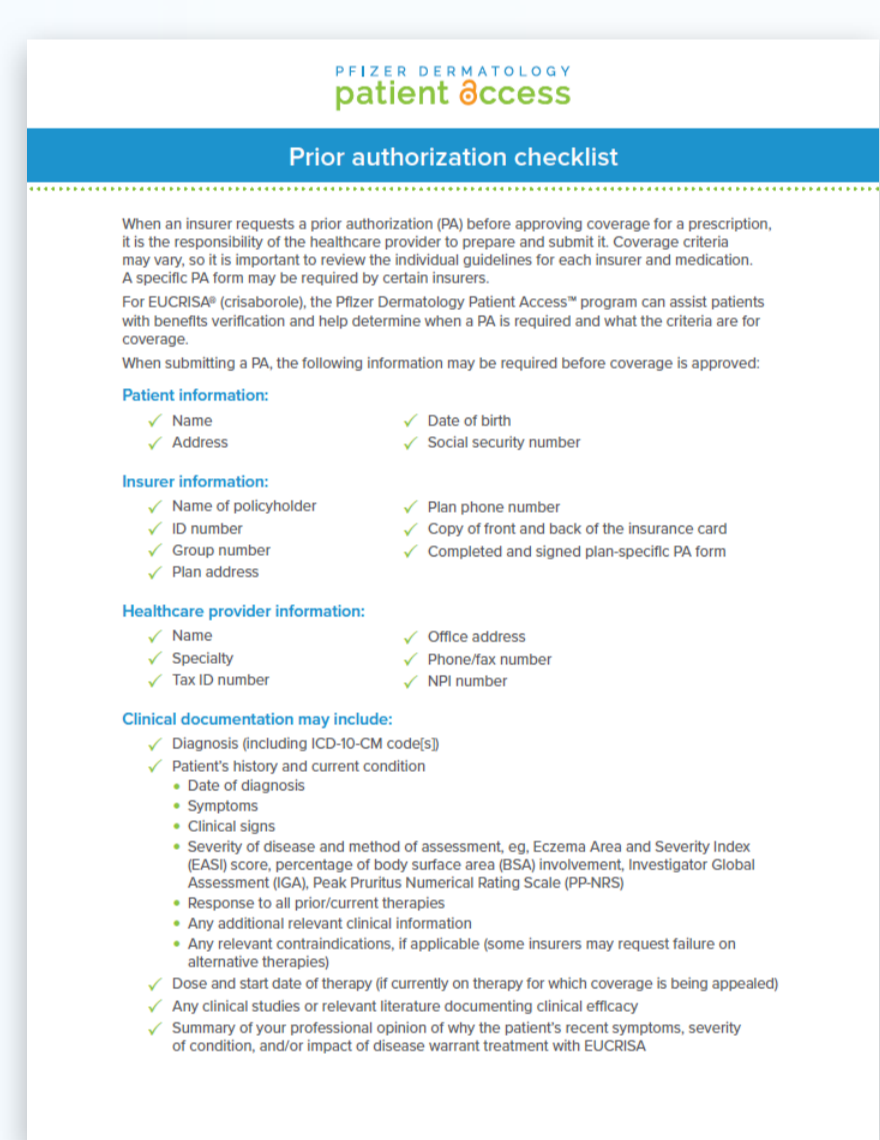


HCP Portal Guides

Reference guides help you and your office staff get familiar with the Pfizer Dermatology HCP Portal.

[QUICK REFERENCE](#)

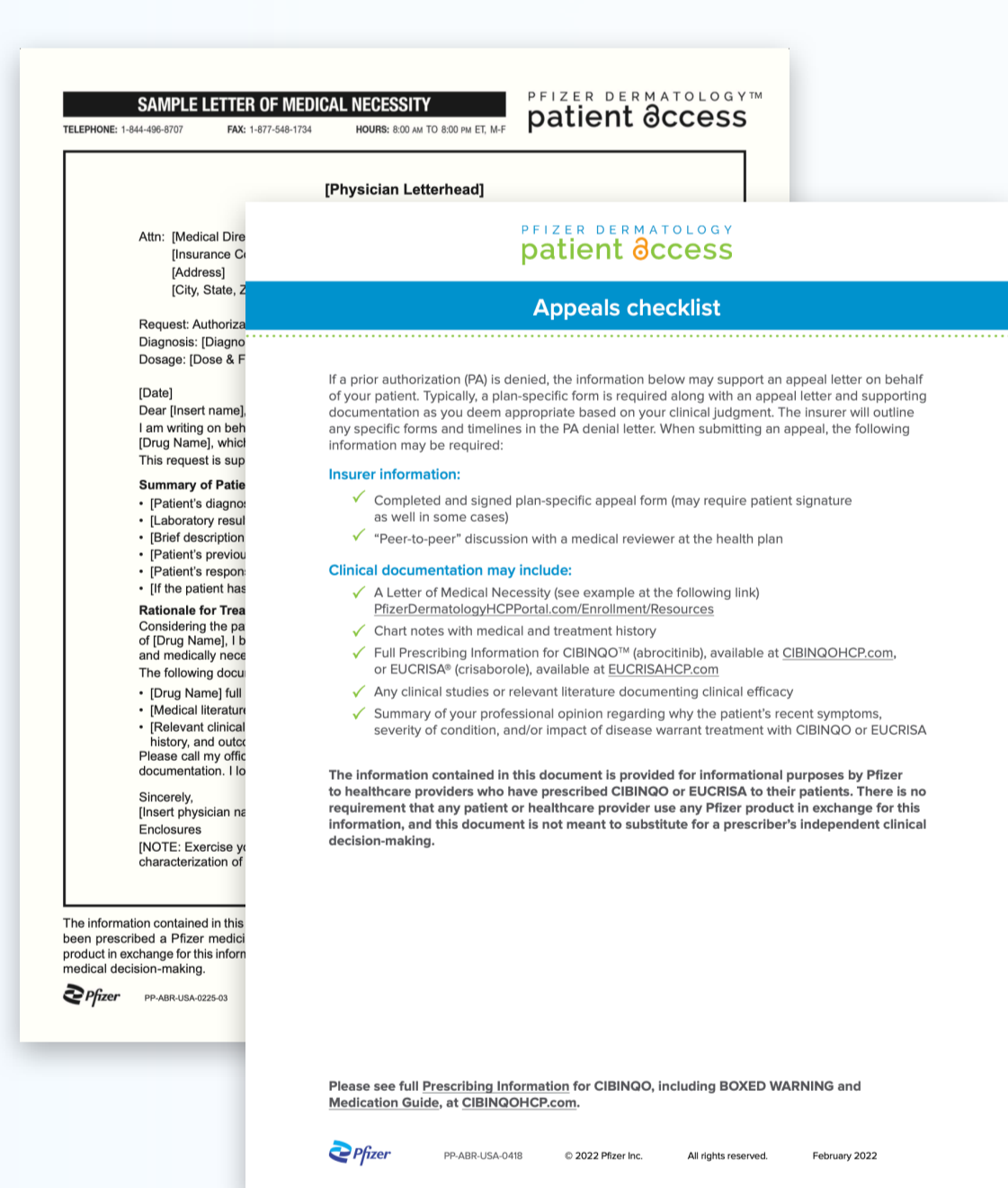
[COMPREHENSIVE USER GUIDE](#)



Prior Authorization Checklist

Checklist helps you and your office staff assemble the information needed by insurers.

[PA CHECKLIST](#)

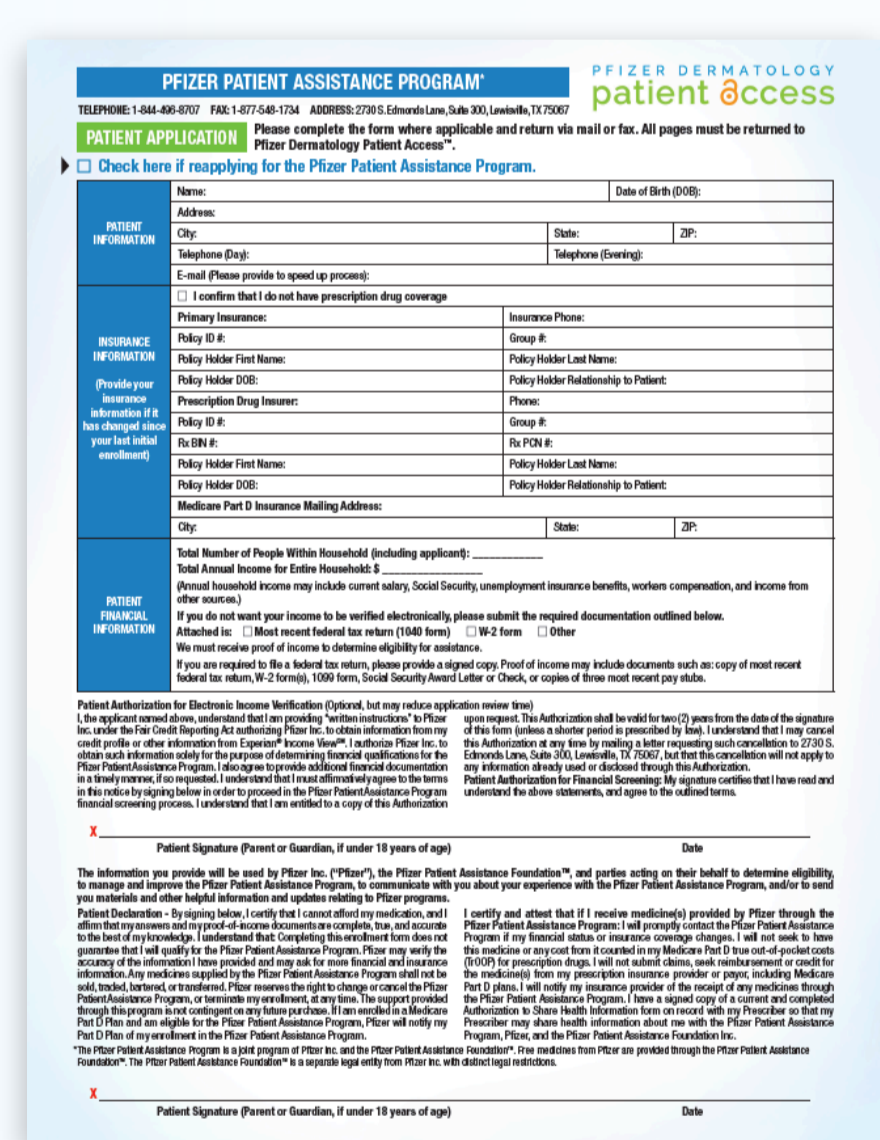


Sample Letter of Medical Necessity and Appeals Checklist

These materials help organize additional documentation that may be required for patients to get their Pfizer dermatology medications.

[APPEALS CHECKLIST](#)

[SAMPLE LETTER OF MEDICAL NECESSITY](#)



Pfizer Patient Assistance Program Application

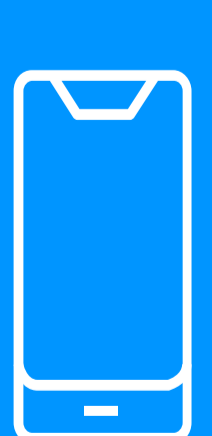
The Pfizer Patient Assistance Program may provide free medication for eligible patients.

[PFIZER PATIENT ASSISTANCE PROGRAM APPLICATION](#)



Reimbursement Support

The Pfizer Field Reimbursement Manager (FRM) can support your patients enrolled in Pfizer Dermatology Patient Access by providing your office with access and reimbursement requirements.



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Frequently Asked Questions

— How long will it take for my patients to receive the medication after I've prescribed it?

The time it takes for a patient to receive their Pfizer dermatology medication varies depending on coverage. If you have questions about the status of your patient's case throughout this process, you can call Pfizer Dermatology Patient Access™ at [1-844-496-8707](tel:1-844-496-8707), check a patient's status on the HCP portal, or contact your Pfizer Field Reimbursement Manager.

+ How can my patients sign their portion of the Enrollment Form?

+ When a coverage determination is made, what do I need to do?

+ What happens if my patient's prior authorization is denied?

+ How do I find out if my patient is eligible for financial help through the Pfizer Patient Assistance Program?

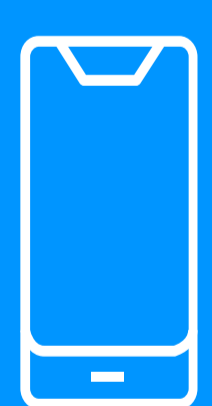
+ How do I use the HCP portal?

+ What is a Pfizer Field Reimbursement Manager (FRM)?



Reimbursement Support

The Pfizer Field Reimbursement Manager (FRM) can support your patients enrolled in Pfizer Dermatology Patient Access by providing your office with access and reimbursement requirements.



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— How can my patients sign their portion of the Enrollment Form?

Patients can either sign the form while in your office or, if they have been prescribed CIBINQO (abrocitinib), they can sign electronically via the patient portal. A patient must sign the Authorization to Share Health Information to complete the enrollment process and receive support along their access journey. Pfizer Dermatology Patient Access will follow up with patients to ensure consent is received.

— When a coverage determination is made, what do I need to do?

If you have submitted a prior authorization (PA) to your patient's insurer and you've received a determination, please send the documented decision to Pfizer Dermatology Patient Access via fax—or the HCP portal if you are registered—so the processing of your patient's case will continue. If you have any questions, please call **1-844-496-8707**.

— What happens if my patient's prior authorization is denied?

If a PA is denied, please notify Pfizer Dermatology Patient Access and share the denial. If you choose to file an appeal, a Patient Support Representative can assist by explaining what information is required by the patient's plan, but it is your responsibility to fill out and submit any appeal on the patient's behalf, based on your clinical judgment.

— How do I find out if my patient is eligible for financial help through the Pfizer Patient Assistance Program?

To be evaluated for assistance, patients and their healthcare providers must submit a completed enrollment form for Pfizer Dermatology Patient Access. Once they've enrolled, patients will also be asked to provide proof of income, such as a W2 form, a paycheck stub, or the prior year's tax return.

— How do I use the HCP portal?

Through the portal, you and your office staff can enroll patients, e-Prescribe and coordinate with the patient's pharmacy, request an electronic benefits investigation, download program forms, and much more. You can also communicate securely with a Patient Support Representative.

— What is a Pfizer Field Reimbursement Manager (FRM)?

A Pfizer Field Reimbursement Manager, or FRM, is an additional point of contact to support access for your patients who are enrolled in Pfizer Dermatology Patient Access.

The Pfizer FRM can assist with access and reimbursement requirements for Pfizer dermatology products, provide you with updates about coverage and prior authorization requirements for your enrolled patients, and answer questions you may have.

To contact a Pfizer FRM in your area, reach out to your Pfizer Sales Representative or call Pfizer Dermatology Patient Access at **1-844-496-8707**.



Reimbursement Support

The Pfizer Field Reimbursement Manager (FRM) can support your patients enrolled in Pfizer Dermatology Patient Access by providing your office with access and reimbursement requirements.



Call **1-844-496-8707**
Monday-Friday, 8 AM-8 PM ET



HCP Portal

The Pfizer Dermatology Patient Access HCP Portal offers real-time tracking of patient cases, including the status of each enrolled patient.

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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

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.

I have confirmed that the patient does not have insurance from a federal healthcare program (including Medicare, Medicaid, TRICARE, or any other state or federal medical pharmaceutical benefit program or a pharmaceutical assistance program).

Yes No

I have confirmed that both the patient and their partner (if applicable) are not over 65 years of age and retired.

Yes No

I have confirmed that the patient does not receive Social Security Disability Insurance (SSDI) or any other Social Security Administration (SSA) benefit.

Yes No

I have confirmed that the patient does not receive health insurance through the military.

Yes No

I have received the patient's authorization to obtain and activate a Pfizer Dermatology Patient Access Copay Savings Card on their behalf.

Yes No

By checking this box, I confirm that the patient is eligible to participate in this program and the patient agrees to the terms and conditions specified here. Please ensure the patient agrees to the terms and conditions before proceeding.

[CHECK ELIGIBILITY](#)



Reimbursement Support

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Copay Savings Card for Eligible Commercially Insured Patients



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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

Thanks

Your patient is eligible for the CIBINQO copay savings program.*

[DOWNLOAD THE COPAY SAVING CARD](#)

Once downloaded, the copay card will show a unique ID number and further instructions. Please store a copy of your patients' copay card information for future use.

*Eligibility required. No membership fees. This is not health insurance. 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.



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Copay Savings Card for Eligible Commercially Insured Patients



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Sorry

Your patient does not appear to be eligible.*

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Copay Savings Card for Eligible Commercially Insured Patients



- Patients whose insurance covers EUCRISA® (crisaborole) **pay as little as \$10**
- Patients whose insurance does not cover EUCRISA **pay as little as \$100**
- [Terms and conditions](#) apply

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.

I have confirmed that the patient does not have insurance from a federal health care program (including Medicare, Medicaid, TRICARE, or any other state or federal medical pharmaceutical benefit program or a pharmaceutical assistance program).

Yes No

I have confirmed that both the patient and their partner (if applicable) are not over 65 years of age and retired.

Yes No

I have confirmed that the patient does not receive Social Security Disability (SSDI) or any other Social Security Administration (SSA) benefit.

Yes No

I have confirmed that the patient does not receive health insurance through the military.

Yes No

I have received the patient's authorization to obtain and activate a Pfizer Dermatology Patient Access Copay Savings Card on their behalf.

Yes No

By checking this box, I confirm that the patient is eligible to participate in this program and the patient agrees to the terms and conditions specified here. Please ensure the patient agrees to the terms and conditions before proceeding.

[CHECK ELIGIBILITY](#)



Reimbursement Support

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[CHECK ELIGIBILITY](#) 



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- Patients whose insurance covers EUCRISA® (crisaborole) **pay as little as \$10**
- Patients whose insurance does not cover EUCRISA **pay as little as \$100**
- [Terms and conditions](#) apply

Thanks

Your patient is eligible for the EUCRISA copay savings program.*

[DOWNLOAD THE COPAY SAVINGS CARD](#)

Once downloaded, the copay card will show a unique ID number and further instructions. Please store a copy of your patients' copay card information for future use.

*Eligibility required. No membership fees. This is not health insurance. 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.



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Sorry

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[EUCRISA® \(crisaborole\) ointment 2%](#)

[Prescribing Information and Medication Guide](#) 

[Indications](#) 

For support, call **1-833-956-DERM** (1-833-956-3376)

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FINANCIAL SUPPORT

ENROLLMENT

FORMS AND RESOURCES

FAQs

Welcome to Pfizer Dermatology Patient Access™

A program created to support patients who have been prescribed a Pfizer dermatology medication



Through this program, you can receive:

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



We'll be with you at every step along your treatment access journey



Patient Support Representative

Your Pfizer Dermatology Patient Access Patient Support Representative is with you every step of the way. If you ever have any questions, you can **get live support by calling:**

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



Start the enrollment process today



Your patient journey starts with a prescription from your doctor, and enrollment in Pfizer Dermatology Patient Access.

[Get Started](#)

Copay Savings Card



Eligible commercially insured patients

may pay as little as*:

\$0 CIBINQO® (abrocitinib) tablets | **\$10** eucrisa® crisaborole ointment 2%

Find out if you're eligible for the Copay Savings Card

Please select one

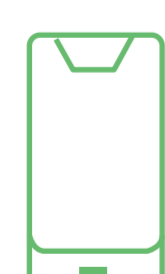


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CALL US FOR SUPPORT

Once you have enrolled, the Pfizer Dermatology Patient Access team will be ready to help you.



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A program created to support patients who have been prescribed a Pfizer dermatology medication



Through this

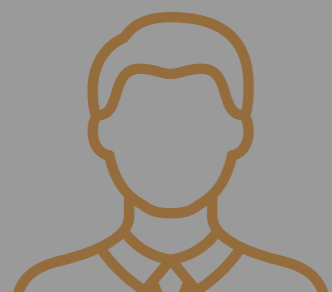
- ✓ Personal Support
- ✓ A review
- ✓ Financial copay

PFIZER DERMATOLOGY
patient access

SUPPORTING PATIENTS

The video player interface includes a large green play button in the center, a close button (orange circle with an 'X') in the top right corner, and a partial view of a video thumbnail on the right side showing the word 'PATIENTS' and an illustration of a woman.

We'll Be With You at Every Step Along Your Treatment Access Journey



Patient Support Representative

Your Pfizer Dermatology Patient Access Patient Support Representative is with you every step of the way. If you ever have any questions, you can get live support by calling:

Helping You Get the Support You Need

Once you enroll in the **Pfizer Dermatology Patient Access™ program**, the team can help you understand your insurance benefits—regardless of insurance type—and, if eligible, offer options for financial assistance.



ON THIS PAGE | [Interim Care Rx](#) | [Medicare/Government Insurance](#) | [Uninsured](#)

If you have commercial insurance

If you have commercial insurance, for example, through your job, you may be able to get a Copay Savings Card to help reduce the amount of money you need to spend for your medicine.

Copay Savings Card

Eligible commercially insured patients

may pay as little as*:

\$0 CIBINQO™
(abrocitinib) tablets

\$10 eucrisa™
crisaborole ointment 2%

Find out if you're eligible for the Copay Savings Card

Please select one

GET THE COPAY SAVINGS CARD



Other ways for you to get a Copay Savings Card:



Text **COPAY4** to **82000** to receive the Copay Savings Card via text. See Mobile [Text Program terms](#)



Ask your doctor for a Copay Savings Card



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



Use the [Patient Portal](#) to sign up for the Copay Savings Card (CIBINQO only)

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For CIBINQO: 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 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, MO, OH, or RI. See [terms and conditions](#).

If you have Medicare or other government insurance

If you have coverage under Medicare, Veterans Affairs, TRICARE®, or Medicaid, and need help paying for your medicine, the Pfizer Dermatology Patient Access team will guide you on where you may find financial assistance.



Medicare Extra Help

If you have Medicare and need financial assistance, we'll check to see if you're eligible for Extra Help through Medicare Part D. If you appear to be eligible based on income, we can guide you on how to apply.

Pfizer Patient Assistance Program‡

If you are turned down for Medicare Extra Help, you will be evaluated for eligibility in the Pfizer Patient Assistance Program.

The Pfizer Patient Assistance Program may offer free medicine to eligible patients.

DOWNLOAD APPLICATION [↓](#)

If you have no insurance

The Pfizer Dermatology Patient Access team can help identify potential resources for coverage.



Medicaid

We'll check to see if you may be eligible for Medicaid and, if so, explain how you can contact Medicaid to apply

Pfizer Patient Assistance Program‡

If you are eligible, you may be able to get free medicine through the Pfizer Patient Assistance Program. Patients must meet the eligibility requirements and reapply as needed

- If you have been prescribed CIBINQO, you may use the Pfizer Dermatology Patient Access Patient Portal to apply or reapply to the Pfizer Patient Assistance Program

The Pfizer Patient Assistance Program may offer free medicine to eligible patients.

DOWNLOAD APPLICATION [↓](#)

Other financial assistance resources may be available for eligible patients§

‡Criteria depend on a number of factors, including the specific medicine prescribed, insurance status, and household size and income. 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.

§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.

CALL US FOR SUPPORT

Once you have enrolled, the Pfizer Dermatology Patient Access team will be ready to help you.



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Patients should always ask their doctors for medical advice about adverse events. You are encouraged to report adverse events related to Pfizer products by calling 1-800-438-1985 (US only). If you prefer, you may contact the US Food and Drug Administration (FDA) directly. Visit <http://www.fda.gov/MedWatch> or call 1-800-FDA-1088.

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help reduce the amount of money you need to spend for your medicine.

Copay Savings Card

Eligible commercially insured patients

may pay as little as*:

\$0 **CIBINQO**[™]
(abrocitinib) tablets

\$10 **eucrisa**[®]
crisaborole ointment 2%

Find out if you're eligible for the Copay Savings Card

Please select one

Copay Savings Program for CIBINQO[™]

Copay Savings Program for EUCRISA[®]

Other ways for you to get a Copay Savings Card:



Text **COPAY4** to **82000** to receive the Copay Savings Card via text. See Mobile [Text Program terms](#)



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



Ask your doctor for a Copay Savings Card



Use the [Patient Portal](#) to sign up for the Copay Savings Card (CIBINQO only)



If you have commercial insurance, for example, through your job, you may be able to get a Copay Savings Card to help reduce the amount of money you need to spend for your medicine.

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Eligible commercially insured patients

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Find out if you're eligible for the Copay Savings Card

Copay Savings Program for CIBINQO[™]



GET THE COPAY SAVINGS CARD



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Ask your doctor for a Copay Savings Card



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



Use the [Patient Portal](#) to sign up for the Copay Savings Card (CIBINQO only)



Copay Savings: 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 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 12/31/2023.

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 EUCRISA website at www.EUCRISA.com.



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 **1-800-725-4125**.
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.

If you have commercial insurance, for example, through your job, you may be able to get a Copay Savings Card to help reduce the amount of money you need to spend for your medicine.

Copay Savings Card

Eligible commercially insured patients

may pay as little as*:

\$0 CIBINQO

\$10 eucrisa



Interim Care Rx 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). 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, Missouri, Ohio, 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.

* Eligibility required. No membership fees. This is not health insurance. 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.](#)

For CIBINQO: Interim Care Rx

Start Your Journey by Enrolling in Pfizer Dermatology Patient Access

Once you enroll in **Pfizer Dermatology Patient Access™**, the team can conduct a benefits investigation to determine your health insurance coverage, including copay costs, for your Pfizer dermatology medication. Personalized support is available from a Patient Support Representative at every step along the way!



How to enroll



Enrollment in Pfizer Dermatology Patient Access

Your doctor or the office staff can help you enroll after the prescription is written.



Be sure to sign the consent forms...and watch for your confirmation call

An important part of enrollment is for you to sign consent forms to allow the Pfizer Dermatology Patient Access team to communicate with you. You can download and sign the forms or, if your doctor has prescribed CIBINQO, they can be signed online through the patient portal.

[CONSENT FORM](#)

[VISIT THE PATIENT PORTAL](#)

After the forms are submitted, you will receive a confirmation call or text, confirming your enrollment in the program. Be sure to answer the call or text!



Please answer, or return, a call or text from 1-833-956-3376 to complete enrollment.

Remember: You have live patient support every step of the way

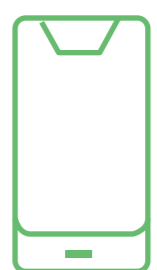


A Patient Support Representative is available by phone at **1-833-956-DERM** (1-833-956-3376) Monday-Friday, 8 AM-8 PM ET.

- For patients prescribed CIBINQO (abrocitinib): a convenient patient portal**
- Checking on your insurance coverage**
- Receiving your medicine**

CALL US FOR SUPPORT

Once you have enrolled, the Pfizer Dermatology Patient Access team will be ready to help you.



1-833-956-DERM (1-833-956-3376)
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For patients prescribed CIBINQO (abrocitinib): a convenient patient portal



Once you are enrolled in Pfizer Dermatology Patient Access, you can register at PfizerDermatologyPatientPortal.com to sign consent forms electronically and check your CIBINQO prescription status.

[VISIT THE PATIENT PORTAL](#)

Checking on your insurance coverage



The Pfizer Dermatology Patient Access team will investigate your insurance coverage for you and do everything they can to make getting your medicine as simple as possible.



Benefits investigation

The Pfizer Dermatology Patient Access team will contact your insurance plan to ask about coverage for your Pfizer dermatology medicine. They will also figure out your copay costs and will review this information with you by phone.



Prior authorization (PA)

Prescription drug plans often require your doctor to get approval or “prior authorization” before you can be treated with a medicine. If your insurance plan denies coverage, your doctor will need to submit additional paperwork to the insurance company. To help simplify this process, the Pfizer Dermatology Patient Access team can research your health plan for their requirements and forms.



Reauthorization (if needed)

Some health plans may require you to be reapproved periodically in order to continue treatment with your dermatology medicine. Pfizer Dermatology Patient Access—or your pharmacy—will coordinate with your doctor before your prescription expires, so that you will have no lapse in your therapy.

Receiving your medicine

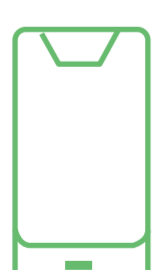


Depending on what medicine your doctor has prescribed for you, you may either pick it up at your local drug store OR it may be delivered to your home by a Specialty Pharmacy.

Certain medicines require special handling and patient services that are not available at your local drug store. These medicines are handled by a **Specialty Pharmacy**. Your Patient Support Representative will be able to tell you how you will get your medicine.

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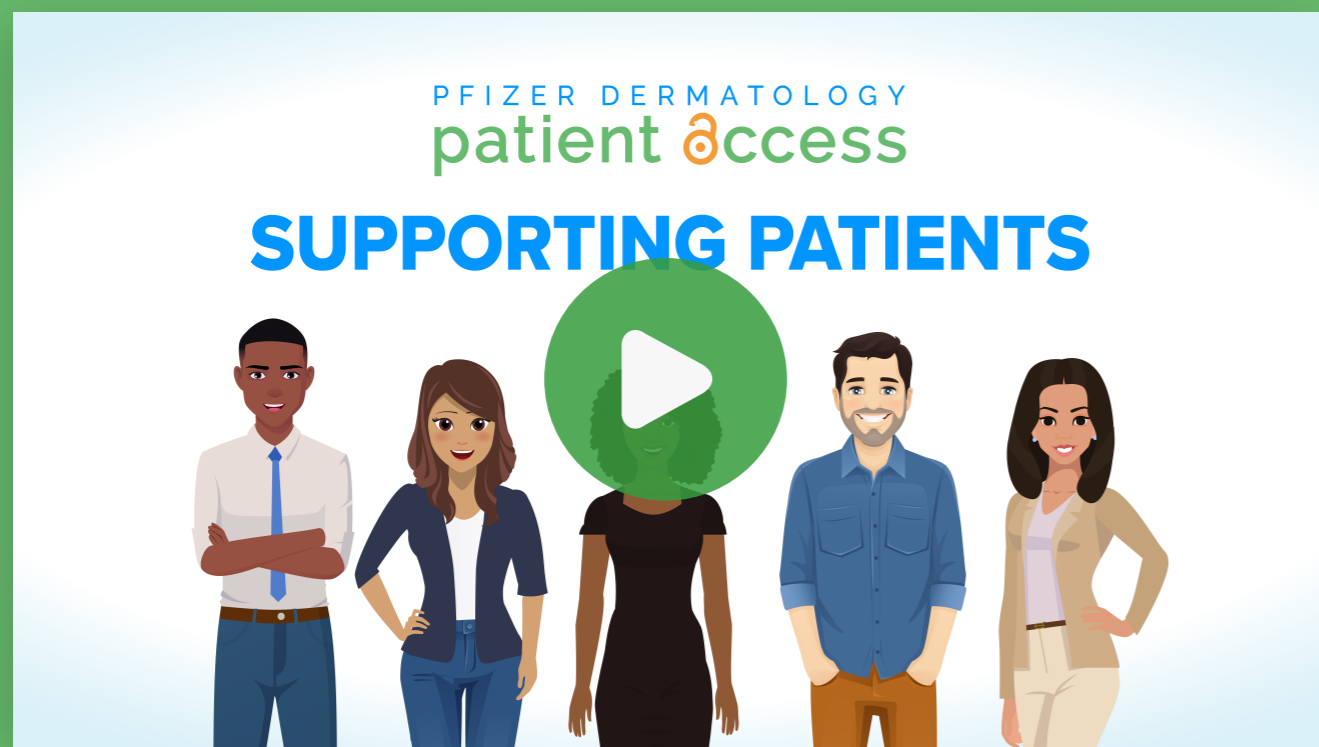


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Forms and Resources

Pfizer Dermatology Patient Access™ offers a variety of resources to help you get informed and get started on your medication.



Pfizer Dermatology Patient Access Video

An overview of the support offered by Pfizer Dermatology Patient Access.

[Watch the video to learn more](#)



Copay Savings Card Brochure

Provides all the details you need to know about the copay savings program.

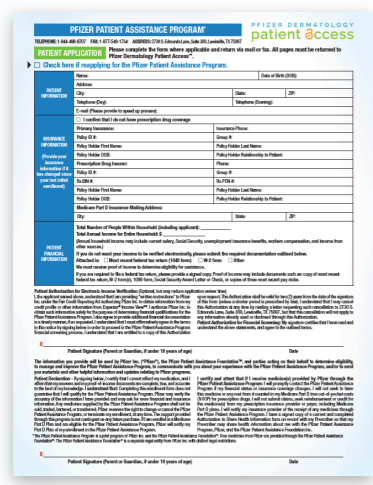
[COPAY SAVINGS CARD BROCHURE](#)



Glossary of Insurance Terms

Defines some of the common terms related to health insurance, from types of insurance plans to cost and coverage.

[GLOSSARY OF INSURANCE TERMS](#)



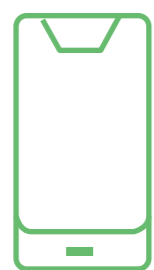
Pfizer Patient Assistance Program Application

The Pfizer Patient Assistance Program may offer free medicine to eligible patients.

[PFIZER PATIENT ASSISTANCE PROGRAM APPLICATION](#)

CALL US FOR SUPPORT

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Patients should always ask their doctors for medical advice about adverse events. You are encouraged to report adverse events related to Pfizer products by calling 1-800-438-1985 (US only). If you prefer, you may contact the US Food and Drug Administration (FDA) directly. Visit <http://www.fda.gov/MedWatch> or call 1-800-FDA-1088.

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Frequently Asked Questions

— When will I receive my prescribed medicine?

The time it takes for you to receive your Pfizer dermatology medication varies depending on your insurance coverage. If you have questions about the status of your prescription, you may be able to check the status on the patient portal. You can also call a Patient Support Representative at **1-833-956-DERM** (1-833-956-3376).



+ How much will my medicine cost?



+ What should I do if my insurance coverage changes?



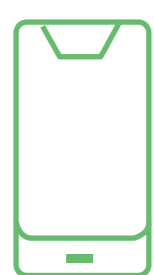
+ How do I find out I'm eligible for financial help through the Pfizer Patient Assistance Program?



+ What is a Patient Support Representative?

CALL US FOR SUPPORT

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Frequently Asked Questions

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— How much will my medicine cost?

What you pay for your Pfizer dermatology medicine may vary based on your specific insurance coverage. Once you start receiving your medicine, your pharmacy will have the most accurate information about your monthly copayments.

If affording your Pfizer dermatology medicine is an issue, Pfizer Dermatology Patient Access™ can help you identify financial support resources that you may be eligible for, including copay assistance, alternate sources of funding, or free medicine.

— What should I do if my insurance coverage changes?

Your health plan may change from time to time—for example, if you have commercial insurance and switch employers, or if you're on Medicare and change your plan during the open enrollment period. As soon as your insurance information changes, contact Pfizer Dermatology Patient Access to update your information on file.

If you are seeking financial assistance or your financial situation has changed, you should also contact Pfizer Dermatology Patient Access to help identify resources that you may be eligible for.

— How do I find out I'm eligible for financial help through the Pfizer Patient Assistance Program?

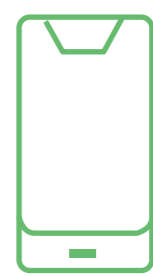
To be evaluated for assistance, you and your healthcare provider must submit a completed enrollment form for Pfizer Dermatology Patient Access. Once you've enrolled, you'll be asked to provide proof of income, such as a W2 form, a paycheck stub, or the prior year's tax return.

— What is a Patient Support Representative?

The Patient Support Representative is a team member at Pfizer Dermatology Patient Access who is trained and ready to offer patient support. If you ever have any questions regarding your Pfizer dermatology medicine, you can call the Patient Support Representative for live support by phone. This person is available to you Monday-Friday from 8 AM-8 PM ET. **Call: 1-833-956-DERM** (1-833-956-3376).

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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

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

I confirm that I do not have insurance from a federal healthcare program (including Medicare, Medicaid, TRICARE, or any other state or federal medical pharmaceutical benefit program or a pharmaceutical assistance program).

Yes No

I confirm that both myself and my partner (if applicable) are not over 65 years of age and retired.

Yes No

I confirm that I do not receive Social Security Disability Insurance (SSDI) or any other Social Security Administration (SSA) benefit.

Yes No

I confirm that I do not receive health insurance through the military.

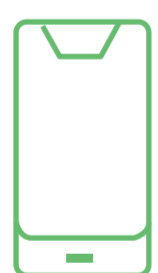
Yes No

By checking this box, I confirm that I am eligible to participate in this program and agree to the terms and conditions specified here.

CHECK ELIGIBILITY

CALL US FOR SUPPORT

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1-833-956-DERM (1-833-956-3376)
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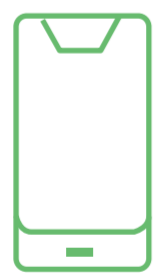
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***Required**

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Copay Savings Card for Eligible Commercially Insured Patients



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- Financial restrictions, [terms and conditions](#) apply

Thanks

You are eligible for the CIBINQO copay savings program.*

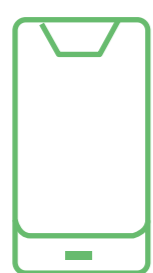
[DOWNLOAD THE COPAY SAVING CARD](#)

Once downloaded, the copay card will show a unique ID number and further instructions. Share your card with your pharmacy prior to receiving your medicine. Please store a copy of your copay card information for future use.

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Sorry

You do not appear to be eligible.*

If you feel that you should qualify for this offer, call **1-833-956-3376** (Monday-Friday, 8 AM-8 PM ET) to discuss your eligibility.

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Copay Savings Card for Eligible Commercially Insured Patients



- Patients whose insurance covers EUCRISA® (crisaborole) **pay as little as \$10**
- Patients whose insurance does not cover EUCRISA **pay as little as \$100**
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To determine if you are eligible for the Pfizer Dermatology Patient Access™ Copay Savings Card, please answer the questions below and indicate the answer in the boxes provided.

I confirm that I do not have insurance from a federal healthcare program (including Medicare, Medicaid, TRICARE, or any other state or federal medical pharmaceutical benefit program or a pharmaceutical assistance program).

Yes No

I confirm that both myself and my partner (if applicable) are not over 65 years of age and retired.

Yes No

I confirm that I do not receive Social Security Disability (SSDI) or any other Social Security Administration (SSA) benefit.

Yes No

I confirm that I do not receive health insurance through the military.

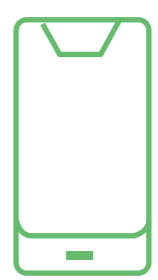
Yes No

By checking this box, I confirm that the patient is eligible to participate in this program and the patient agrees to the terms and conditions specified here. Please ensure the patient agrees to the terms and conditions before proceeding.

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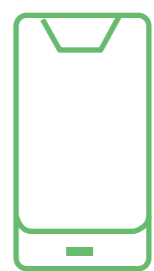
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Thanks

You are eligible for the EUCRISA copay savings program.*

DOWNLOAD THE COPAY SAVING CARD

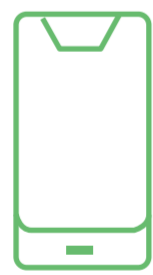


Once downloaded, the copay card will show a unique ID number and further instructions. Share your card with your pharmacy prior to receiving your medicine. Please store a copy of your copay card information for future use.

*Eligibility required. No membership fees. This is not health insurance. 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.

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Sorry

You do not appear to be eligible.*

If you feel that you should qualify for this offer, call **1-833-956-3376** (Monday-Friday, 8 AM-8 PM ET) to discuss your eligibility.

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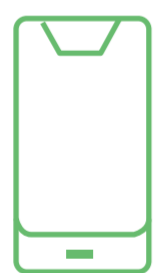
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