Pfizer Dermatology

CIBINQO® (abrocitinib) tablets

Litfulo® (ritlecitinib)

Getting Started on Your Specialty Medication

Starting a specialty medication can feel overwhelming. At Pfizer, we are committed to patient support. Use this brochure as a guide for what to expect on your specialty medication journey and how to get the support you need every step of the way.

Specialty Pharmacies

These pharmacies can dispense product-level support. CIBINQO is an open network medication and is available at all pharmacies. LITFULO is only available to be dispensed by the select Specialty Pharmacies listed below. Pfizer does not promote or endorse the use of any pharmacy. If you aren't sure which specialty pharmacy is handling your prescription, ask your healthcare provider or insurance provider.

Scan the QR code next to your specialty pharmacy's name to add the contact information to your phone.

ATTENTION HCPs: Please circle which pharmacy the prescription was sent to.

Accredo® Health Group, Inc.
accredo.com
Phone: (866) 839-2162

Amber Specialty Pharmacy
amberpharmacy.com
Phone: (888) 370-1724

BioPlus® Specialty Pharmacy
bioplusrx.com
Phone: (888) 292-0744

CenterWell Specialty Pharmacy
centerwellspecialtypharmacy.com
Phone: (877) 405-7940

CVS Caremark Specialty™ Pharmacy
cvsspecialty.com
Phone: (800) 237-2767

Optum Specialty Pharmacy
specialty.optumrx.com
Phone: (855) 427-4682

Senderra Specialty Pharmacy
senderrarx.com
Phone: (888) 777-5547

Walgreens Specialty Pharmacy
walgreensspecialtyrx.com
Phone: (888) 347-3416

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 for CIBINQO and LITFULO

Pay as little as*: **$0** CIBINQO® (abrocitinib) tablets **$0** Litfulo® (ritlecitinib)

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



*Eligibility required. Only for use with commercial insurance. 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. If you are enrolled in a state or federally funded prescription insurance program, you may not use the copay card. Terms and conditions apply (see page 5).

To receive a Copay Virtual Savings Card, you can:

Enroll in the Mobile Savings Program†

- **For CIBINQO, text** SAVE1 or COPAY4 to 82000
- **For LITFULO, text** SAVEWEB to 82000
- **Visit** CIBINQO.com or LITFULO.com

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

Request the Copay Savings Card online at PDPASavingsCard.com

You will need to activate your Virtual Savings Card prior to use.

†See terms and conditions for mobile messaging on page 5 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.

How to Use the Copay Virtual Savings Card

Provide the following CIBINQO or LITFULO Copay Virtual Savings Card information to your pharmacy:

1. The CIBINQO and LITFULO Copay Virtual Savings Card is two cards in one: a copay card and a banking debit card.‡
2. The copay card portion (BIN, PCN, Group, and ID) is given to the pharmacy when they call to schedule shipment and payment of your CIBINQO or LITFULO prescription.
3. The debit card number is given to the pharmacy ONLY if the pharmacy indicates a balance remaining after copay card is applied.
4. If applicable, you will receive a notification through your preferred method of communication (email/text) identifying the amount loaded on the debit card each time the copay card is used.

‡There is an additional step required to activate the banking debit card. You will receive an email or text message with a code and instructions for activating the banking debit portion of the card.

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®.

Receiving Your Prescription from a Specialty Pharmacy

What can you expect once your prescription has been approved?

1 Initial Contact

- The specialty pharmacy may call you for your insurance information
- They will also discuss options to help reduce your out-of-pocket medication costs
- Ask your specialty pharmacy if you have a third-party administrator that you need to sign up with

Save the specialty pharmacy's number in your phone. Otherwise, it may show up as "unknown caller."

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

2 Delivery Setup

- Once your health plan approves coverage of your medication, the specialty pharmacy will call you to schedule your medication delivery, go over what to expect, and answer any questions
- During the call, they will collect your copayment, if applicable

Important: If you haven't heard from the specialty pharmacy within a week of being prescribed your medication, you can reach out to your specialty pharmacy for a status update.

Helpful Tip: Have your Copay Savings Card handy to share card information.

3 Delivery and Ongoing Support

- Your medication can be delivered right to your home
- Most specialty pharmacies will contact you to assist with scheduling refills
- If you have a Copay Savings Card, it will be applied to each eligible refill. If you reach the program's maximum benefit, contact your insurance plan to confirm your copay
- If you have a high out-of-pocket copay, you may qualify for help. Ask your healthcare provider about working with a Patient Access Coordinator through Pfizer Dermatology Patient Access™ (PDPA)

Helpful Tip: Stay on track
Your prescription may need a reauthorization in 4 months to a year. Track your results and share them with your healthcare team to ensure a smooth reauthorization process.

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®.

Additional Support and Resources

If your insurance denies coverage, you can work with a Patient Access Coordinator (PAC) to navigate the appeals process. Your healthcare provider can work with your PAC in resubmitting your prescription to Pfizer Dermatology Patient Access™ (PDPA).

UP TO 2 YEARS

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.*

*The free product for this program is for certain commercially insured patients only. Not available to residents in the states of MA or MI. Only 6 months of potential Interim Care Rx is available in the states of RI and MN. Additional restrictions apply. See Interim Care Rx terms and conditions on page 5.

The Patient Access Coordinator (PAC)

A dedicated patient resource to provide support during the medication access journey.



Scan the QR code or visit PACpdpa.com

To request PAC support without enrolling in the patient support program, you can opt in for PAC support directly. You may be eligible for additional resources when you opt in fully.

PFIZER DERMATOLOGY patient access™

For additional questions, you may also contact **Pfizer Dermatology Patient Access™ at 1-833-956-DERM (1-833-956-3376), Monday–Friday, 8 AM–8 PM ET.**

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®.

Terms and Conditions

Mobile Text TERMS

1. By opting into the Pfizer Dermatology Patient Access mobile program ("Program"), in which you can receive your Copay Savings Card via text, you consent to receive up to 10 text messages and/or push notifications per month from Pfizer Inc. Such messages may be marketing or non-marketing messages and may include, for example, refill reminders, fill confirmation, website information for Pfizer Dermatology Patient Access support, etc. Carriers are NOT liable for delayed or undelivered messages.
2. To stop receiving text messages, text STOP to 82000. DOING SO WILL ONLY OPT YOU OUT OF THE PFIZER DERMATOLOGY PATIENT ACCESS MOBILE PROGRAM; you will remain opted in to any other Pfizer Inc. text message program(s) to which you separately opted in. You may unsubscribe from the Mobile Wallet Message Program at any time by disabling push notifications or removing the Mobile Wallet pass from your device for Mobile Wallet programs.
3. To request more information or to obtain help, text HELP to 82000. You can also call customer service at 1-833-956-3376.
4. You represent that you are the account holder for the mobile telephone number(s) that you provide to opt in to the texting program. You are responsible for notifying Pfizer Inc. immediately if you change your mobile telephone number. You may notify Pfizer Inc. of a number change by re-enrolling in the program.
5. Message and data rates may apply to each text message sent or received in connection with the texting program, as provided in your mobile telephone service rate plan, in addition to any applicable roaming charges. Charges are both billed and payable to your mobile service provider or deducted from your prepaid account. Pfizer Inc. does not impose a separate fee for sending text messages.
6. Data obtained from you in connection with this Short Message Service (SMS) texting program may include your telephone number; your carrier's name; and the date, time, and content of your messages. Pfizer Inc. may use this information to contact you and to provide the services you request from us.
7. You understand that data obtained from you in connection with your registration for, and use of, the Program may include, for example, your phone number, related carrier information, device information, and elements of pharmacy claim information. This data may be used to administer this program and to provide program benefits such as savings offers, information about your prescription, refill reminders, as well as program updates and alerts sent directly to your device. Please read our full corporate Privacy Policy, which is incorporated by reference into these Terms.
8. In addition to the data use practices described in the Privacy Policy, we may send you offer-related push notifications when your device is in the physical proximity of your pharmacy or healthcare provider. This is done through geofencing technology, which is built in to your device. Your device's location will not be known or tracked by Pfizer Inc. or its service providers. Nonetheless, you may opt out of geofencing and receiving these notifications at any time by (1) disabling location services for your Mobile Wallet app in your device's settings, (2) disabling notifications (i.e., automatic updates) within the Mobile Wallet app, or (3) removing the eCard from your Mobile Wallet by selecting "Remove Pass" within the Mobile Wallet app.
9. Pfizer Inc. will not be liable for any delays in the receipt of any SMS messages, as delivery is subject to effective transmission from your network operator.
10. The service is available only on these 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, 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.

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 as little as $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® (ritlecitinib) 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 as little as $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 copay 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 copay 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.

Interim Care Program: TERMS AND CONDITIONS

Interim Care 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 or Michigan. For eligible patients participating in the program that are not residents of Minnesota or Rhode Island, assistance may be available for up to two years in total, which is the lifetime maximum per patient. For residents of Minnesota or Rhode Island, available for up to six months. Available up to a 30-day supply. Refills are subject to limitations. Interim Care 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 can only be dispensed by the exclusive pharmacy and only after a benefits investigation has been completed and a delay occurs in the Prior Authorization process, or an appeal is required. 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, 1. submission of first appeal within 60 days of enrollment (or within the required payer timeline, if sooner) in the Interim Care 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. If at any time during the patient's Interim Care Program enrollment there is a payer coverage change relating to the applicable product, Pfizer may conduct a new benefits investigation, and, if allowed by the payer, submission of a new Prior Authorization request and an appeal, if denied, must be submitted 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 Pfizer Dermatology Patient Access 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. If there is no payer coverage change, at 12 months of Interim Care 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 Interim Care Program is applicable to all CIBINQO® (abrocitinib) or LITFULO® (ritlecitinib) formulations. Additional eligibility criteria may apply. Contact Pfizer Dermatology Patient Access™ at 1-833-956-DERM (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®.

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