

Voucher for a one-time, 30-day trial supply of CIBINQO[®] (abrocitinib)

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



Complete form to the right

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

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

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



QUESTIONS?
 Call PDPA at
1-844-496-8707

PATIENT INFORMATION

First Name	Last Name	

DOB (mm/dd/yyyy)	Phone	

Address		

City	State	ZIP

HEALTHCARE PROVIDER INFORMATION

Prescriber Name (First, Middle Initial, Last)		

Street Address		

City	State	ZIP

NPI #	Fax	

Office Contact	Phone	

PRESCRIPTION INFORMATION

_____		_____
Patient Name (First, Middle Initial, Last)		Patient DOB (mm/dd/yyyy)
Please select:		
CIBINQO	<input type="checkbox"/>	50 mg, PO, once daily, 30 tablets
	<input type="checkbox"/>	100 mg, PO, once daily, 30 tablets
	<input type="checkbox"/>	200 mg, PO, once daily, 30 tablets
X		
_____		_____
Prescriber Signature		Date

VOUCHER TERMS AND CONDITIONS FOR THE PATIENT

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

You will receive a one-time, 30-day trial supply of CIBINQO. Only new patients may use this voucher and each patient is limited to one voucher. By redeeming this voucher, you certify that you are not currently using CIBINQO. This voucher may not be transferred, sold, purchased, traded, or counterfeited. An original voucher and a valid prescription must be presented to the pharmacy. **The voucher will be accepted only at participating pharmacies. You must not submit any claim for reimbursement for product dispensed pursuant to this voucher to any third-party payor, including Medicare, Medicaid, or any other federal or state health care program. You cannot apply the value of the free product received through this voucher toward any government insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP).** This voucher is not valid where prohibited by law. This voucher cannot be combined with any other external savings, free trial, or similar offer for the specified prescription. This voucher should not be combined with samples for the specified prescription. **This free trial voucher is not health insurance. This free trial voucher may not be used to address delays or gaps in health insurance coverage for the specified prescription.** Offer good only in the U.S. and Puerto Rico. No purchase is necessary. Patients have no obligation to continue to use CIBINQO. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. This voucher expires 12/31/2026.

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

