Interim Care and Voucher eRx Request Form*

PFIZER DERMATOLOGY patient access™

Fax completed form to 1-877-548-1734

Patient First Name* _____ **Last Name*** _____ **Date of Birth** (mm/dd/yyyy)* _____ **(*REQUIRED)**

☐ The prescription has also been sent to a Specialty Pharmacy Provider (SPP)

SPP Name _____ SPP Phone Number _____

Interim Care Rx for CIBINQO® (abrocitinib) and LITFULO™ (ritlecitinib): Only filled through Sonexus Health Pharmacy Services. By requesting this, you certify that you understand the terms and conditions listed below.

Interim Care Rx for CIBINQO (11 Refills):
(up to 30 days, 30 tablets)

- ☐ 50 mg PO once daily
- ☐ 100 mg PO once daily
- ☐ 200 mg PO once daily

Voucher Rx for CIBINQO:
(One-time 30-day supply)

- ☐ 50 mg PO once daily
- ☐ 100 mg PO once daily
- ☐ 200 mg PO once daily

Interim Care Rx for LITFULO (11 Refills):
(up to 28 days, 28 capsules)

- ☐ 50 mg PO once daily

I certify that I am the healthcare professional who has prescribed the therapy identified in this form. I further certify that I have made an independent judgment that the above therapy is medically necessary and that the information provided in this form is accurate to the best of my knowledge. I authorize Pfizer, and its affiliates, agents, representatives, and service providers to act on my behalf for the purposes of transmitting this prescription to the appropriate pharmacy.

SIGN X _____ _____ _____

Healthcare Provider Signature*: NO STAMPS | Print Name of Healthcare Provider | **Date***

Voucher: A one-time, 30-day supply of CIBINQO for patients NEW to CIBINQO

Interim Care: 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 or LITFULO for up to 2 years at no cost shipped to them through Interim Care Rx. Not available to residents in the states of MA, MI, MN, or RI. Terms and Conditions listed below.

CIBINQO® (abrocitinib) 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.

CIBINQO® (abrocitinib) and LITFULO™ (ritlecitinib) 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, Michigan, Minnesota, or Rhode Island. 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. Patients whose insurance plans have established a product exclusion for either CIBINQO or LITFULO are not eligible to participate and/or continue participation in the Interim Care Program. 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. Assistance may be available for up to two years in total, which is the lifetime maximum per patient. 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.

*If you previously e-Prescribed directly to Sonexus Health Pharmacy Services, you have certified 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/HER systems and is located at 2730 S. Edmonds Lane, Suite 400, Lewisville, TX 75067.

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™.

Pfizer